

unconscious and delirious. There was a history of chills and heavy perspiration. The temperature was 105. The drum membrane of one ear was bulging. He perforated the drum membrane and improvising a douche, washed out the ear after inflating with Politzer's bag. There was no discharge. He enlarged the perforation and inflated again, but still there was no discharge. He then introduced a probe, followed by forcible inflation, when an inspissated mass, followed by a large collection of pus, was evacuated from the ear. The next morning the temperature had dropped to 100, and the patient was conscious. A good recovery followed.

Stone in the Bladder.—Dr. PETERS presented a stone which he had removed by dilatation of the urethra from the bladder of a woman aged thirty-two. It was phosphatic in character. She had given a history of passing calculi before. Had suffered from constant pain and frequent micturition. The outside of the stone showed a marked granular condition; there was no appearance of attrition. He believed it was adherent to the mucous membrane. The urine was alkaline and contained albumen, sugar, pus and epithelial cells, crystals of tripple phosphates were also present. The woman was in the pregnant state, which may have accounted for the temporary glycosuria. He dilated the urethra, introduced his finger and could feel the stone. He removed it by using a pair of fenestrated forceps. It was three-fourths of an inch in diameter. Had he known it was so large, he would have crushed it.

Dr. POWELL pointed out the advantages of rapid dilatation of the urethra over slow dilatation. He referred to the method of crushing the stone and of its removal by an opening through the septum between the vagina and the bladder.

Dr. PETERS said that the order of procedure, according to his idea, was: first, dilatation and removal by forceps; second, by crushing with the lithotrite and irrigating; third, by super-pubic lithotomy.

Perforating Typhoid Ulcer.—Dr. CARVETH related the history of two cases of perforating typhoid ulcer. He referred to the cases for this reason: In one case great care had been taken, but perforation had taken place. The other case had been treated recklessly, and perforation had taken place. The first one had been sent from the country, the diagnosis not having been made. The patient had been up and about for two weeks. Taking worse he was sent to the hospital, perforation taking place on the way. Death took place in four or five days. Diagnosis was not made till the *post-mortem*. The other was a case he had seen early in the disease and had sent to the hospital. Extra nursing and attendance had been given. In