

colorless; albumen and bile-stained epithelial casts in urine. Breathing very distressed; pulse weak. Aspirated abdomen, with some relief to respiration. Died comatose in five days, jaundice persisting. At autopsy, large quantity of fluid in abdomen; liver about normal size—good example of cirrhotic liver, which is somewhat fatty; obliteration of cystic duct by old inflammation; hepatic and common ducts free; intense duodenal catarrh especially around papilla. Kidneys, large, fatty and bile-stained; vermiform appendix large, and bound tightly to lower extremity of right kidney by old adhesions, which have become organized.

*Myoma of Cervix Uteri, size of small orange—Removal—Recovery.*—Dr. GARDNER exhibited the specimen, which he had removed from a lady aged 52. Patient had suffered from hemorrhages and pelvic distress for 6½ years. The tumor was sessile, and dilated the cervix. The diagnosis was difficult, as there were adhesions all around between the tumor and the cervix, with the exception of posteriorly, where was an opening through which the sound entered the womb. The uterus was retroverted. The tumor was removed without much difficulty, being shelled out with the finger. There was very little bleeding. Out of 74 cases Dr. R. Lee had only seen four situated in the cervix. Dr. Gardner said that this was the fourth sessile tumor he had removed within a year, all the patients recovering. He made this statement as Mr. Tait, in his last edition, advocated the removal of the ovaries in these cases, as he had found that 50 per cent. of deaths followed removal of sessile myomata from the interior of the womb.

Dr. HY. HOWARD exhibited under the microscope, a slide given him by Dr. Spitzka of New York, shewing the origins of the roots of the 6th, 7th and 8th nerves from the medulla of a cat.

*Varicocele of the Spermatic Veins.*—Dr. RODDICK read a paper on this subject.

Dr. HINGSTON said the subject was interesting, as this trouble was very often seen. He prefers, when the operation is necessary, that of tying the veins and dividing between the ligatures. He had only operated three times, and now almost questioned the necessity of ever-operating. The trouble comes on, as a rule, about the age of 23, and goes away after a couple of years. He was of the opinion that it was not a cause of emissions, as the testicle is often atrophied, and therefore not

so active. The mind was more affected, as a rule, than the scrotum. The ring or a truss or suspensory bandage, were often useful. He had never seen a case requiring castration.

Dr. F. W. CAMPBELL endorsed Dr. Hingston's views regarding this very common condition.

Dr. FOLEY said that Mr. Jonathan Hutchinson's treatment was purgation and elevating the testicles.

Dr. GEORGE ROSS thought the operation ought not to be swept away, for it has proved to be free from danger, and ought to be resorted to where the distress was very great. He has found palliative measures, such as the soft metallic ring, to be all that is necessary in most cases. He has not found either the truss or suspensory bandage to give satisfaction.

Dr. HY. HOWARD said there was no such thing as hypochondriasis. If the patient complained of pain there must be some physical cause. He believed that at times the operation was justifiable.

Dr. KENNEDY asked why so much fear about interfering with veins. He believed that where the operation is indicated it ought to be performed without hesitation.

Dr. RODDICK, in reply, said that the danger of working with veins was considerable. The writer of the article on this operation in "Holmes' Surgery" says that he had a case where two joints were lost from pyæmia following the operation.

*Stated Meeting, June 13, 1884.*

T. A. RODGER, M.D., President, in the Chair.

Dr. R. L. MACDONNELL exhibited the following anatomical specimens made from a frozen subject—1st, Cross section of the thorax; 2nd, cross section of the abdomen on level with first lumbar vertebra; 3rd, vertical section of the pelvis.

*Erysipelas of the Face, followed by double Cerebral Abscess.*—Dr. ARMSTRONG narrated the case. F. F., æt. 17, a student was first seen Feb. 15, 1883. For past three weeks, from over study, has been running down in health. Has suffered from vertex headache. To-day the bridge and both sides of the nose are red, swollen, hot and painful. 18th—Erysipelas has extended over both cheeks and upwards over the lower half of forehead; had slight chill this morning; temperature 104°. 20th—Pain at top of the head still very severe, preventing rest and sleep. He answers questions correctly, but speaks in a slow,