

twenty-six hours from the onset of the pain. I held a post-mortem on one, a man of 34, and found perforation of the Vermiform Appendix due to the presence of an orange or lemon seed. I was not allowed to hold a p. m. on the other, a young man of 25, but from the history I concluded he had ruptured a blood vessel. He had done some very heavy lifting for two days before he was taken ill, and after his death over a gallon of apparently pure blood poured from his mouth.

I could not trace any cause for the disease in any of the other 14 cases. They were not limited to any particular class, age or sex. They rated as follows:—3 cases, women over 60 years; 4 cases, men between 55 and 72 years; 2 cases, married women aged 25 years; 1 unmarried woman, aged 22 years; 1 boy, aged 14 years; 5 cases were from 19 to 31 years of age.

None of the cases I had suffered from epistaxis. One, the young woman, had pleurisy on the right side at the same time. The cases I had, evidently differed from those described by Dr. Dewar, (fortunately for me) as, though some lingered, in every case they improved from the time the system became fully under the influence of opium.

Yours, etc.,

Morpeth, Ont., March 23, '86. A. M. SHAVER.

Reports of Societies.

MEDICO-CHIURGICAL SOCIETY OF MONTREAL.

Regular meeting, 19th March, 'President in the chair.

Dr. Roddick shewed a case of excision of the elbow joint, where he removed the articular surfaces of the radius, ulna and humerus. The result was quite successful, as the man was acquiring strength and use of the arm. Dr. R. also exhibited for Dr. Bryson, of Port Arthur, a so-called sarcomatous tumor of the testicle; also, two tuberculous testicles, one of which he had removed to day.

Dr. Gardner exhibited a uterine fibroid and uterus removed by the clamp after the manner of Dr. Keith, of Edinburgh. The case is doing well.

Dr. Trenholme said that this case was well suited for the V shaped operation as devised by himself, and carried out with success upon several occa-

sions. The tumor was small, uniform, and the neck distinctly discernible.

Dr. T. J. Alloway gave a report of a case of "Alexander's" operation, where he found great difficulty in finding the round ligament, but being assisted by Dr. Roddick and Gardner, the cord was secured and the operation completed. As the case occurred in a child-bearing woman, and the uterus could be easily replaced in position, Dr. Kingston, Kennedy and Smith questioned the expediency of the operation. The effect of the operation upon those who became pregnant was yet to be seen.

Dr. Trenholme said that Alexander's operation, though sometime before the profession, had not yet obtained an unquestioned place in gynecological surgery. There is still doubt as to the particular class of cases in which it may reasonably be expected to be useful. Further study is needed as to the anatomy of the round ligament. This line of investigation could be helped forward by those who have charge of the dissecting room. If the ligament is frequently found to be imperfectly developed, we will then have to see in what class of cases this anomaly exists, for upon this fact will depend the election of cases. It is with this end in view that I now give the details of a case lately under my care. The history of the case is as follows:—The young lady is 26 years of age, slight build, but regularly and symmetrically developed, from earliest appearance of the menses has been a sufferer. There are severe pains preceding and following the menstrual flow. Her sufferings are so severe that she is obliged to lie in bed and take sedatives, or have hot fomentations for their relief. The menstrual pains are gradually increasing in severity and duration, so that now they last for 6 or 7 days. During the flow, and for about a week before the premonitory symptoms of the flow, she enjoys comparative comfort. Upon examination the uterus is found retroverted, the fundus is well down into the hollow of the sacrum. The left ovary is dislocated and occupies the pouch of Douglas, it is tender and slightly enlarged. The left fallopian tube and right ovary are normal, but the right fallopian tube is enlarged, probably due to chronic inflammation. The uterus is easily replaced, but the prolapsed ovary on the left side, and the diseased tube on the right side, renders the retention of any form of support, a difficult matter. There are no indications of thickening of