

any excessive force. Mr Howard Marsh took up the cudgels in favour of laparotomy. He had had two successful cases, and if he had operated as early in all his cases as he now did he believed he should have been able to record more cures. If inflation failed no time should have been lost in operation. It was not fair to leave cases to Nature. If the history of the cases that recovered by masterly inactivity was looked into, it would be found that they were not very severe cases; he did not believe there was any case on record which had resisted inflation, and subsequently undergone cure by natural means.

*Resections of the Stomach and Intestines.*—On the same day, Professor Billroth read a paper on resections of the stomach and intestines. One hundred and forty cases were recorded, which comprised the whole of those that had come under the Professor's own hands. The technique of the operation was scarcely alluded to, as it had already before been published. The plan of suturing adopted was that known as the Lembert or Czerny-Lembert plan, the latter being seldom adopted, whilst occasionally the plan had been adopted of inserting one piece of intestine into another. Practically about half the patients had recovered from the operation, though, as well be seen from the subsequent account, the mortality is far greater in certain classes of operations, and more particularly is this the case when the upper part of the small intestine is affected. Of pylorus resections, about twenty cases had been operated on by him, half of which died from the operation itself. All of the cases in which this operation was performed were the subject of cancer, though some were far more favourable to operate on than others, as the disease was not at the time of operation very infiltrating in character, but was chiefly confined to one spot, where considerable ulceration had taken place. Where there was much infiltration of the surrounding parts, an operation was almost impossible. Of those that survived the operation, some four or five had lived in comparative comfort for a few months; two cases had survived from one year to a year and a half; one case had survived two years, and one was alive five years after the operation. Twenty cases of gastro-duodenostomy were recorded, one-half of which had been performed by Wolffler's method (in front of the transverse colon), and one-half by Hacke's (behind the transverse colon). They had nearly all been attended by temporary success, which of course was all that could be expected. Of ten cases of resection of the small intestine with the formation of artificial anus, all recovered from the operation. On eight or ten occasions the cæcum had been removed, but it was always a difficult operation, and did not yield satisfactory results. It was best to insert the small intestine into the large after such an operation. In two cases of cancer of the descending colon he had attempted resection, but both had died. In the case of the rectum the results were remarkably good; none had died directly after the operation. In two instances a portion of the rectum had been excised, and the upper and lower ends of the bowels brought together. Senn's plates had never been used by him on the human subject, but he had employed them on the dog, and was satisfied with their efficacy.

*Hypertrophy of the Prostate.*—Professor Bottini (Pavia) read a paper on this subject. After giving some account of his earlier experiences in this subject, Professor Bottini stated that he operated now on any case of enlarged prostate, provided there was difficulty in urination. He had operated on

over sixty cases and lost five. His operations had been on the whole good in its results, but in some instances it required repetition. He displayed his battery and his instruments, together with the method which he adopted, and showed that he could limit the galvano-cautery action to the special part that he was operating on by holding the other part of the instrument in his hand. The same experiment was tried by others, conclusively showing that the surrounding parts were not cauterised. The instruments were shaped like a lithotrite, and the male jaw was made of platinum was, in fact, a platinum knife which cut through the opposing piece of prostate. It resembled Mercier's instrument for prostatectomy, after which it was evidently modelled. Mr. McGill (Leeds), who was present, gave some account of his method of suprapubic prostatectomy, and referred to the cases which had been shown by himself and his colleagues at the meeting of the British Medical Association at Leeds in 1890. He also alluded to others which had since been under his care. The main objection which he thought must be made to Bottini's plan, as shown even by his own results as well as by his (McGill's) operation, was that it was impossible to tell by rectal and urethral examination what was the actual condition of the prostate. He claimed for his own operation that at present it was the only satisfactory one in the field, and that it certainly yielded good results. Mr. Bruce Clarke stated that he had once succeeded in treating a case after the plan laid down by Bottini, though he had not used nearly so powerful a current, but he had never since had a successful result, though no harm had resulted to his patients. He quite agreed with Mr. McGill's statement that it was impossible to diagnose what the exact conditions of the prostate was from the outside. It must be borne in mind that the prostate contained oftentimes myomata exactly like those in the uterus, and the only rational way of treatment when the catheter failed was to attack the prostate through a suprapubic opening.

*An Account of 247 cases of operation for Rectal Cancer in Norway, Sweden, and Denmark.*—Professor Dr. Axel Sverisen (Copenhagen) presented a communication with this title. With the paper was handed round a table of the cases, tracing as far as possible their ultimate results, together with the operator's name, and the exact nature of the operation which he had performed. One of the most interesting facts which were brought out in the paper, was the early age at which the disease may occur, five cases being recorded under thirty, and twenty-one between thirty and forty. Removal of the Rectum: Just over one hundred cases are recorded twenty-five per cent. of which died within the first month. About fifty per cent. lived from three months onwards and one died nearly nine years after the operation, with a secondary deposit in the left kidney. Twenty-five per cent. of the cases are still alive, three between five and six years after operation, and one nearly seven years after operation, and two nine years after operation. Resection of Portion of the Rectum: eight cases died from the effects of the operation. Fourteen cases died in from three months to four years, and all had recurrence either *in situ* or at a distance, whilst seven cases are alive from nine months to four-and-a-half years after the operation without any recurrence. Sixteen died as a consequence of the operation, and sixty-three were much benefited, five having survived the operation from two to four years. An animated discussion ensued. Mr. Bryant stated that to get good results from