

instruments. Where the catheter was kept clean its use could be maintained a long time. A patient under observation, aged 83, had used one twelve years—a man in active life. He had had most beneficial results from drainage also. Cases treated in this way were referred to.

Dr. E. E. King thought that the operation of orchidectomy would never become the operation of choice in enlarged prostate, but in those where great urgency was necessary. A case of this latter sort on which he had operated showed marked improvement within eighteen hours. A second case, in which he had done vasectomy, was not much benefited by the operation. A third case, in which orchidectomy was done, died of pneumonia subsequent to the operation. In six other cases results were so good that the speaker was very well satisfied with the operation.

Dr. G. Bingham concurred with the views expressed by the leader of the discussion as to the treatment of long-standing and obstinate cases of prostatic enlargement. In the earlier stages he had found the method of stripping the prostate and the vesicles of decided value. This relieved the glandular congestion and enlargement. The speaker cited cases in which he had noted distinct benefit from this course of treatment. Before resorting to removal of the testicles he would examine the bladder by superpubic cystotomy. In this way drainage could be performed, the condition of the walls of the bladder ascertained, the diagnosis established, and, if necessary, a portion of the middle lobe removed.

Dr. Cameron closed the discussion.

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## Toronto Medical Society.

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THE regular meeting of this Society was held December 17th, Dr. J. Forrest in the chair. Minutes of the previous meeting read and adopted.

**Nasal Breathing** was the title of a paper read by Dr. Price-Brown. The doctor presented a patient he had treated for this trouble. The paper stated that from examination of animals and aboriginal tribes, and comparing them with the inhabitants of civilized countries to-day, it was apparent that nasal breathing was a physiological process and nasal pathological. Pre-eminent among the causes of nasal breathing was nasal deformity, the result of trauma or heredity. These irregularities were seldom seen in children under ten. Where the condition of deformity occurred early in life it was often followed by arrest of