phatic calculus, measuring 2½ inches in its long diameter, 1¼ inches in its short diameter, and weighing 2¾ oz. Some bladder epithelium was closely adherent to its under-surface, and remained so, coming away with it. The operation was performed according to Sir Henry Thompson's plan: the rectal bag filled with warm water—the bladder was then injected with warm weak solution of carbolic acid as much as it would take, and a rubber band tied around penis to retain fluid. After linea alba had been divided, the scalpel was not used till bladder was reached, the dissection being done with finger nail. Two needles armed with silk ligature were passed through upper surface of bladder about an inch apart, and by this means an assistant held up and steadied the viscus till operation was finished. An opening was made in bladder with bistoury, large enough to admit forefinger of left hand, between the two ligatures, and the stone was felt occupying base of bladder. Owing to size of calculus it was necessary to enlarge opening in bladder, and this was done by gently inserting forefingers of right hand alongside the other, and gradually enlarging opening by separating fingers. The stone was then extracted without much difficulty. A catheter was inserted per urethram, and a drainage tube passed into bladder through wound. No attempt was made to close either the wound in the bladder or abdominal wall. A piece of lint soaked in carbolic acid solution was placed over wound, and patient placed in bed on his back. There was no shock from operation, patient coming to quickly and satisfactorily. During night temperature went up to 101°, but at time of morning visit on the 19th, it had gone down to 98.8°, with a pulse of 100. The urine which all came from wound was clear, and there was no pain or discomfort. Jan. 20th, pulse 98, temp. 99.8°. Catheter and tube both removed, and patient directed to lay six hours on one side, and six hours on the other, alternately. Patient progressed each day satisfactorily, and on the 22nd, or fourth day after operation, some urine came per urethram, and pulse and temperature alike were normal. On 26th, bladder was washed and soft rubber catheter passed and retained in situ, and the patient placed in bed in semi-recumbent position. No urine came from wound after the 29th, or 9th day after operation, and on the 31st, the catheter was removed, the patient undertaking to pass it himself every three hours, and he was allowed to be up and walk about the room. The patient was discharged February 13th, perfectly well, except that external wound was not quite healed over.

Society Proceedings.

HALIFAX BRANCH B. M. ASSOCIATION.

Stated Meeting, January 3rd, 1889.

Dr. W. N. Wickwire, Vice-President in the chair.

After the minutes of the previous meeting were read, Dr. Chisholm read notes of a case of abscess of breast, which from certain indications present, he feared might take on a malignant form. The patient was exhibited, nearly all present expressing the opinion that it could hardly be considered malignant as yet.

Dr. J. F. Black read the following paper:—

Having lately, as most of you are aware, returned from a visit to Europe, our secretary suggested to me that some account of what I saw in a medical way might be of interest to the members of the branch. I have therefore tried to jot down a few of my recollections in a very unstudied way. When one has been over a large extent of ground the difficulty consists in knowing what to choose for mention, and how best to condense one's remarks within the limits afforded by a short paper.

Landing about the middle of May at Londonderry, I made Dublin my first stopping place. By the kindness of Dr. Mapother I was enabled to see all of the larger hospitals under favourable circumstances. I shall only allude to the Rotunda which, as all of you are aware, is the great centre of Obstetric and Gynaecological practice in Great Britain. In regard to the former department I was chiefly interested in finding out to what extent antiseptic precautions were adopted in obstetric cases. I learned that each ward is used in rotation, and as soon as emptied is thoroughly cleansed and disinfected by frequent scrubbings and fumigation with sulphur before a new series of cases is admitted to it. I was told that absolutely no antiseptic measures, either preparatory at the time of delivery or subsequently, is employed as regards the patient, but that the utmost and uncompromising cleanliness and disinfection of the hands and appliances of the accoucheur are relied upon as the all important factor. The only other point I would mention is the free and early employment of forceps, the form preferred being what is known as traction forceps.

In the gynaecological service I noticed particularly the construction of the examining table, which if not very considerate of the patient's modesty is certainly most satisfactory for the purpose of the surgeon. Here too the very free use of plain water supersedes all antiseptic solutions. I was much struck by the great freedom with which the interior of the uterus was treated, both by application and by instrumental means, care of course being taken that the cervix should previously be well dilated. For washing out the cavity the favorite instrument was one of American invention and it seemed quite familiar to hear the frequent requests for the large or small "Bozeman." The frequent use of pessaries in displacements, the free local abstraction of blood by puncture, and application of pyrogallic acid through the cervix were other points noted.

With these brief notes of Dublin I must cross over to London where nearly all my time was passed. The great difficulty for a stranger in attempting to do Medical London, is to know how to begin and especially to know how much to try to do and what to leave unattempted. The number of hospitals is so large, the distance between them so great that one is very apt to waste a good deal of time before he learns how to economize it. I carried with me a large number of letters of introduction to various surgeons connected with hospitals. In every case I was most courteously received but in this regard I would say that there is no special advantage to be derived from such introductions, for the simple reason that so many from abroad daily present themselves similarly introduced, that with the best intentions the person to whom you are introduced cannot be expected to do very much for you.

A better plan I found was to go to any hospital of which you wished to see the practice, and ask for a member of the House Staff, who upon the presentation of your card, with the added statement that you come from abroad, will in nearly every instance be glad to let you make his rounds with him, and will be able to afford much more information than you could get from the visiting surgeon. In this way I visited all the important hospitals in London, selecting a few for frequent attendance, viz., St. Thomas', St. Bartholomew's, Kings College hospital and the Samaritan Free Hospital for Women.

To begin then with St. Thomas', undoubtedly the finest of the London Hospitals, and with the best surroundings on account of its situation on the Thames embankment, close to Westminster bridge, and thus free from the objection to nearly all others, that they are in the midst of densely crowded portions of the city. This may be considered a