did not favor the use of pilocarpine during the convulsions, but thought that it might be used afterwards to promote reaction of the skin and kidneys. He favored the treatment of the first uræmic symptoms. He had never resorted to any means to hasten delivery in these cases. He believed that large doses of chloral hydrate were more beneficial.

Dr. Grant, of Ottawa, agreed with Dr. Ross, and thought the course recommended by Dr. Thomas, of New York, in looking carefully after the early uræmic symptoms was the best one to follow.

Dr. Bethune, of Wingham, exhibited an interesting specimen, showing a parasite removed from an abscess in the thigh.

Dr. Whiteman, of Shakespeare, Ont., read a paper on "Pelvic Peritonitis and Pelvic Abscess."

SURGICAL SECTION.

Dr. Carstens, of Detroit, read a paper on "Removal of Uterine Fibroids." The first case was that of a woman aged 40, in whom uterine fibroid was diagnosed within the broad ligament, and abdominal section determined on. On opening the abdomen, a large tumor was discovered within the broad ligament of right side and one small one. The ovaries were very adherent and were removed. The pedicles were ligatured and the tumors taken away. There was considerable hæmorrhage, and some twenty vessels had to be tied with silk and catgut. The patient made a good recovery.

The second case was a married woman aged 45, with enlargement of the abdomen and repeated uterine hæmorrhage. A submucous fibroid was diagnosed. The os was dilated with difficulty and a posterior incision in the cervix was made, the tumor enucleated and removed with an écraseur. The wound in the cervix was stitched and the patient was able to sit up in six days. Dr. Carstens insisted on the necessity of abdominal section in many of these cases.

Dr. Gardner preferred bilateral incision of the cervix in such cases, and does not sew up the wounds. He recommended irrigation of the uterus with two parallel tubes every two hours after operation.

Dr. Fulton, of Toronto, read a paper on "Subperiosteal Amputation." and cited a number of cases in which he had practised this method of amputation during the past six years, both in hospital and private practice, with most satisfactory results. This method was first advocated by Walther, seventy years ago, but was put into practice by Ollier in 1859. With the introduction of antiseptic surgery the operation was revived and now promises to take a prominent place amongst surgical operations. Dr. Fulton described the operation and stated its advantages, the chief of which are, 1st. The cut end of the bone is covered by the tissue physiologically suited to protect it. 2nd. The bone does not become adherent to the end of the stump. 3rd. The medullary canal is closed in rapidly and effectually, by new bone. 4th. Danger from the spread of inflammation or suppuration to the bone is guarded against. Experiments on animals have shown that a flap of periosteum rapidly closes the medullary canal and prevents the occurrence of osteo-myelitis. The operation is especially adapted to cases in which the medullary canal is in a soft and unhealthy condition, such as is frequently met with in amputations for diseased bones and joints. The reader of the paper was strongly convinced of the utility and value of this method of amputation.

Dr. McGraw, of Detroit, remarked that Langenbeck had performed subperiosteal amputation in 1862, but, as the case did not turn out very well, he did not continue to adopt this procedure in his amputations. Dr. McGraw believed that it is most important in amputations to draw together similar tissues. He strongly approved of the subperiosteal method of amputating.

Dr. Donald Maclean, of Detroit, said that many of the so-called advances of modern surgery are of very questionable benefit, but the one recommended by the reader of the paper seemed to have much to recommend it. It is the duty of the surgeon to pay more attention to the details, not only of the operation, but the after-treatment, and to everything to avoid unpleasant after-results.

Dr. Davidson, of Toronto, thought the operation should be more practised than it is now. He thought that in performing the operation the periosteum should be reflected back before the bone is cut, thus necessitating only one division of the bone.

Drs. Samson, of Blenheim, and Shepherd, of Montreal, also took part in the discussion.

Dr. Shepherd, of Montreal, read a paper on "Ligature of the Linguals in Excision of the