

Dr. GARDNER congratulated Dr. Trenholme on the result of his cases, and on being one of the pioneers of an operation which has attained such a good position in surgery. He had operated in four cases. One, a very difficult case, with numerous adhesions and troublesome bleeding, proved fatal from peritonitis. In two of the remaining three the result was satisfactory, but the recovery slow. The third still suffers very much, probably from pelvic inflammation, set up by a long cold drive on her way home after the operation. There could be no doubt of the propriety of the operation in cases of palpable disease of the appendages, with local symptoms, with or without neurotic symptoms sufficiently severe, and in which other treatment failed to relieve. As to cases with purely neurotic symptoms, aggravated at the menstrual periods, there is room for doubt as to the propriety of the operation. Hegar and other eminent German authorities, at the last International Congress, had declared in favor of it while Spencer Wells and others were opposed to it. The neurotic element, in many of the cases, must be recognized and treated. The successful gynecologist must also be in some measure a neuropathist. It is probable that certain cases reported cured by this operation might have been spared the mutilation, and cured by a treatment mainly tonic and neuropathic. Every gynecologist must admit that there are cases of enlarged diseased ovaries in women capable of a good deal of activity—mental and bodily. All his patients had suffered more or less from the disturbances, vascular and other, which attend on natural meno-pause. In none of them had ventral hernia occurred, but he had taken care that each patient was fitted with an efficient abdominal supporter before being allowed to leave her bed.

Dr. ARMSTRONG said he had operated twice for removal of the tubes and ovaries. His first case was a success every way, though recovery at first was very slow. His second case has fully recovered from the operation, but sufficient time has not elapsed to say what will be the permanent effect.

*Stated Meeting, Dec. 5th, 1884.*

T. G. RODDICK, M.D., President, in the Chair.

Dr. SHEPHERD exhibited a large tumor which he had lately removed from the left parotid region.

The patient was a woman aged 47. Tumor appeared as a small lump below the ear four years ago; it increased slowly, but was not painful until lately. The tumor, during the last six months, had grown more rapidly, and had produced some facial paralysis. There was no interference with the circulation. The tumor was partly beneath the sternomastoid, and firmly fixed by the parotid fascia. The removal was tedious and difficult, owing to tumor not being very well defined. The external carotid artery was tied, and the fascial nerve had to be sacrificed. The patient recovered rapidly, and had no elevation of temperature. On examination, the tumor was found to be a fibro-adenoma. The second day after the operation an ulcer developed in the cornea, which took some time to heal. This was probably caused by an edge of the bandage coming in contact with the open eye.

*Tumor of Bladder.*—The PRESIDENT exhibited a cystic papillomatous tumor which he had some weeks previous successfully removed from the bladder. A microscopic section of the tumor was shown. The history of the case is as follows:—Geo. T., age 53, was admitted into the Montreal General Hospital, Oct. 27th, complaining of much pain and difficulty of micturition, and pain over the region of the bladder, with frequent over-distension. Symptoms began ten years ago with occasional difficulty in micturition. Three years ago, noticed blood in the urine for the first and only time. At this time he made water every hour, with pain before the act; pain chiefly referred to the end of the penis and neck of the bladder. Catheterization now became frequently necessary. When admitted into hospital, made water every hour, but from a bladder distended to the extent of a couple of pints would evacuate three or four ounces. There was constant hyper-distension of the bladder, forming a distinct tumor, extending sometimes to near the umbilicus. There was great pain in the left iliac region, especially during the act of micturition, Prostate very slightly enlarged. The bladder was sounded carefully, but nothing definite could be made out. Dr. Roddick thought the case was either one of encysted stone or tumor of the bladder, so decided to explore the bladder carefully, after the manner of Sir Henry Thompson. This he did on Nov. 12th. A staff was introduced, and the membranous portion of urethra cut down upon. The finger was then introduced through the pros-