

Dr. Newman has used the cystoscope for twenty years, but has never been able to make a thoroughly satisfactory diagnosis by its use. Extensive practice and accurate system are required in its use. The difficulty is that there is no means of operating while the cystoscope is in position. An extra compartment to allow of this is a great desideratum. The fluid battery is much more clumsy and unpleasant to use than a series of accumulators.

Dr. Tremaine, of Buffalo, is not satisfied with the practical results obtained by the use of the cystoscope. He has used it in examining for stone, but can do better with the sound. When he fails to make a diagnosis with the sound he resorts to incision. He contended that a demonstration such as that given by Dr. King is very different to a practical application of an instrument.

Dr. Park, Buffalo, has made some very satisfactory diagnoses with the cystoscope, but has frequently failed. Most cases in which it would be useful ultimately require operation, and then a digital examination can be made. It may be useful in examining the orifices of the ureters to see which kidney is the source of pus, but it is not essential to anybody.

Dr. Groves, Fergus, read a paper on

VAGINAL HYSTERECTOMY WITH ABDOMINAL OVARIOTOMY.

He hoped the narration of the case would influence others to adopt operative treatment in the early stages of malignant disease, whether of the os and cervix alone or of the body of the uterus. He is of opinion that total ablation of the uterus offers the only prospect of a permanent cure, and though the operation is a difficult and serious one, the surgeon must not shrink it in those cases in which it is indicated. The following case was then related: The patient was aged 69, and the mother of several children. She had suffered from hemorrhagic discharge for about sixteen months, during the latter part of which time the blood was mixed with foul-smelling pus. She was losing flesh and strength rapidly. The uterus was found to be five inches in depth and bled easily. There was also an ovarian tumor about six inches in diameter. Operation was advised and consented to. A suture was passed through the cervix, the uterus was drawn down, and the peritoneum opened

through Douglas' cul-de-sac. On passing the hand up into the abdomen it was found that the ovarian tumor could be reached more readily through an abdominal incision. This was accordingly made, and the cystoma removed without difficulty. The fundus of the uterus was then brought down to the vulva, the broad ligaments were ligated and divided, and the operation completed by stitching up the abdominal wound and placing a drainage tube in the vagina. Reaction was good, and vomiting occurred only once. The temperature rose on the afternoon of the second day to 100 1-5° F., but fell to 99 the next morning. The drainage tube was removed on the 3rd day, and the patient made an uninterrupted and perfect recovery.

Dr. Temple, Toronto, regarded the use of clamps as much better than sutures and very much less tedious. One of the greatest difficulties is in separating the anterior wall from the bladder to avoid cutting the arteries. He notes the position of the fold between the cervix and the bladder by a small incision while the parts are in position, and always directs the points of the scissors towards the uterus. He had only operated upon two cases for malignant disease by this method. Both had recovered.

A paper by Dr. Thos. R. Dupuis, Kingston, on

PERIOSTITIS ALBUMINOSA OF OLLIER

followed. This disease acquires interest because of its rarity. The patient, a young man of 22, had a peculiar swelling on the middle third of the anterior part of the tibia. There was a history of having been struck by a base ball. The injury was followed by swelling, lameness, and intense pain when standing or walking, though there was no pain when the leg was kept quiet in an elevated position. It had been mistaken for an abscess and opened, when, instead of pus, a yellow albuminous fluid almost as thick as the white of an egg had escaped. After being poulticed for a time, ung. resinae was applied, and in time the wound healed. Some months later the trouble reappeared. The swelling was sharply defined, of elastic resistance and attached to the bone. An incision down to the bone revealed that structure to be eburnated, but without exostosis. The surface of the tumor was scored with the thermo-cautery with the hope of causing absorption. He im-