drug in the treatment of subinvolution, and he found it generally gave great relief. In one case a soft bougie could not be passed; after a few doses of this remedy the man could pass a good stream. In the stage when the enlargement is forming we are to keep the following points in view: Don't excite the gland too often; remove any obstruction to the venous circulation, and give ergot to cause the already hypertrophied muscle to contract.

Dr. McGANNON believed that enlarged prostate is more often due to overloaded blood vessels than to overuse, and thought that such cases can be much benefited by proper treatment, even when the genito-urinary tract is involved.

Dr. MILLS would not say anything on the subject but for the alarming views of Dr. Smith. He called attention to a kindred phenomena which may throw some light upon the subject. Bitches as they grow old are very liable to develop adenomatous tumors in the region of the mammary glands. Dr. Lafleur examined some of these and pronounced them adenomata, tending to be malignant. Dr. Adami is of the same opinion. Here, then, you have an over growth of the same kind of tissue with a tendency to become pathological, even malignant; both connected with the period of life when vitality is lowered. He was not prepared to pronounce a definite opinion, but he most emphatically repudiated Dr. Smith's ideas on the subject of the etiology of hypertrophied prostate.

The late Dr. R. Hugh Berwick—Dr. MILLS said: "I have a motion to make, and with the rest of you I regret that we have so often to make these motions. In the last few years they have come with painful frequency. I will therefore move, and Dr. Proudfoot will second, the following resolutions:

"*Resolved*— That this Society has heard with deep regret of the death of one of its members, Dr. Robert Hugh Berwick, who, though a young member of the profession, was one of the most promising, and one who had gained the respect of all with whom he had come in contact during his brief but successful career.

"*Resolved*—That a copy of this resolution be sent to the friends of the deceased, to the Dental Association of the Province of Quebec, and to the Press."

Stated Meeting, February 3rd, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

A. W. HALDIMAND, M.D., was elected a member.

Malignant Growth of Prostate and Base of Bladder.—Dr. ADAMI brought this case before the Society on account of the numerous points of interest that it presented, more especially on account of the long continued history of kidney and bladder disturbance, and the nature of this disturbance. Dr. Bell, in whose ward the patient was at the time of death, would furnish details of the history of the case. He would simply remark that the patient, T. R., aged 88 years, entered the General Hospital in June, 1892, complaining of renal symptoms, and was in consequence placed under the late Dr. Ross. Soon vesical disturbance became more prominent and he was transferred to the surgical wards. Here malignant tumor of the bladder was diagnosed: there was progressive emaciation ending in death upon January 20th, 1893.

Dr. ADAMI detailed the post mortem appearances. Leaving aside the condition of the urinary system, there were briefly senile degeneration of the various organs, hydrothorax and odema of the lungs. He exhibited the kidneys which were large. The left kidney weighed 180 grms., and presented an obstructive cyst occupying the lower extremity of the organ. On section both cortex and medulla were found to be narrowed and of pale color. The right kidney was larger and more hydronephrotic, but was not weighed or cut into, since it was reserved attached to the ureter and bladder for museum purposes. The pelves were greatly distended, as were also the ureters along their entire course until the base of the bladder was reached, where they entered into a mass of new growth. The bladder was distended, its apex reaching to the level of a line joining the anterior superior iliac spines. It contained more than 350 c. c. of bloody urine, together with masses of blood clot. On the other hand, the pelves of the kidneys and the ureters were filled with clear, almost colorless urine. Upon emptying the bladder the source of the hemorrhage was made evident. From the base there projected into the cavity a large nodulated and very vascular growth, divisible into three irregular masses, of which the most prominent was in the median area and somewhat anterior. The organ was firmly impacted into the pelvis, the new growth implicating also the prostate and the tissues around the base of the bladder. The glands of the left inguinal region were enlarged and the seat of a growth which felt firm on section. Similar secondary growths affected the retroperitoneal glands, and along the course of the right common iliac artery, near to its origin from the aorta, were two enlarged glands of the same nature.

Microscopical examination of this new growth yielded results of not a little interest. Portions removed from the masses projecting into the bladder presented an appearance which could not be distinguished from what is usually recognised as a form of alveolar sarcoma; that is to say, that with the low power nothing could be seen but a collection of round or slight oval