began to show slight expelling power about same time. Patient was discharged March 1st. The muscular power of legs was complete, except for a slight stiffness in right one. Bowels moved every second day without assistance. Bladder still weak, urine being expelled with little force.

The success in this very unpromising case, as such cases rarely recover, we attribute principally to the electric light baths, which must have greatly relieved the myelitis by their marked perspiratory and counter-irritant powers.

Case. *Talipes equinovarus.*—Boy, aged 18. Our method in this condition in adults has been the removal of a V-shaped mass of bone, from the convex of the foot, including neck of os calcis, cuboid, and a

LARGE GALL-STONE REMOVED FROM THE HEPATIC DUCT, WEIGHING 900 GRAINS

part of astragalus, with section of all opposing tendons, wiring of bones together, and plaster of paris splint.

Choledochotomy—This patient was a lady, age 38, referred by Dr. Connely of Chilliwack. Six months previous she came with most intense cholæmia, with great prostration, presenting a distended gall bladder. She was in no condition to endure any major operation, so I merely drained the gall bladder. Convalescence was very slow, but in seven weeks she was able to return home, the fistula continued to discharge for four months; upon the closure of the fistula, severe gall colic supervened, which necessitated the re-opening of the fistula. After several severe attacks she returned to the sanitarium, a free incision by the gall bladder showed the hepatic duct greatly distended, the mass was partly broken in removal, a probe was passed through the common duct and the opening stitched with silk, a drainage tube was inserted in the