

in the urine and other excretions. Its use is not empirical, for cases of lead poisoning under treatment by iodide of potash have shown lead in the urine, when it was not present, previous to the administration of the remedy. Clinical observation has also given good proof of its efficacy, as I hope it will in the cases now before you. It is best to begin with a minimum dose of 5 grs. 3 times a day. It should be gradually pushed till 20 grs. three times a day is taken, if the system will stand it,—as it very often will. The sulphurated or sulphur bath is useful. It is made by putting  $\frac{3}{4}$  iv. of the sulphuret of potassium to 30 gallons of water in a wooden tub. The lead appears on the skin as dark discolorations, which can be removed by a brush—change of occupation may be necessary; for the paralysis of the extensors, electricity in its different forms, such as local faradization and galvanization. Strychnia is very useful in this form of paralysis. The powerful effect which strychnia has upon the excitability of the nervous system, and the admirable results which have followed its use in other forms of paralysis, forces itself on our attention here. It may be employed hypodermically. It is a drug, however, which must be given with great caution, and its effects watched, for its efforts are various on different persons.

## Meetings.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 19, 1886.*

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

*Excision of the Elbow for Dislocation and Fracture.*—Dr. Roddick exhibited a man on whom he had recently performed excision of the right elbow—one of six cases of excision of this joint operated on during the winter session. He wished to show this case just now as the man was about to leave the city. The operation had been performed for dislocation backwards, with fracture of the olecranon, and both radius and ulna, of three months' standing. The ordinary straight incision had been employed, and union by first intention had followed. The result was most satisfactory, the man having all the original movements of the joint. The arm was rapidly develop-

ing, so that already he could wield his hammer, being a tradesman.

*Diseased Testicles.*—Dr. Roddick also exhibited two specimens of diseased testicle—one of sarcoma, sent by Dr. Bryson of Port Arthur (no history); the other of tubercular disease, which he had that day removed from a young man aged 25. The latter noticed an enlargement of the left testicle about a year ago, which suppurated and burst, and a sinus still remains. The right one began to swell some three months ago, and at the time of admission to hospital was very much enlarged and the seat of extensive suppuration. It was removed, and found to be very much diseased, the entire epididymis being occupied by a large abscess. No history of gonorrhœa or traumatism, but a distant family history of tubercle.

*Interstitial and Submucous Myoma.*—Dr. Wm. Gardner exhibited the specimen and related the case. The tumor was of the size of a fetal head. The patient, unmarried, never pregnant, aged 33, had been several years under observation, suffering from severe pain and excessive tenderness of the left iliac region and from profuse menstruation, lasting from eight to fourteen days. On one occasion, three years previous to operation, menses ceased for several months, and epistaxis became frequent and profuse. For years the patient had begged for operation. This was undertaken a week ago, the intention being to remove the appendages. The left ovary and tube were easily found, and ligatured, but the right appendages could not be found until the incision was extended and the tumor forced out. They were then found on the floor of the pelvis, and so sessile that they could not be ligatured. Under the circumstances, and in view of the fact that removal of the appendages does not always remove the symptoms of myoma, especially pain, it was decided to extirpate both womb and ovaries. Accordingly, a Tait's wire clamp was applied around the cervix, below the ovaries, and screwed up. The tumor was then amputated, and the stump cauterized and swabbed with a solution of perchloride of iron in glycerine, and secured externally at the lower angle of the wound. The patient did well for the first two days, was then very ill for the next two days, with incessant vomiting, rapid pulse (144), moderately high temperature,—status, however, passing after first forty-eight hours; at the end of four days all the symptoms suddenly improved, when copious diarrhœa set in. From this time the