

side of the mastoid which was thought to indicate an inflammatory area about the mastoid process. It extended, however, and in about forty-eight hours, had reached the jugular vein. This vessel Dr. Bell ligatured below the omo-hyoid. An excision was then made over the mastoid and the clot removed from the jugular fossa. The symptom abated and the patient has since been perfectly well.

The third patient was a girl, aged 6 years. While playing with a revolver she had accidentally discharged it, the bullet entering her forehead. No severe symptoms followed, but on examination under chloroform the bullet was found to have fractured the skull and gone deeply into the brain substance, at least two inches from the surface. Forceps were carefully introduced, but it was found impossible to remove the bullet. A skiagraph was taken of the head and showed the bullet clearly. (The skiagraph was shown to the members.)

Two cases of sutured patella were shown, in both of which the injury was caused by indirect violence. Silk was used for the sutures and the result was excellent. Dr. Bell stated that in recent cases his practice was to use gut sutures.

The next case was one in which a floating body, a piece of free cartilage, had been removed from the elbow joint. Two cases of excision of the elbow were shown. In the first ankylosis had followed a severe injury of the elbow, and the operation had given a useful arm. The other was a case of tubercular disease, and the operation had been followed by paralysis of the forearm, due, Dr. Bell thought, to applying the Esmarch's bandage too tightly. He reported a similar case which occurred in his practice four or five years ago. The lesson was to use a hollow rubber tube or a flat bandage. The next patient was a woman, aged 56, on whom he had done nephrotomy for pyonephrosis. This was followed subsequently by nephrectomy by the abdominal route.

A woman was presented on whom nephrolithotomy had been done and two cases exemplifying Estlander's operation, in one of which 65 inches of rib had been removed. Another patient had suffered from caries of the lower jaw requiring complete removal of the inferior maxilla.

Another patient was shown on whom the speaker had operated for an immense glandular enlargement in Scarpa's triangle and the popliteal space, with destruction of the skin over the glands. In straightening the leg the popliteal vein had been torn.

The next case was a woman who had suffered from strangulated femoral hernia, in the relief of which he had excised eleven inches of small intestine. Murphy's button was used and was passed on the tenth day. No bad symptoms followed. A boy was shown whose