

what he had stated at a previous meeting concerning systematic attention versus immediate intervention, giving preference to the latter. This clinical observation was a striking illustration of the advantage of an early and positive diagnosis in such lesions and of an immediate operation. No delay should be suffered if patients were to be given any chance of recovery. A great responsibility fell to the lot of clinicians in surgery to instruct students how to diagnose such cases and call upon a surgeon as soon as possible after the lesion was diagnosed. It pertains to the surgeon to apply the principles of medicine and reason them out, for, medicine was the basis of surgery, a physician might ignore surgery, but a surgeon must not ignore medicine.

Dr. J. E. DUBÉ presented an interesting communication on "Asystolic Cardiaque et son traitement." Having reviewed the various symptoms of the disease, the question of treatment was taken up and considered as to hygiene, diet and drugs.

DRS. ALPH. MERCIER, LESAGE and VALIN mentioned the importance of condemning the use of salt in the diet of such patients, in accordance with experiments lately carried out by Vidal.

Dr. A. A. FOUCHER read a letter from a country physician who had consulted him about a case of Rheumatic Iritis. Dr. Foucher who had just been reading Dr. Bouchard's communication to the Congress of Cairo, on the efficiency of injections of drugs *in situ mali*, had advised hypodermic injections of sodium salicylate in the region of the temple. The patient had already been taking the drug for several days, along with the ordinary local treatment, but without results, when local injections were resorted to. After the first injection, pain was greatly relieved and in two or three days all trouble was over. A second attack was stopped at the onset by the same treatment, the first injection having quieted all pain.

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## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Fifth Meeting, December 4th, 1903.*

H. S. BIRKETT, PRESIDENT, IN THE CHAIR.

Dr. J. M. ELDER read a case report upon sarcoma of the small intestine. He exhibited the specimen and presented the patient from whom the tumour had been removed.

Dr. LAPHORN SMITH taking up the discussion urged the early removal of all abdominal tumours. He laid it down as a rule that free fluid in the abdomen was suggestive of malignancy and that the glands were rarely involved in cases of sarcoma. He noted that a large number of conditions simulated appendicitis and deprecated the medical treatment of the affection.