

toma. In each case the uterus was enlarged and retroverted. Menorrhagia had in both been a prominent symptom. In such cases, where the second ovary is diseased, the question arises as to what should be the proper treatment when a part of the ovary seems healthy. Schroder has recently published reports of a number of cases in which, instead of complete removal, he has excised the diseased tissue by a wedge-shaped incision and brought together the cut surfaces by sutures. The object in such cases is to permit, if possible, subsequent conception. Dr. Gardner was not aware, however, of conception having occurred under such circumstances. Doubtless, however, after ovariectomy, the second ovary has often been unnecessarily removed, as slight enlargement and a cystic condition do not necessarily imply a condition which shall develop into an ovarian tumor requiring the ordinary operation. The responsibility on the part of the surgeon in dealing with such conditions appears to assume a new aspect in the light of Schroder's experience.

The PRESIDENT said that one objection to a woman becoming pregnant after this operation was that sometimes the abdominal walls give where the incision had been. He had seen this occur once, and produce hernia of the pregnant uterus.

Dr. ALLOWAY said he had attended this woman in her confinement, and had great difficulty in keeping the womb in proper position; it came through the abdominal walls and stretched the integument greatly. She has to wear a pad constantly to keep the abdominal organs from coming through.

Dr. GEO. ROSS said that the first woman upon whom he had performed ovariectomy was told by some of her friends that she would be barren. In twelve months' time she became pregnant, and although the case was one of breech presentation, and although the wound could not heal by primary union, a clamp having been used, still she had no trouble in her labor.

Dr. SHEPHERD said that if the wound healed by granulations, it ought to be all the better.

Cerebellar Disease.—Dr. WILKINS read a paper on "Cases of Cerebellar Disease."

Dr. STEWART asked Dr. Wilkins what were his reasons for considering the second case to be cerebellar and not cerebral; and why hemorrhage?

Dr. WILKINS, in reply, stated that the sudden nature of the death and the symptoms immediately preceding it pointed conclusively, he thought, to

interference with the respiratory centre in the medulla. The state of perfect health up to, at the most, three days preceding death, and the sudden onset of the symptoms, pointed to hemorrhage. Had this hemorrhage been into the cerebrum, there would have been other symptoms present, according to the region affected; if into the anterior portion, there would most likely be some psychical symptoms; if into the motor area, some motor phenomena would be expected to be present; if into the posterior portion, there would probably be some sensory symptoms. Further, persistent vomiting is more frequently present in cerebellar lesions, or lesions in its immediate vicinity.

Dr. GODFREY asked if any of the members had bled for cerebral hemorrhage. He had once done so, with favorable results. The diagnosis was verified by an autopsy made a few months later, the man having been killed by falling off the roof of a house.

Dr. Hy. HOWARD said he had bled for everything. Years ago he had bled as many as forty persons in a morning. The last time he had used his lancet was seventeen years ago, on a man who had an attack of apoplexy. He got well, but had right-sided paralysis for the rest of his days—ten years.

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Stated Meeting, Feb. 5, 1886.

T. G. RODDICK, M.D., PRESIDENT, IN THE
CHAIR.

PATHOLOGICAL SPECIMENS.

Two Cases of Tait's Operation.—Dr. Trenholme exhibited two pairs of ovaries and tubes. The ovaries were all enlarged and diseased. In the first case, one pair were removed from a woman aged 23 years, who, since she began to menstruate, had dysmenorrhoea. Some years ago her menses were stopped by a cold bath, and each month since then she has suffered from epileptic attacks at this period. In spite of bromide of potassium, etc., these attacks were getting worse. An examination revealed enlarged ovaries. The operation for their removal was the most difficult he had had. There was an enormous amount of adipose tissue in the abdominal walls, and the recto-muscles were very tense. The right tube was free, and disposed of. The left tube looked at first like a multiple or lobulated ovary from old inflammatory constructions. This tube and ovary were bound down by adhesions all around, and covered over by the adherent omentum. After the operation, the patient had a