be a spindle-celled sarcoma. The condition was unique. The operation of thyrotomy was practically devoid of danger in itself; its result depended much upon what it was done for. As to its employment in tuberculosis, opinion was divided. The Doctor closed by detailing at length why he adopted the method he did, rather than removing the growth *per vias naturales*.

Dr. Osborne, of Hamilton, commented on the decrease in size of the tumor after delivery. He supposed it was on account of some reflex condition between the uterus and the tumor.

Dr. Birkett explained that the whole arterial system was in a state of great tension during pregnancy; after delivery this would lessen much, and hence there might be a lessening in the size of the tumor due to the fact.

A splendid banquet was given to the visitors by the local members of the profession, at the Tecumseh House, beginning after nine o'clock. About 200 sat down. Dr. Hodge presided and introduced the toast list. "The Queen" was honored with the National Anthem. Dr. Hingston, of Montreal, and Dr. Praeger, of British Columbia, responded for "The Dominion," in witty speeches. Dr. Harrison, of Selkirk, spoke on behalf of the Ontario Medical Association. The chairman, in toasting "Our Guests," warmly welcomed the visitors. He regretted that the meeting was at the same time as the Western Fair, as it had interfered with arrangements. Dr. Sheard, the President, replied warmly. Drs. Canniff, of Toronto, and Baker, of Montreal, also spoke to the toast. Mr. C. W. Davis sang, and "The Ladies" was proposed by Dr. J. S. Niven, vice-chairman, and championed by Drs. Thorburn and Anglin.

THURSDAY MORNING.

Dr. Holmes, of Chatham, read a paper, which consisted of a report of two cases of laparotomy for unusual conditions. The first gave a history of miscarriage preceded by hæmorrhage, and this was followed by pain in the left iliac region, where a swelling was discovered, like an orange in size and shape, two inches to the left of the uterus, and fluctuating. Laparotomy was performed and an ovary containing three ounces of pus removed. The abdominal cavity was flushed and usual dressings applied; no drainage tube. The important point in the case was that there was no disease in the tubes. This was unique, as far as he was able to make out from the records.

The second case Dr. Holmes had seen after the patient had been ill ten days. Pain was present in right iliac region, where the attending physicians detected some hardness. Chills and fever, constipation, vomiting and great prostration were succeeding symptoms; also great tympanitis. No tumor could be made out at this time. Exploratory incision was deemed necessary. Appendix was sound. There was no obstruction, but peristalsis was absent. The gut was stitched to the wound, with the idea of incising, if bowels did not move soon. This had to be done, the patient being then almost *in extremis*. A copious evacuation of fæcal matter from the fistula took place. Stimulants could then be retained and the patient improved. But the fistula was a great annoyance. Dr. Holmes made several unsuccessful attempts to close it, but failed. Patient was then transferred to Harper's Hospital, Detroit. Resection of the affected portion of bowel was made and the ends joined by Murphy's buttons. Patient made a good recovery. The Doctor showed the kind of button used and gave a report of operations in which it had been successfully employed.

Dr. Atherton agreed with Dr. Holmes, that abscesses of the ovary without affection of the tube was rare. In regard to peritonitis with paralysis, he found puncturing to allow the gas to escape a good measure, two or three times if necessary. He had seen no trouble arise from such proceeding. This might be tried and laparatomy decided.

Dr. Holmes replied to this by saying that he had employed this measure, but it was in cases where the abdominal walls were thin. Where the walls were thick, as in the case reported, he considered it unwise. In fact when the abdominal wall was opened one of the assistants introduced a small trochar, but without relief of the symptoms.

Dr. Bell, of Montreal, then presented a paper on "Some Unusual Conditions met with in Hernia Operations." The Doctor reported five cases all of marked interest. The first was a case of hernia in a woman æt. 55. There were not the symptoms of strangulation, but she suffered great pain. Temp. 102°, pulse 100, bowels open. The tumor was situated in Scarpa's space in right groin, looked livid red, was indurated at the base and fluctuating—a pointing abscess, in fact. It was opened; a pint of fœtid, sanious pus escaped. A mass of omentum protruding was cut off. Then the interesting point in the case was noticed—in the centre of the mass was a tubular cavity, resembling the large intestine. It was stitched into the skin wound. To the outer side of the mass the appendix was found strangulated and sloughy. This was removed and bowel returned. Patient made a good recovery.

The second case was one of congenital inguinal hernia attached to the bottom of the tunica vaginalis. The hernia was easily reducible, but would not stay so. It was so troublesome, operation was decided upon. It was omental and the peculiarity was, which accounts for the inability to retain it, a hydatiform cyst growing from the omentum and adherent to the bottom of the sac