

Tongue," in which he maintained that the operation of excision of the tongue, with preliminary ligature of the linguals, facilitates the removal without adding much to the risk of the operation. He considered that in excision of the tongue it is as important to excise diseased glands in the neck as it is to remove diseased axillary glands in extirpation of the breast, and the incisions for ligation of the linguals facilitate their discovery and removal. He recommended the use of iodoform gauze dressings in these operations.

Dr. Maclean, of Detroit, said that when there was no involvement of the glands of the neck, he preferred removing the tongue with the *écraseur*. The great danger of all the operations for the removal of the tongue is septic disease of the lungs.

Dr. Grant, of Ottawa, intended, when a proper case presented itself, to practise the operation. He related a case of deep-seated abscess of the tongue which had lately been sent to him as one of malignant disease.

Dr. Atherton, of Toronto, did not think ligature of the linguals a very simple operation. He advocated the performance of preliminary tracheotomy in excision of the tongue, as by this means the wound is kept aseptic and septic involvement of the lungs prevented.

Dr. W. Gardner, of Montreal, read the report of a case of "Double Uterus, with Atresia and Hæmatometra of left Chamber." The presence of fluid was diagnosed, and on opening into the chamber, fifty ounces of tarry blood escaped. The cavity was washed out by double drainage tubes. The patient did well for a week, but the temperature then rose and she died of peritonitis, nineteen days after the operation. The autopsy showed a bi-cornate uterus, the left portion containing tarry fluid. The left Fallopian tube was sacculated and contained the same tarry fluid, and other smaller hæmatocœles were found in the broad ligament; the left ovary could not be distinguished. These cases are rare and the prognosis is grave. Dr. Gardner regretted that he had not opened the abdomen, removed the tube and ovary and drained the cavity.

Dr. Roswell Park, of Buffalo, reported a case of "Extirpation of the Larynx for Malignant Disease," and exhibited a model of an artificial larynx after Gussenbauer's pattern. The case was that of a man, aged 64, who suffered from papilloma-

tous disease of the larynx which had undergone cancerous degeneration. The operation was performed on the 28th of last June. The epiglottis was left behind, and the first ring of the trachea removed with the larynx. The wound was packed with iodoform gauze and healed rapidly. The patient was fed for the first few weeks by a tube passed through the wound. He is now wearing an artificial larynx, and can swallow well and talk with ease. The removed larynx was exhibited and showed the malignant disease completely blocking up the rima glottidis. Dr. Park said that this was the 95th extirpation of the larynx, and the third on this Continent.

Dr. Atherton, of Toronto, then read a paper on "Laparotomy for Uterine Myomata," citing two cases. In the first case the tumor was of considerable size and intra-ligamentous. The pedicle was transfixed with pins, compressed with a rubber bandage, removed by a wedged-shaped incision, and the vessels ligatured. The two edges of the stump were sewed together and the abdominal wound closed and drained. The patient recovered. The second case was a young lady, aged thirty-five who had had an enlargement of the abdomen for some years, with recurrent hemorrhages. On opening the abdomen a large tumor was found filling up the posterior part of the pelvis and firmly adherent; the adhesions were separated with the finger, and the tumor removed as in the former case, but the adhesions were extensive and troublesome. A drainage tube was used and the abdomen closed. The patient died on the fifth day.

Dr. Gardner, of Montreal, said that the suggestion of Dr. Atherton to close the cervix by a preliminary operation was a good one.

Dr. Eccles, of London, said that the removal of part of the uterus with a myoma produced a great shock, and mentioned a case in which he had removed a fibroid by the wire *écraseur* in a woman aged 59. Suppuration followed but she recovered.

Dr. Jenks, of Detroit, never had a case of recovery where there were extensive adhesions in Douglas's cul-de-sac. In all abdominal operations he advised the bowels to be thoroughly emptied to prevent tympanites, and recommended the use of ox-gall as a laxative in ten to twenty grain doses.

Dr. Fulton, of Toronto, also endorsed the view that clearing out the contents of the bowels pre-