

ventrofixation for women who were sterile or who had marked adhesions and who had suffered so much and so long in spite of treatment that the appendages had to be removed.

In the discussion which followed these two papers

Dr. CUSHING, of Boston, said that he had more experience in removing pessaries than in using them. He had not been satisfied with the results obtained from Alexander's operation.

Dr. GARDNER, of Montreal, thinks that pessaries are only very occasionally of service. He has abandoned Alexander's operation, but frequently does abdominal hysterorrhaphy, with much advantage to the patient.

#### CLINIC AT ROYAL VICTORIA HOSPITAL.

The members were now conveyed by means of a special electric car to the Royal Victoria Hospital, where a clinic was held by members of the staff.

Dr. JAMES BELL presented a series of brain cases. The first was a man, aged 29, who, in 1895, had suffered from otitis media, followed by mastoid disease. Dr. Buller had trephined but had found no pus. The symptoms increased in severity, there being intense headache and high fever. After three or four days, twitching of the left side came on, followed by paresis of the left arm. An abscess in the middle lobe of the brain was diagnosed and a small opening was made over this region. The dura was found to be bulging, and on opening it two or three drachms of pus escaped. The opening was enlarged downwards to provide for free drainage. A communication was established between this and the opening in the mastoid antrum which Dr. Buller had made. There was an immediate amelioration of the symptoms, the paresis disappearing at once, and the temperature falling to normal. The recovery was not permanent, and serious symptoms again made their appearance. Dr. Bell then reopened the wound and found a hernia of the brain containing a small abscess. Upon incising more deeply, it was found that the whole temporo-sphenoidal lobe was excavated by a large abscess, from which a considerable quantity of pus escaped. After this the progress was satisfactory, except that a sinus persisted and the patient was discharged. He was re-admitted two months later, having had a convulsive seizure the week before. The sinus was opened and was found to lead towards the cranial vault. It was drained and the patient was discharged in April. He has since been in good health.

The next patient was a boy, aged 12, who was admitted on the 11th May, 1896, suffering from thrombosis of the left sigmoid sinus. Dr. Buller trephined and a cord-like mass was found extending down the