

towards the operator, who first feels it with his finger and then grasps it with a bullet forceps. The capsule is split up along the whole of its convex border and turned aside so as to expose a strip of the kidney half an inch wide; the needle should enter the kidney substance about a quarter of an inch deep, and should include the transversalis fascia. As these stitches are to remain buried in the tissues, only well sterilized silk-worm gut sutures should be used. The peritoneal cavity should not be opened, there should be no mortality, and the buried stitches should not give any trouble in more than five per cent. of the cases. If one should suppurate it can be easily removed with a crochet needle.

The result of the operation has been very satisfactory in the seven cases in which the writer has performed it. Three of the patients had already undergone several gynecological operations, including removal of the ovaries and ventrofixation, one of them by the writer, without having been cured. These patients affirmed a few days after the operation that the real cause of their trouble had been discovered at last, and that they were, for the first time, free from their dragging pains from which they had suffered for several years.

Medical Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

THIRTY-SECOND ANNUAL MEETING, HELD IN TORONTO, AUG.
30TH, 31ST, AND SEPT. 1ST, 1899.

(Reported for the Canada Medical Record.)

First Day—Morning Session.

The Thirty-Second Annual Meeting of this Association was called to order at 10.30 a.m., Mr. Irving H. Cameron, the President, occupying the chair, and Dr. F. N. G. Starr acting as General Secretary.

TUBERCULOSIS IN CANADIAN CATTLE AND ITS PREVENTION.

Dr. J. GEORGE ADAMI, Montreal, contributed a paper with this title. In connection with the discussion of this subject, there are three questions that are asked and have to be answered: