Dr. McGannon said that the patient was well six months ago. First symptoms were those of a severe bronchitis. Resonance was complete on both sides but absence of breathing on the right side, patient at that time had no pain, temperature and pulse were normal, and heart sounds slightly accentuated. Later a pulsation could be discerned to the right of the sternum. Temperature went up and the lungs became consolidated, patient lost appetite, cough with expectoration increased. But at no time was there any peculiarity of the voice or any signs of pressure, except on the bronchi.

In reply to Dr. Smith, Dr. McGannon stated that the patient died from exhaustion. Dr. Ross asked if there was any tugging at the trachea perceptable. Dr. McGannon replied in the negative.

Dr. Johnston said that the specimen showed that both aneurisms were of very rapid growth, and in neither was there any signs of lamination in the clot.

Dr. Gardner exhibited the following pathological specimens obtained during the previous ten days.

I. A submucus hyoma was removed by enucleation. The patient was the mother of several children, the last born 5 years ago, and had suffered from uterine hemorrhage ever since. After dilating the uterus the capsule was slit up, the tumor grasped with a vulsillum, separated by the finger and dragged from its bed. The shreds of capsule trimmed off, the cavity well douched with hot water, and Churchill's iodine freely applied. No drainage or irrigation was practiced. The patient made an easy and rapid recovery.

Cystic tumor of the labium.

II. A cyst of the left labium magus of five years growth and the size of a hen's egg. It was easily enucleated entire. This was probably a degenerated gland of Bartholine extirpation of a cancerous uterus.

III. A cancerous uterus from a patient of 49 years. Patient had interior pelvic pain and the other usual symptoms of malignant disease of uterus. Examination before the operation proved that within the broad ligament near the pelvic glands were seriously involved. The removal was performed by the vaginal method.

The patient being placed in the lithotomy position, and so retained by Clover's crutch, the uterus was drawn downwards and forwards to the pubes and the vaginal mucous membrane incised all round the cervix. Then the base of each broad ligament was ligatured by transfixion with a curved needle carrying strong silk. Next the posterior cul-de-sac was opened into the Douglas pouch and the bladder separated completely. The uterus was then retroverted through the posterior cul-de-sac. After this the broad ligaments in their upper parts were clamped on each side with Terrier's clamps for the purpose, and the amputation of the uterus completed. Some bleeding points were secured and the operation completed by a T dranage tube laid in the Douglas pouch. The clamp forceps were removed at the end of three days and the drainage tube a day later. The patient recovered without a bad symptom.

Ovarian Cystoma.

IV. A mullelocular ovarian cystoma removed from a lady of 68 years. In this case, 48 hours after the operation, the patient developed a pleuresy of the right side, which extended to the left two days later. The pulse reached 175 per minute, and was irregular and intermittant. This was promptly checked by ten minute doses of tincture of digitalis every 4 hours. No symptoms referable to the operation appeared, the alarming chest complication soon amended and rapid and complete convalescence took place.

Ovarian Cystoma.

V. A mullelocular ovarian cystoma from a young lady of 22. There were some adhesions, and troublesome bleeding from a rent in the broad ligament as oozing continued after applicature of a continuous suture; a drainage tube was used for 48 hours. The second ovary was found cystic and removed. Dr. Gardner remarked that Schroider formerly saved any portion of the second ovary not seriously involved, but of late had discontinued the practice. Dr. Schroider cites a case where pregnancy took place after removal of one ovary and part of the second.

Discussion.

Dr. Trenholme referring to Dr. Gardner's method of extirpation of the uterus, stated that his method of procedure usually consisted in retrovertion of the uterus, and, after ligation, removal of it piece by piece, separating the anterior wall from the bladder with the finger. As the disease returned in two cases this year, in his practice, after removal of the uterus he has lost faith in the operation of extirpation of the uterus for magligant disease.

Dr. Kennedy thought that cutting through the