very tedious but difficult and dangerous, and the results were not always so good as represented. Dr. Alexander, of Liverpool, who formerly operated some twelve years ago very frequently in these cases, has now given up the operation.

Dr. Shepherd, of Montreal, confessed that the results of operation were not always so perfect as were described by the enthusiastic advocates of the operation, but in many cases the results are entirely satisfactory. Occasionally there are high temperatures after operation; sometimes attacks of cellulitis. He had operated in a good many cases, and had removed as many as twenty to thirty glands at a time. Apparently solid glands not infrequently come to pieces during removal, and are found to be quite soft in the centre. These conditions always complicate the operation. After incising the deep fascia, he prefers removing the glands with the fingers, and an occasional cut with a knife. He has never had any accident attending the operation. Although he has had no experience with Treves's cautery puncture, he does not think it suitable for glands deeply placed. In sinuses and scrofulous ulcers, he has had most excellent results from scraping out the parts with Volkmann's spoon.

Dr. Trenholme, of Montreal, read a paper on

SOME DETAILS OF UTERINE AND OVARIAN OPERATIONS.

He said the instruments used in these operations need not be numerous or complicated. After describing the usual precautions that should be taken regarding the cleanliness of hands, sponges and instruments, he said that he prefers No. 1–20 shoemakers' thread to any other form of ligature. Before use the thread should be immersed for twenty-four hours in pure carbolic acid, and not put into water at all. In closing the abdominal wound, he uses silver wire for the deep sutures and horsehair for the superficial. He laid great stress on the importance of not enclosing any muscular tissue in the suture. The incision should be midway between the umbilicus and pubis, and should not extend to within one and a half inches of the pubis. He advised short incisions of two or two and a half inches. Muscle should never be cut in the incision, as it gave great trouble afterwards. The pedicle of the tumor should be ligated in small segments, and the large vessels should be ligatured separately and the ligature cut short. The cavity of the abdomen should be thoroughly cleansed with sponges, and drained when necessary. He objects to abdominal bandages, and has only used them after the removal of the largest tumors. He allows his patient after the operation to move freely in bed; this favors the reposition of the bowels. In uterine fibroids, when large, he always divides the mass in the median line, then each half is enucleated. The stump should be cut in shape of a V, and the edges brought together with a running suture and quilted with the shoemaker's stitch. He has found linseed-tea enemata of great service after operation; fomentations to the abdomen were also very beneficial. No after medicinal treatment is needed, except when there is vomiting; in this he has found sipping hot water useful, and also ipecacuanha in homœopathic doses. He uses the third dilution.

Dr. Macfarlane, of Toronto, would have liked to hear Dr. Trenholme say more about dietetics. In his operation he had found vomiting to be a very troublesome complication; warm water with a flavoring of brandy he had found of great service in these cases, also frequent small doses of Epsom salts as recommended by Lawson Tait. He never gave any medicine at all when there was any threatening of peritoneal trouble. He never used drainage unless the adhesions were extensive.

Dr. Sherman, of Ogdensburg, would like to have heard more details regarding the preparation of the patient, also as to whether he referred, when speaking of fibroids, to extra- or intra-mural growths.

Dr. Macdonald, of Wingham, Ontario, would like to have heard more details as to the closure of the wound and also as to the value of the clamp in securing the pedicle and whether operation for ovarian tumors should be performed early.

Dr. Kerr, of Winnipeg, had seen hernia follow the operation, due to failure of union in central portions of wound. He would like to know why Dr. Trenholme objected to including muscle in his sutures.