

the femur. It had firm compact tissue on the outside, but inside it was made up of loose cancellous tissue with a number of free pieces of bone. He had obtained this from the dissecting-room, and he was unable to say whether or not there was a bursa in connection with it, but it was covered with cartilage.

*Patent Foramen Ovale.*—DR. RICHARD MACDONNELL exhibited a heart showing a patent foramen ovale. The heart had been found in the dissecting-room last winter. The body from which it was taken was that of a young woman, age 25, who had died in the Montreal General Hospital of phthisis with empyema. Dr. MacDonnell first saw the case in 1883, when she came to the out-door department, suffering from primary syphilis. She was very thin and delicate, but there was no evidence in life that she suffered from any vascular derangement. Her mental faculties were defective. During that year she was a constant attendant at the clinic, presenting many well-marked symptoms of secondary syphilis, notably alopecia, sore throat, and iritis. In 1884 and 1885 she was admitted to the wards on several occasions, and her chest was frequently examined, but no evidence of cardiac disease was ever found. The last admission was on May 8th, when distinct evidences of phthisis were seen. She died June 7th, 1887, with extensive softening of right lung and a thickened pleura containing pus. Dr. MacDonnell thus had the case under observation for four years, without having noticed any cardiac symptoms or physical signs of defective heart action. The opening in the fossa ovalis was of large size.

*Suprapubic Cystotomy.*—DR. RODDICK exhibited a calculus weighing 15 drachms, which he had removed from a man, aged 52, by the suprapubic operation. Twelve years ago he had removed a stone from the same man, by the lateral operation. He remained well up to eighteen months ago, when symptoms of stone reappeared. He preferred the suprapubic operation on this occasion, because of the large size of the stone, and because he had formerly performed the lateral operation. He did not suture the bladder.

*Discussion.*—DR. FENWICK was present at the operation, and congratulated Dr. Roddick on the success of his operation. He, however, saw no reason why a previous operation should contraindicate a second one. He had several times operated a se-

cond time with success; on one patient he had operated four times successfully. He thought that entering the bladder by the perineum is the most natural way, and there is no danger of hemorrhage and infiltration of urine as in the suprapubic. He had removed very large stones by the lateral method by cutting both sides of the prostate.

DR. SHEPHERD could not agree with Dr. Fenwick that lateral lithotomy was the most natural and easiest operation. In cases of suprapubic lithotomy he preferred to introduce a drain in the abdominal wound and to saturate the bladder, so that if the bladder did not unite by first intention there would be an outlet for the urine. The bladder should be drained by a catheter in the urethra.

DR. BELL said the bladder could not be thoroughly drained through the penis. He believed the operation of the future will be suprapubic lithotomy with drainage through the perineum.

DR. RODDICK, in reply, said that the chief reason why he had made use of the high operation was on account of the large size of the stone. With regard to suturing the bladder, recent disastrous results had been reported by Thompson and others.

*Poisoning by Bichromate of Potash.*—DR. RUTTAN read for Dr. Lafleur and himself a paper on bichromate poisoning.

DR. STEWART asked Dr. Ruttan if the ordinary symptoms produced by nitrites could be explained by the formation of hæmoglobin.

DR. REED referred to a case of bichromate poisoning reported in the London *Lancet* in which death occurred in 55 minutes. The man had taken four drachms of salt. Cases of recovery after taking 10 to 15 grains had been reported. Symptoms were vomiting, pain and hemorrhage.

DR. RUTTAN, in reply to Dr. Stewart, said that while the toxic symptoms of nitrites were, in his opinion, undoubtedly due to methæmoglobin, the ordinary nervous symptoms produced by nitrites could not be so easily accounted for. The methæmoglobin in the blood, by preventing the proper oxidation of cerebral centres, must impair their functional activity. The lowered temperature after the administration of nitrite of amyl and potassium nitrite is more easily explained by deficient oxidation produced by this blood change than any other way.