The following Antiseptic precautions were strictly adhered to throughout all the operations.

(1.) The part to be operated on was thoroughly cleansed and sterilized before operation.

(2.) Care not to inoculate the wound with germs.

(3.) Thorough Irrigation.

(4.) Antiseptic dressings.

The first precaution was to wash the part several times with soap and water, after which it was encased for half an hour before the operation in lint saturated with a solution of Carbolic Acid, (1-20.)

The second care was in having the instruments thoroughly cleansed and left in a solution of Phenol, (1-20,) for 30 minutes before using, especial care being observed with the artery forceps and ligatures; the latter, silk, being kept constantly immersed in a solution of Bichloride of Mercury, (1-1000.)

The third was thorough irrigation of the wound with a solution of Bichloride of Mercury, (1-2000.)

Fourth, the ordinary Carbolic Gauze was used as a dressing; the layers of which coming in contact with the skin being first soaked in water to dissolve out any irritating substance.

The results were most satisfactory and may be thus summed up:

(*a.*) Rise of temperature only occurred in one case.

(*b.*) Pus only noticed in a small percentage of cases.

(*c.*) No irritation from Sutures or Ligatures.

(*d.*) The dressings only required to be removed, on an average, once a week, and in some cases once a fortnight.

In the case of Litholapaxy a 5% solution of Boracic Acid was used. No rise of temperature, pain or inconvenience followed the operation.

INDOLENT ULCERS.—The local treatment of this class of ulcers has, after trying different dressings, almost resolved itself into a routine practice of strapping with ordinary diachylon plaster. The custom is to strap the part from below upwards, leaving the plaster on until cleanliness demands another dressing. Generally only that portion of plaster covering the ulcer requires to be removed, the remaining portion not requiring removal for some time. A number of cases attest to its efficiency.

It is a very economical and convenient dressing in cases that cannot be visited oftener than once or twice a week.

CASE UNDER DR. T. R. ALMON, *Attending Surgeon.*

Phimosis of thirty years standing.

Patient, N—— M——, age 54 years, farmer. Admitted to Hospital Aug. 1st, 1888, complaining of difficulty in micturition, and an induration in scrotum and perineum.

Family history good. He thus described his case. He was never able to completely uncover the glans, and for the last 30 years has noticed a gradual encroaching of the foreskin over the glans. 12 months previous to entering the Hospital the Meatus was so occluded that he experienced great difficulty in Micturition. A few months after this a lump appeared in the perineum which gradually enlarged and extended into the Scrotum and after a time suppurated and discharged. Examination revealed a large tumour in Scrotum extending down the perineum and which could be felt high up per rectum. The head of the penis had a tough, resisting feel and the meatus was so occluded that the smallest Bougie could not be passed.

From the character of the pains experienced, and the age and appearance of the patient, the question of Malignancy arose, but to relieve the distress accompanying Micturition it was determined to perform circumcision. A 4% solution of Hydrochlorate of Cocaine was used as an anaesthetic. On cutting through the prepuce it was found that the foreskin was adherent to the glans and a thick fibrous mass was formed by the union. This being dissected off, the Meatus slit up, and sound passed, the patient was confined to his bed for further treatment, which consisted in keeping a catheter in the bladder to draw the water and keep the urethra and meatus dilated occasionally passing a sound; and to the perineum was applied Ung. Hydrag.

The result was most satisfactory. The induration in the scrotum and perineum gradually disappeared. The urethral fistula closed. Patient rapidly gained flesh and was discharged well.

REPORTED BY W. D FINN, *Clinical Clerk.*

Case 1.—Sarcoma of Brain.

M—— T——, age 33. Admitted Jan. 14, 1889, under care of Dr. D. A. Campbell. Very few points about the previous history of the patient could be accurately ascertained.

About three years ago he received an injury of the head by a sharp fall, which called for no special attention at the time. Some time after he began to complain of a headache and dimness of sight, which gradually increased and resulted in total blindness. His mental power, never strong, failed; he became irrational, and finally imbecile. He had frequent convulsive seizures of short duration, for three months before admission. When admitted he was blind, imbecile, and only possessed of automatic functions. A soft swelling was observed at a point corresponding to the middle of the sagittal suture. On pressure a distinct depression was felt, as if bone had been depressed. There was no paralysis of the limbs of a marked character, rather spastic rigidity. He had no control of the bladder or rectum. After admission he had two convulsive attacks, prolonged and very severe, and a fatal result was postponed by very active measures. The patient was transferred to Dr. J. F. Black, the surgeon in charge. After consultatation it was deemed advisable to make an exploratary incision. When the scalp was shaven it was seen that large veins proceeded from the soft swelling already referred to. When a V shaped flap was reflected the bleeding was so great that no further incisions were attempted. The seeming depression of bone turned out to be a large venous communication with the superior longitudinal sinus brought about by erosion of the bone, and another larger, which had not been noticed, was revealed. Death ensued some time after.

Autopsy. Permission was obtained to examine the brain. A large tumour was found involving wholly the cortical surface of the left supra-marginal convolution and portions of the angular, post parietal, tempero-sphenoidal annectant and occipital convolutions on the outer aspect, and the cuneus and paracental lobule on the inner aspect.

The Growth weighed 6 oz., was sharply marked off from brain tissue and practically involved that portion of the left half of the cerebrum behind the ascending parietal convolution. The membranes were adherent over the growth and the adjacent bone was very much thinned, eroded and perforated. At least ten openings, ranging in size from a ten cent piece downwards, were observed, which allowed free venous communications, the largest being in connection