

its completion the abdomen, which was unaccustomed to its contents, was as tense as a drum. A testicle was removed and the spermatic cord was ligatured, together with the neck of the sac, to the pillars of the ring. A drainage tube was left in the scrotum. There was some vomiting afterwards, but it was relieved by small doses of sulphate of magnesia, repeated every two hours. The wound at the site of the drainage tube has not yet healed, but he thought that the fistula was maintained by the escape of peritoneal fluid, as the patient wears a truss. Although a year has elapsed after the operation, and he is following his occupation as a blacksmith in the C.P.R., Dr. Shepherd thought that he was entitled to call it a radical cure. He employed silk ligatures, which had remained unabsorbed many months, one of them remaining still.

Dr. Trenholme inquired about the ligatures, as he was in the habit of employing hempen ligatures of plain shoemakers' thread, with gratifying results, they being completely absorbed.

Dr. Gardner said he did not see why in hernia operations there should follow peritoneal fistulae, while such a thing did not occur in abdominal operations generally. It was true that in the latter the abdominal drainage tube soon ceased to be connected with the peritoneal cavity, owing to adhesions. With regard to the absorbability of silk, he was convinced that, as a rule, the latter was absorbed as well as hemp, as in cases where his operation had been followed by a post-mortem the silk had disappeared completely after a very short time. He inquired whether Dr. Shepherd did not think that a puncture would have allowed the intestine to collapse, and thus facilitate the return of the intestine.

Dr. Bell was of the opinion that neither silk nor hemp ligatures were ever absorbed. It was true that in his experiments on suturing the intestine in dogs the ligatures were nowhere to be found when the animals were killed several months later, but that was due to their having ulcerated through into the bowels and escaping per rectum. In a case of a man with sutured patella, who died five months after the operation, the silk was found as on the day on which it was put in.

Dr. Sutherland exhibited a female patient in whom he had ligatured the right common carotid artery. The little bullet of a parlor rifle had pierced her neck on left side and had lodged behind the right sternomastoid whence it was removed. As there was a traumatic aneurism resulting, Dr. S. decided to ligature the common carotid and adopted the method of Treves, tying the ligature over a piece of rubber tubing on the skin. After three days pulsation still remained, so he had to pass a silk ligature in the track of the first one and this had the desired effect. The ligature which was shown to

the Society came away three months later and was perfectly sound.

*Pathological Specimens.*—Dr. Allan showed a membranous cast of the uterus which he had found protruding from the os uteri of a patient whom he had been called to attend, and who had not menstruated for three months. Some years ago she had passed a similar membrane.

Dr. Laphorn Smith said that it was doubtless a case of membranous dysmenorrhoea, in which the lining membrane of the uterus had come away entire instead of being disintegrated and coming away in impalpable shreds.

Dr. Finley exhibited a pair of hypertrophied and cystic kidneys three times the normal size. The amount of fibrous tissue in them was largely increased. Also the heart from the same case, the left ventricle of which was somewhat dilated and greatly hypertrophied.

Dr. Springle stated that the patient had been admitted to the hospital comatose, and had died a few minutes afterwards, so that there was no history to be obtained. Some water had been drawn off and it was found to contain hyaline casts and a large amount of albumen.

Dr. Finley remarked that no mention was made in the books about the heart being hypertrophied in cases of cystic kidney.

Dr. Laphorn Smith said he thought hypertrophy of the heart was an almost constant accompaniment of chronic renal inflammation, of which this was merely a variety.

Dr. Wilkins stated that it was the rule to find hypertrophy of the heart in chronic Bright's disease.

Dr. Gardner showed a cyst of the broad ligament and an enlarged ovary which he had removed from a patient suffering from pain in the left inguinal region and occasional attacks of retention of urine. The tumor was the size of an orange, and was situated behind the uterus at the left side of the pelvis. Dr. G. had at first diagnosed an ovarian cyst, but on operating found that it was situated in the broad ligament.

Dr. Laphorn Smith asked Dr. Gardner why he did not think that it was a parovarian cyst.

Dr. Trenholme thought that it was a parovarian cyst.

Dr. Shepherd thought that it would be difficult to say that this was not a parovarian cyst.

Dr. Gardner, in reply, could not say positively that it was a cyst of the broad ligament, but he could say certainly that it had no connection with the ovary.

Dr. Ruttan showed a useful improvement in the glass for holding the urine while being tested for specific gravity. It had a constriction at the middle which prevented the bulb of the urinometer from adhering to the side of it.

He also called the attention of the Society to the fermentation test for sugar which could be easily performed now with Fleischman's con-