

made up the second tumor felt by the patient. Death evidently took place from suffocation caused by over-distension with fluid.

*Fibroid Disease of the Stomach.*—This specimen was sent to Dr. Howard by Dr. Powell, of Ottawa. It was removed from a man aged about 60, not intemperate, but a good liver. He had consulted several doctors who all inclined to a diagnosis of scirrhus of the stomach, as the symptoms pointed that way. The stomach was contracted and much thickened owing to fibroid deposit in the mucous membrane and muscularis.

*Laceration of Brain.*—This specimen was removed from an hospital patient, a lumberman, suffering from an enlarged spleen and leukaemia for over a year. While in hospital he appeared to be doing well, when one night he suddenly became comatose and died in a few minutes. The *post mortem* revealed extensive laceration of the brain substance from hæmorrhage.

*Ovarian Cysts in an Infant.*—Taken from a child of ten weeks shewing cystic disease of both ovaries.

Dr Alloway exhibited a "Jannison's Uterine Irrigator" which he had been using for some time past, and which had given him more satisfaction than any other instrument devised for the same purpose. It consisted of a flexible metal tube, so bent that it formed a third arc of a circle, the diameter of which latter was twelve inches. On the outside of this tube ran another of much larger calibre, but not so long, the space between the tubes answering the purpose of providing for an immediate return-stream from the uterus. He related the history of a patient who, having expelled a 2½ month's decidua mass into vagina received an intrauterine injection of warm carbolyzed water from a fountain syringe, armed with an ordinary hard rubber tube, which did not admit of the immediate return of the fluid. About ¾ of an hour after injection, the patient was seized with pain over the region of the left broad ligament, chill and faint feeling, followed by elevation of temperature (102°F.) and pulse 110 and severe paroxysmal attacks of dyspnoea. After the administration of a hypodermic of Battley she recovered from pain and symptoms. Dr. Alloway attributed the condition of his patient to the entrance of the solution for a short

distance of the left Fallopian tube, that slight hyperæmia of the delicate lining of the tube would follow the irritant, and in this way account for the pain and other reflex nervous symptoms manifested. He did not think the symptoms due solely to distension of the uterine cavity by the fluid, as there was no expression from the patient of even discomfort, at time of injection. He thought it of little importance what term would be used to designate the condition; it was the cause of the apparently alarming symptoms which were of interest to him, and which he thought resulted from the use of a tube which did not provide for an immediate return-stream from the uterus. He had injected the uterus under the same circumstances, many times before with the same kind of imperfect tube, but had never witnessed such a condition. He thought probably it would be well to limit injection in such cases, to those in which the discharge were foetid; and this was one reason why he brought his experience in the matter before the notice of the society, with Jannison's tube however, he would feel perfectly safe under all circumstances.

*Axis Traction Hook.*—Dr. Alloway also exhibited an "Axis Traction Hook" of his own device. He claimed that the hook answered all the purposes of Tarnier's instrument when passed into the lock of any ordinary forceps and traction made by the hook alone. Traction could be made in any direction pleasing to the operator, and the hook could be used in this way whether the head was arrested at the brim or low down in the cavity of the pelvis. Dr. A. used the hook almost solely with Simpson's short forceps, and found that the handles of the forceps and those of the hook came when applied into such convenient relationship, that more power, if necessary, could be exerted, than with Simpson's long forceps, without the hook. Dr. A. related the history of a very interesting case where he first used the Traction Hook. The patient had been, some eighteen months before, operated on by Dr. Roddick for the removal of a large ovarian cyst (40 pounds). The walls of the abdomen, so far as the muscular structures were concerned, did not unite, or the line of union had become absorbed, and