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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 20th, 1891.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

Perforated Vermiform Appendix.—Dr. Shepherd exhibited this specimen, which he had removed from a patient aged 29. A portion of the wall of the appendix had sloughed, causing a perforation, through which protruded a concretion the size of a white bean. The patient, three days before the operation, had been seized with sudden pain, vomiting, and tenderness in right iliac fossa. The appendix was found without difficulty in a pus cavity. The patient made a rapid and uninterrupted recovery.

Dr. MacDonnell had seen the patient previous to operation. This disease, which formerly had been so rarely met with, was now quite frequent. He considered the hardness of the abdominal parietes, particularly on the affected side, one of the most characteristic features. He had noticed that the symptoms frequently improved after the first shock was over, and, notwithstanding that the character of the symptoms in many cases was that of general peritonitis, the lesion was local. This he had corroborated in three cases, two after operation and one at the autopsy. In one case of interest which he now had under observation, the pulse remained low and the abdominal symptoms improved whilst the temperature was increasing.

Dr. Buller referred to the relative frequency of appendicitis amongst the Germans, which Virchow had attributed to their larger consump-

tion of vegetable food, which dilated the appendix.

Dr. Shepherd remarked that the only animals possessed of an appendix were the higher apes, the wombat, and man.

Comparative Pathology.—Dr. Shepherd showed the skeleton of a parrot with a fracture of the left femur, which had produced much shortening of the limb. The right side of the pelvis was well developed, but the left was atrophied, in consequence, no doubt, of the disease of the muscles of that side caused by the shortened limb.

Chronic Pyosalpinx.—Dr. H. D. Hamilton exhibited the specimen. The pelvic organs were found matted together by old adhesions, and were adherent to the abdominal parietes on the left side. The left ovary contained a multilocular cyst about the size of an orange; from the left cornua of the uterus extended a winding sinus which communicated with the rectum. The patient was 26 years of age; married at 17, and had up to that time been in good health. She was taken very ill shortly afterwards with considerable pain in the left side of the abdomen, which invalidated her for six months. She was never afterwards absolutely free from pain in the left inguinal region, and subject, at long intervals, to acute exacerbations. The patient was operated on, in the Western Hospital, in 1885. On 1st January, '91, she was admitted to the General Hospital under Dr. Molson. She was then in a very weak condition, and complained of considerable abdominal pain. Erysipelas of the face appeared the second day after her admission, which subsided on the seventh day. The patient died on the thirteenth day with uræmic symptoms.

Puerperal Septicæmia.—Dr. Johnston exhibited the uterus from a patient who had died two months after confinement with symptoms of