

Prevost announced that instead of relating his successes, he had chosen to speak of the disasters he had met in his surgical career. He invited his hearers to follow him into his little cemetery, and detailed the clinical history and the operation which, perhaps, had hastened the end of the patients. This, he held, would prove more instructive and, perhaps, shield others from the same mishaps, as the causes of death in these unfortunate cases were plainly given.

DR. LAMARCHE in discussion, said, that the lecturer had shown them in the course of a direful promenade "among the graves" the drawbacks of abdominal surgery, and the marvelous progress accomplished by modern methods. It was evident to him that obstetrics had not kept apace with the advance of the other branches of medicine, and that the *accoucheur* was the most active provider of the gynaecologist. "Bad midwifery makes rich gynaecology," he said. Many were the obstacles which confronted the obstetrician, both on the part of the parturient and her surroundings, and on the part of the attendants in regard to the difficulty of application of aseptic and antiseptic principles.

The president thanked the lecturer and the meeting adjourned.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Thirteenth Meeting, April 15th, 1904.

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

DR. BIRKETT and DR. NICHOLLS read a paper upon a rare form of Otomycosis due to the *Aspergillus Glaucus*. Dr. Birkett gave the clinical report of the case and Dr. Nicholls illustrated the growth by diagrams on the blackboard. This paper appears at page 338 of this number.

In the discussion which followed, Dr. Archibald pointed out that moulds are not commonly troublesome, because they rarely grow at the temperature of the body, and he said that those which seem to be pathogenic for animals are apparently not so for man, and that those moulds which do grow at body temperature are apparently very rarely pathogenic. Dr. Birkett, in reply to a question by Dr. Elder, explained that the deafness produced was of the obstructive form. The growth seemed to limit itself to the skin of the auditory canal and though the drum membrane is covered with a very thin epidermal layer yet it did not seem to attack the drum membrane itself. He knew of a case in the literature, in which the mould had invaded the drum membrane and penetrated into the middle ear.

DR. J. M. ELDER reported a case of acute Intestinal Obstruction following Syphilitic Ulceration in the Ileum.