artery, seen or felt, is tied just where it leaves the uterus. It is not always necessary to tie the veins.

6. The cervix is now cut completely across just below the vaginal vault, severing the body of the uterus from the cervical stump, which is left below to close the vaginal vault.

7. As the last fibres of the cervix are severed or pulled apart, while the body of the uterus is being drawn up or rolled out in the opposite direction the other uterine artery comes into view and is caught with artery forceps about an inch above the cervical stump.

8. Rolling the uterine body still farther, the other round ligament is clamped and cut off and lastly ovarian vessels are clamped at the pelvic brim and the removal of the whole mass consisting of the uterus, tubes and the ovaries is completed.

9. Ligatures are now applied in place of the forceps, holding the uterine artery, round ligament and ovarian vessels; if the surgeon prefers, these may be tied as they are exposed without using the forceps.

10. After the enucleation the operation is now finished by closing the cervical tissue over the cervical canal and then by drawing the peritoneum of the anterior part of the pelvis (vesical peritoneum and anterior layer of the broad ligaments) over the entire wound area and attaching it to the posterior peritoneum by a continuous cat-gut suture.

Dr. Holmes' paper was then discussed :—

Dr. Carsons felt that it was very difficult to decide when it was best to perform the operation of nephrorrhaphy and on his own part left such patients alone until the symptoms became serious. Fibroid tumors on the contrary he thought should be removed at once.

Dr. Eccles, of London, pointed out the difficulty of making a satisfactory diagnosis. He had on more than one occasion tried manipulation of the greatly dilated kidney when large quantities of urine would be passed. He also advised the use of the urethral speculum and the insertion of a tube in the ureter for the easing of the passages.

Dr. McGraw, of Detroit, observed that gall stones may be mistaken for floating kidney. The gall bladder at such times may be quite as moveable. Moreover sewing the kidney makes a powerful mental impression upon a hypochondriac patient.

Dr. McLean, of Detroit, also touched upon the mental impressions produced by such operations and pointed out that some fibroids are best left alone.

Dr. Metcalf described a case of floating kidney where fixation of the organ was followed by immediate improvement.

The treatment of abortion was a paper read by Dr. McKeogh, of Chatham.

Dr. Longyear opened the discussion by stating that he thought it barbarous to resort to so much manipulation, and distasteful both to practitioner and patient. He also exhibited a special form of forceps for withdrawing the bag from the uterus, a proceeding which he was assured entailed much less inconvenience than the use of the tampon.

Dr. Harrison, of Cleveland, advocated the use of the dull spoon curette supplemented by a thorough washing.