

ST. JOHN PUBLIC HOSPITAL.

NOTES BY DR. A. F. EMERY, RESIDENT SURGEON.

Case 1.—Gunshot wound of the Chest.

MARY D., aged 13, admitted August 26th, under the care of Drs Murray Maclaren and Allison, for gunshot wound of chest received the same morning.

On examination the wound caused by the entrance of the bullet was found on the right chest, about one inch from the border of the sternum, over the upper part of the second rib. A probe was passed into the wound for the distance of one inch without meeting any resistance. She complained of pain extending along right arm from the shoulder to little finger, but evinced no pain or difficulty of respiration or any expectoration of blood. On the 28th a tender spot was discovered over the right scapula below the spine, pressure on which revealed the presence of a slight abnormal prominence; at the same time, percussion showed slight dullness over the right infraclavicular region. The expiratory murmur was somewhat prolonged. Subsequently the prominence referred to was cut down upon, and a revolver bullet of 22 calibre was extracted. The bullet had passed through the scapula upon which it was found lying. The patient was discharged completely recovered, September 14th.

The bullet had evidently passed through the chest and not around it. The shot was fired at a distance of not more than four or five feet from the patient. The case is peculiar from the remarkable absence of lung symptoms.

Case 2.—Pernicious (?) Anæmia.

D—O—, male, single, aged 46, farmer. Admitted July 18th, under care of Drs. Daniel, M. Maclaren and Allison.

Family history good. About middle of January was taken with severe pain in right side, over region of liver and lower part of lung. Recovered in six or eight weeks. Was told by the physician who attended him, that he had pneumonia of lower lobe of lung, and enlargement of liver. Had another attack in May of a similar nature, accompanied with diarrhoea, from which he had only partially recovered. In the early part of July was taken with abdominal pains, accompanied with loss of appetite and strength which continued till his admission.

On examination, the skin was of a light straw yellow color, the conjunctivæ were yellow, body not emaciated, slight œdema over whole surface, temperature 100°, pulse 96; slight ecchymosis on backs of hands, urine normal, spleen not enlarged, liver slightly enlarged with some tenderness on palpation, anæmic murmurs with both sounds of heart. An examination of the blood showed that it was watery, and the number of red corpuscles very much diminished, to the extent of at least one-half. Some of them varied in size from normal and were of an irregular shape. While in hospital had several attacks of epistaxis; and on ophthalmoscopic examination, a recent hemorrhage was found in right retina. There was a good deal of gastro-intestinal disturbance; and the temperature was found to vary from 99° to 100°. His symptoms varied, but with steady increase of anæmia till after the use of a mixture containing iron, arsenic, perchloride of mercury and strychnia. From this time he continued to improve, and was discharged in good condition on September 18th.

Case 3.—Ovarian Tumor.

Sarah R—, age 26, single. Admitted August 9th, under care of Dr. Maclaren.

General health for several years not good. On April 1st had an attack of vomiting, accompanied with severe colic, when she noticed for the first time a swelling in the right iliac region. July 2nd had a similar attack, lasting four days; by this time the swelling had increased to a very considerable extent. On the 9th she was tapped and about 8 quarts of fluid removed. When admitted on the 9th August she was found to have a large semi-elastic abdominal tumor. On percussion dullness extended from three inches above umbilicus to the pubes, and five inches each side of median line, the measurement at umbilicus being 32½ inches. The cervix was drawn upwards and forwards so as to be almost out of reach, and the body of uterus rather immovable. The diagnosis was made of ovarian cyst with probable pelvic adhesions. On the 26th her size had increased to 36 inches, temperature about 100° and pulse 100 and weak. On the 29th she was operated on by Dr. M. Maclaren, and a large multi-locular ovarian cyst removed. Two or three extensive pelvic adhesions were found requiring the application of the actual cautery. The pedicle was tied with carbolised silk: a drainage tube was inserted to the bottom of wound. The patient, although very weak for the first few days, made an uninterrupted recovery, and was able to sit up at the end of four weeks.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

THE twenty-first annual meeting of the Canadian Medical Association was held this year at Ottawa, on September 12th, *et seq.* The attendance was large and the meeting successful.

Dr. Graham, of Toronto, the retiring President, formally opened the first meeting, and after a few remarks yielded the presidential chair to Dr. Ross, of Montreal.

The first meeting was taken up with consideration of matters concerning membership of the Association, and a discussion upon the question of reciprocal registration between the different provinces and colonies and Great Britain.

There was shown to be a decided initial difficulty in the different standards of requirements adopted by the legislatures of the different provinces. Then followed an able address by the President, containing many practical suggestions, and referring to the practical beneficent influences already exercised by the Dominion Association.

At the afternoon session on the same day, Dr. F. J. Shepherd, Montreal, read a very interesting paper on "Recent Advances in Surgery," and afterwards papers were read:—

In the Medical Section—By T. W. Mills, Montreal, on "The Influence of the Nervous System on the Nutritive Processes."

In the Surgical Section—By Dr. Proudfoot, Montreal, on "Excessive Haemorrhage after Cataract Extractions."

In the Obstetrical and Gynecological Section—By Dr. T. J. Alloway, Montreal, on "Indications for and Comparative Merits of Emmetts' and Schroeders Methods of Operating upon the Cervix Uteri." An address on Obstetrics was delivered by Dr. K. Fenwick, Kingston.