

continence. He has removed stones of considerable size without ill effect.

Dr. Price Brown read a paper on

DEVIATIONS OF THE NASAL SEPTUM.

This paper will appear in full in THE CANADIAN PRACTITIONER.

Dr. B. E. McKenzie exhibited four cases of

TALIPES REQUIRING OPERATION.

The method of Phelps, of New York, was referred to. First, correct the varus so that the foot is in the axis of the leg; subsequently correct the equinus. Phelps' operation of incision on the concave surface of the foot was described; it is better than removing bone on the convex surface. The foot should first be brought into a position of over-correction, and retained there by fixation apparatus, *e.g.*, plaster.

GENERAL SESSION.

Thursday afternoon, June 4th.

Dr. F. R. Eccles, of London, read a paper on

MYOMA OF THE UTERUS.

This paper will be published in full in THE CANADIAN PRACTITIONER. In the discussion which followed, Dr. A. A. Macdonald remarked that the term "fibro-myoma" was more suitable than "myoma"; this he argued to be the case from the histological characters of the tumor. Treatment must vary according to the position of the growth—subperitoneal, submucous, or intramural. The submucous shows a greater tendency to bleed than the others, and the condition often demands operative interference because of repeated hemorrhages. They, too, tend to become pedunculated, and may be removed through the vagina; occasionally they become strangulated, and a spontaneous cure results. Of medicinal treatment, ergot alone is useful; it must be used in large doses, and continued for a long time. Curretting is sometimes useful where there is endometritis. When it is proposed to use electricity, we must make sure of our diagnosis; the treatment is useless in the subperitoneal forms. In submucous varieties electricity is only useful for the purpose of controlling hemorrhage, and the treatment is always tedious; the patient may tire of it, and may go to another practitioner, who removes the uterine appendages and effects a rapid cure! Electricity

proves of the greatest value in intramural tumors. The strength of current varies in different patients; some stand a much stronger current than others; we must begin with a weak current. Electricity employed in unsuitable cases and in a careless way may lead to untoward results; thus Dr. Joseph Price remarks that very many cases present themselves now with extensive adhesions, the result of previous treatment by electricity. In view of this fact, we must proceed with great caution and watch the degree of tolerance exhibited by the patient. Many men have abandoned older methods and have instead used electricity, this, too, with great success, as in the hands of Keith, for instance. We must remember that many cases may be safely carried to the menopause, and the growth then diminishes; we are sometimes warranted in bringing on the menopause prematurely by removal of the uterine appendages. In certain cases, where the woman is a constant sufferer, pain severe, and hemorrhage profuse, there may be nothing left to afford hope of relief but hysterectomy.

Dr. Howard A. Kelly, of Baltimore, then read a paper on

INJURIES OF THE VAGINAL OUTLET OCCASIONED BY PARTURITION.

The support to the vaginal outlet has been erroneously viewed; the anatomical features have been allowed to overshadow the physiological factors in considering the subject. If we examine a virgin and introduce the finger into the vagina, the individual lying on her back, we find the rigid pubic arch above and in front, the rami on either side, and a rigid band posteriorly, stretching from one side to the other behind the vagina. The vaginal outlet is tucked up under the pubic arch by this band, which is not always rigid but relaxes occasionally. Here then we have something which exercises a tonic contraction, and this is due to the fibres of portion of the levator ani muscle. The tissues of the fourchette are lax and not capable of affording any support. The anterior fibres of the levator ani muscle therefore supports the vaginal outlet; it also passes back to and around the rectum, being related, however, more especially to the sides of the rectum.

With rare exceptions injuries to the vaginal outlet occur during parturition; the vaginal