

Dr. John Sutherland, Bedeque, P.E.I.; Secretary, Dr. T. D. Walker, St. John.

Considerable discussion arose over Dr. G. A. B. Addy's motion that the proceedings of the Society be sent in pamphlet form to the members and this was finally passed.

Dr. Cushing of Boston, extended the Association an invitation to hold their meeting in Boston in 1905, but Dr. Daniel said the constitution would have to be altered to enable them to accept the invitation.

The first paper read was by Dr. Geo. K. Grimmer of Montreal, on treatment of nasal deformities by subcutaneous injection of hard paraffin. He said the results were very marked, especially in deformities resulting from specific disease. He discussed his experiments on rabbits with paraffin of different melting points. He employed a metal syringe covered with rubber, and said the operation could be done with or without anæsthetic, and that accidents were few, that of venous embolism being the one most to be dreaded. Several photographs of patients treated by the method were shown. In answer to Dr. Walker's question, Dr. Grimmer said, though he had never tried it himself, he had read accounts of prolapse of the uterus having been successfully treated with hard paraffin.

Dr. A. B. Atherton followed with reports of two cases of abdominal traumatism. The first case was that of an old man whose small intestine had been ruptured by the rebound of a musket. The gut was sewn up and drainage tube left in. Later, an abscess formed and an opening had to be made in the back to allow of drainage, but the patient was troubled for some months with a fistula discharging fecal matter. Dr. Atherton thought the fistula was due to the drainage tube, and he advised having no drainage if the abdomen could be cleaned out. Success depended upon the operation being done early, and there was much hope if it were done 36 hours after the time of accident.

The second case was one in which a man had been shot through the back, the bullet remaining in the body. The abdomen was opened and the stomach was found to have been pierced. This was sewn up and the patient recovered.

Dr. E. W. Cushing of Boston, then read a paper on the latest methods of removal of the uterus for Malignant Disease. In early operations, he said, most cases died of recurrence, owing to some diseased tissue being left. Both vaginal and abdominal operations had been tried, the former finding most favor; but there were complications, narrowness of the vagina and proximity of the tuberosities of the ischium. Through the abdominal incision he severed all connections of uterus to other parts, taking great care to include all infected tissue. The uterus was