

centres at which there are medical schools. The papers could be sent to those centres under seal, and a presiding examiner could be appointed at each place. For the practical and clinical examinations examiners would have to go to the various centres. To this plan it may be urged that it would be expensive. True. So would the other plan. The difference is that by the plan now proposed the expense would fall upon the Council, whereas by the plan suggested in the Bill the expense would have to be borne by the students who, as a rule, can ill afford extra expense. By this plan no school would be unduly favoured and no school would be prejudicially legislated against. Unless this most unfair provision is removed from the Bill, we will be compelled unwillingly to most strenuously oppose the Bill both in and out of Parliament.

We have now frankly given our opinions upon the provisions of this Bill. As heretofore, we are in favour of a Dominion Medical Council, but we must insist that in the details of the Bill justice must be done to all and injustice to none.

*NOTE ON THE OPERATIVE RELIEF OF ECTOPIA VESICÆ.

MY attention has been lately directed to this condition, on account of a young patient æt. 8 mos. suffering from the unfortunate results of this form of defective development, and, on reviewing the literature of its surgical treatment, one is led to the conclusion that an ideal operation has not yet been devised for Ectopia Vesicæ. There have been two lines of operative treatment pursued:—one plastic, recovering the exposed posterior wall of the bladder by means of skin flaps—the other placing the urinary receptacle deeper in the pelvis, either by diverting the urinary passages, or by approximating the innominate bones.

In the case of the Tendelenberg operation,—approximation of the bones, or that of König-osteotomy of the pubic bones, the

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