

and extirpation of the uterus advised. The patient consented, and the operation was done on the 18th of February. On opening the uterus, the diseased action was found to have extended some distance within the cavity of the body, thus accounting for the severe pain. The patient made an easy recovery, and left Dr. Gardner's private hospital, feeling better than for months previously.

The second specimen was from a patient of Dr. C. O. Browne of Knowlton. She was aged 29, married twelve years; five pregnancies, all to full term, the last labor two years and four months previously. She had suffered from uterine symptoms and intense nervousness for six years. All the symptoms had been much worse for twelve months, during which time pelvic pain, hemorrhage and dirty-colored vaginal discharges were constant and pronounced. On examination, the uterus was retroverted and prolapsed, the cervix lacerated, of stony hardness, and the posterior lip occupied by an ulcer which Dr. Browne asserts to have existed for four months. The diagnosis was probable malignant disease, and extirpation recommended. Three weeks later she entered Dr. Gardner's private hospital, and the operation was done on 1st March. The method adopted in this case was that practised by Martin of Berlin, the posterior cul-de-sac being opened as the first step. The patient made a tedious recovery. The pulse ranged for several days from 150 to 180, being, in fact, at times scarcely to be counted. Other symptoms were without any alarming feature. The pulse before operation was between 120 and 130. The specimen was pronounced by Dr. Johnston to be not malignant, but in view of the clinical character of the case, and the fact that the microscope was not always a certain means of diagnosis of cancer, Dr. Gardner felt justified in extirpating the uterus and ovaries in this case. The operation had been done in Germany several times, for conditions well known not to be malignant, but not amenable to other methods of treatment. When the mortality has been reduced, as in Leopold's hands, to six per cent., as a result of improved technique and otherwise, then he (Dr. Gardner) considered it perfectly justifiable for certain cases other than malignant, and in future he intended to advise it for a limited number of such. This was the fifth case

in which he had extirpated the uterus without a death and without alarming symptoms.

Dr. Roddick asked if Dr. Gardner would recommend extirpation of the uterus for chronic endometritis.

Dr. Gardner replied that the question was an important one that often presented itself to the gynaecologist. The operation is now done with comparative safety, and in selected cases would certainly operate in this way.

Dr. J. C. Cameron referred to the necessity of microscopic examination of the tissues removed by scraping, before a diagnosis of malignant disease is made. The microscope is not used as much in America as it should be in such cases. The German gynaecologists are setting us an example in this respect.

*Sutured Patella.*—Dr. Bell showed a patella which had been sutured five months previously. The patient, a young Norwegian sailor, fell from the rigging of his ship and fractured his patella, nine weeks prior to the arrival of his ship in port. He had had no treatment of any kind. He was admitted to hospital on the arrival of his ship in port, when the patella was found to be fractured transversely through its centre. There was no sign of any union, and on flexing the leg the parts separated widely, so that the articular surface of the end of the femur could be distinctly felt through the skin. The patella was treated by paring off the rounded cartilaginous faces of the fracture, and suturing with three strong sterilized silk sutures. The first dressing was not removed for six weeks, when the wounds were all perfectly and soundly healed, and the patella apparently firmly united. A splint was applied for three weeks longer and then removed, and the patient allowed up, and advised to practice passive movement of the joint. After three weeks of this passive motion the union of the patella fragments seemed to be not so firm, and the patient was put to bed and a plaster-of-Paris splint applied. In six weeks more this was removed, and the house surgeon applied a light posterior splint of Gooch's ribbed splinting, and with this he walked about in perfect health and comfort until the 22nd of January, four months after operation, when he complained of a little fever and some pain in the leg and knee. On examination, the knee was found tender and slightly swollen, and a sore which had been produced on the skin by the