size of a fœtal head, the bulk of the mass being rather to the left of the uterine canal, which was almost five inches deep. As the patient was in a wretched condition of health, the operation was delayed for a week, when, upon 24th Sept., the tumor and uterus were removed by abdominal section. Strong adhesions existed throughout, especially with the bladder, which was incised to the extent of about half an inch. The broad ligaments were tied in segments, and separated as far as the neck, when a wire ecraseur was applied, and tightened just enough to prevent hemorrhage. The tumor was removed by a V shaped incision, and the cut surfaces brought together by a double running suture (silk). The wound in the bladder was brought together by the same suture. The abdominal wound was coapted by three deep silver and a number of superficial horse-hair sutures. A catheter was kept in the bladder for five days, after which she passed her urine without trouble. It is now 16 days since the operation, and both temperature and pulse have been almost normal throughout.

In the discussion which followed nothing new was elicited, and the Society then proceeded to the election of officers. On account of the illness of Dr. Roddick last winter, and his absence in the North West Territory during the summer, it was felt to be but an act of justice to re-elect him President. Vice-Presidents, Drs. J. C. Cameron and Geo. Wilkins; Treasurer, Dr. Perrigo; Secretary, Dr. Gurd; Council, Drs. Kennedy, Geo. Ross, and Roddick.

Before the meeting adjourned, the question of the treatment of the small-pox patients and the management of the Hospital was fully discussed.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the regular meeting in September, Dr. Case, senior, presided. Dr. Malloch exhibited a pathological specimen, with the following history. He had performed abdominal section in a case of peritonitis with symptoms of obstruction of the bowels and a history of previous attacks of colic. The colon was so much distended that it could not be returned. To relieve this distension, an opening was made with a scalpel, of its own width simply, and the gas pressed out. The wound was then closed with interrupted sutures of the finest catgut. The patient only survived the operation 47 hours At the autopsy it was with great difficulty that the site of the wound could be found, the union was so good. There were no signs of inflammation to be found, and no adhesions were present about the wounded intestine.

The October meeting was presided over by Dr. White, the President. Dr. McCargow showed the lazynx of a man who was in the City Hospital for but a short time. His history was as follows :---He was 28 years of age, had been working on the railway, and caught cold. When admitted to the Hospital was much emaciated, had a bad cold, enlarged glands, and was unable to swallow. He was ill only six months. Family history was good, there was no record of either phthisis or syphilis. Post mortem, as seen by the members, there was ulceration and partial destruction of the epiglottis. The lungs, which were unfortunately mislaid, were full of miliary tubercles. In the left apex there was a cavity the size of an almond, and the lung was adherent. There was also softening in the right apex. The other organs were cormal. Dr. A. Woolverton had seen the patient during his lifetime, and noticed that he was specially anæmic and had the characteristic appearance, but not the physical signs especially, of tubercular trouble; but there was dulness of the left apex. Patient resembled more one with typhoid fever with a slight cough. Dr. Mullin recollected a case in the Hospital that was at first thought to be syphilitic laryngitis, as there was laryngeal trouble, and the patient was an old soldier. Dr. McCargow had seen suppurating kidney in similar cases. Dr. White remembered a case, taken for typhoid, where miliary tubercles were found in the lungs and kidneys, but no suppurating cavities or foci. Dr. McCargow then gave the history of two cases, he had seen in practice, of foreign bodies entering the larynx and being found in the right bronchus. The first case was that of an infant who was playing with some green coffee beans, and had some in its mouth; some one made the child cry; it was seized with an attack of coughing and strangling, and evidently, from the history, would likely have returns of the cough, and did. Acute bronchitis set in, tracheotomy was advised, but not permitted, and the child died in two days. Post mortem--three green coffee beans were found in the right