

reduced to $1\frac{1}{2}$ inches; its wall at the fundus thick. The vagina, in its upper part, ulcerated. The Fallopian tubes were dilated, and contained pus. The ovaries engaged in a mass of exudation. Pockets of pus in the cellular tissue, between the layers of the broad ligaments. The patient, a domestic servant, unmarried, aged 35, had consulted Dr. Gardner first in January, 1882, for continuous bleeding from the vagina for nearly six months previous. The vaginal portion of the cervix, as well as its cavity, were found covered with soft, spongy tissue, bleeding easily. It was decided to remove as much as possible of the diseased tissue. Scissors and curette were freely used. It was found that the diseased action had extended to the uterine cavity. The curette, applied to the fundus and walls, brought away a large quantity of tissue similar to that on the cervix. Fuming nitric acid was then freely applied to the whole surface. Patient recovered from effects of the operation without a bad symptom, and for some months gained strength, but the disease returned, and three months after the first curetting it was repeated, with the result of producing another short respite from the symptoms. In June she began to suffer pain, and after this the disease ran a steady course to death, which occurred somewhat suddenly in the beginning of January, 1883, from acute peritonitis. After the curetting, hemorrhage was never severe, and the vaginal discharge was never foetid.

6. *A Case of Double Tubercular Pyosalpingitis*, from a patient dying of chronic pulmonary phthisis, with general tuberculosis. Both Fallopian tubes are dilated to the size of sausages and filled with pus and softened tubercle. No symptoms were known to have been referred to the pelvic region. The uterus appeared healthy. There were evidences of pelvic peritonitis.

Dr. Alloway referred to a recent operation for the removal of cancerous disease of the uterus devised by Dr. Baker of Boston, and published in the *American Journal of Obstetrics*, April, 1882. In this operation, a funnel-shaped mass is removed, having its apex at the fundus uteri and base on a level with the internal os. The actual cautery is then applied. Dr. A. spoke of the possible relation of the specimen of salpingitis exhibited to the condition known as tubal dropsy and ovarian disease, for which Mr. Lawson Tait has recently devised an operation: removing the uterine appendages

for recurrent inflammations. Tait advises early operation, and reports a series of 61 cases, with only three deaths. (*Brit. Med. Jour.*, July 29th, 1882.) Dr. T. G. Thomas of New York endorses Tait's views, and reports 4 cases upon which he had operated, with 3 recoveries.

With regard to Dr. Gardner's case of cancer uteri, Dr. Trenholme remarked that unless seen early, before infiltration of surrounding tissues had taken place, curetting was of doubtful value as to prolonging life. Of course in some hemorrhages or offensive discharges it would be helpful. Dr. T. said that the specimen of fibroma of the ovaries would be of much more interest if a history of the case could have been had. Their being free in the pelvis would seem to have warranted a hopeful interference for their removal, thereby probably saving the life of the patient. The other specimen of multiple fibromata, also without history, was of interest, as it showed conditions apt to be met with in daily practice. Doubtless many cases of uterine trouble were due to such a condition, and not recognized during life. He related a case under treatment, where a small fibroma pressed on the calibre of the cervical canal and rendered menstruation painful.

Dr. Gardner, in reply to the remarks from Dr. Trenholme on curetting operations in uterine cancer, said that although of no permanent benefit in this case of cancer, he would treat a similar suitable case in the same way. He did not think the operation of extirpation of the uterus, with its very large mortality, had as yet reached a settled basis. In reply to Dr. Alloway in regard to the acceptance of Lawson Tait's operation of removal of the ovaries and Fallopian tubes in cases like that of the specimen presented, Dr. Gardner said that in this case he had not heard of any symptoms which would have justified interference, but although the operation was still to some extent *sub judice*, he believed that it would be demonstrated to be the only cure for the obstinate class of cases indicated by Mr. Tait, viz., recurrent, menstrual pelvic cellulitis and peritonitis, with the long list of local and reflex symptoms which usually accompany this condition.

Dr. Osler exhibited *the lungs of a horse which had died of pneumonia*, following the epidemic influenza which has been present in the city for some time; it was a well-marked example of *red hepatisation* involving both posterior lobes.

Dr. Roddick exhibited *an oxalate of lime cal-*