In his opinion the injection of the solution should be repeated in twelve hours, and that a third, and even a fourth may be given. He stated that the effect of the remedy was well shown in twelve hours, and that he had known cases to exhibit entire resolution in from fifty to sixty hours.

The Doctor, in conclusion, said that limited time prevented him from giving the general treatment of Diphtheria, but that a nourishing diet and surrounding antisepsis were of great consequence.

A paper entitled "Phthisis as a Factor in the Causation of Insanity," was read by Dr. E. H. Stafford, of Toronto, in which the writer brought some statistics to bear upon the relationship existing between phthisis and insanity. While the fact is noticeable that among the insane a very frequent mode of death is by consumption, the latter disease itself does not as often cause insanity: the disease in the majority of cases running its course without any unusual mental symptoms beyond perhaps the *spes phthisica*.

The frequency of phthisis in some other classes beside the insane seems, the writer thought, to suggest that the disease does not attack all members of the community indiscriminately, but rather those who present some form of degeneration.

SURGICAL SECTION.

Dr. T. K. Holmes reported some surgical cases. The first patient was a man aged forty-four who had suffered from pain in the stomach and hypochondriac region, so severe that gall-stones were suspected. None, however, could be detected and there was no jaundice. He had failed greatly in weight and complained constantly of severe dyspeptic symptoms and what he described as a drawing or twisting of the bowels. He had a fear of being left alone. Local palpation of the abdomen revealed a large movable right kidney, which could be displaced beyond the median line and descended freely with each inspiration. The technique of the operation of anchoring it was fully described by the essayist. An interrupted recovery followed with a complete disappearance of the symptoms. The Doctor discussed the bibliography of the subject. The second case was a description of the operation of nephrectomy for renal tumor, which dated from an injury to the left side. The third case was the report of an abdominal hysterectormy.

He followed the following order:

1. Opening the abdomen.

2. The ligation of the ovarian vessels near the pelvic brim, either on the right or on the left side, slanting them toward the uterus and cutting between.

3. Ligating the round ligament of the same side near the uterus, cutting it free, and connecting the two incisions in order to open up the top of the broad ligament.

4. Incision through the vesico-uterine peritoneum from the severed round ligament across to its fellow, freeing the bladder, which is now pushed down with a sponge so as to expose the supra-vaginal cervix.

5. Pulling the body of the uterus to the opposite side to expose the uterine artery low down on the side opened up. The vaginal portion of the cervix is located with the thumb and the forefinger and the uterine