

made a transverse incision, split the muscles vertically, and enucleated. Gauze was inserted on account of free oozing.

The next case was a left inguinal hernia, on which he used his own method, demonstrating each step by explanatory remarks.

Dr. McGraw, Detroit, demonstrated his method of performing gastro-enterostomy by the elastic ligature on two cases of gastric carcinoma. Whereas, formerly, the needle and ligature were separate, they can now be obtained fastened together by an improved method, which assists materially its passage through the alimentary walls. He said that gastro-enterostomy was devoid of risk, and most successful as far as the operation was concerned, easy of performance and without loss of time. The deaths attributable to it were not due to the method, but on account of the fact that the patients came too late for treatment.

In one of the cases, the malignant disease had progressed too far for the ligature to be successfully placed.

At St. Joseph's Hospital. Dr. John Wishart performed a Halsted operation.

UNREDUCED DISLOCATION OF ELBOW.

Dr. John Wishart, of London, showed a case of unreduced dislocation of the elbow in a man, 19 years of age, who had been injured six weeks before coming under his notice. The arm at that time was in extension, and flexion was impossible. After various methods had been tried, including attempts at forcible reduction with pulleys, reduction was accomplished by open incision. The lower end of the humerus (supra-condyloid) was complicated by a fracture. He did not know whether this occurred at the time of the injury, or was due to attempts at reduction.

The arm was now in position and excellent movement was shown to have been obtained.

Dr. McGraw, of Detroit, Dr. Eccles, of London, and others spoke of the rarity of the operation and congratulated Dr. Wishart.

MALIGNANT TUMOR OF NECK.

Dr. Hadley Williams, London, presented a man, age 62, from whom he removed, five weeks before, a large tumor of malignant growth from the neck, together with the entire sterno-mastoid muscle and three inches of the internal jugular vein. He then cleaned out the submaxillary triangle and tied the lingual artery preparatory to excising half the tongue. The patient had in no way suffered from excision of the vein, either during, or since the operation.