

and was caused by the kick of a horse; there were three fractures, although only two went completely through; the one on the left, as indicated by the pencil marks, united in fairly good position, but the one on the right was bad, as shown by the cast. The front end of the right side was thrown out and up so much that the only teeth that would meet at all were the lower canine and the first superior bicuspid; this is the position in which I found it eleven weeks after the accident, and firmly united in this position. This case I treated with the capping plate, combined with the same apparatus as Lumsden, moving the teeth inward on an inclined plane and padding heavily on the left side, and keeping the screw well tightened. In ten days I had them in perfect position, and kept them there, afterwards with dental floss ligatures, holding them this way for about three weeks, which proved a perfect success.

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### Society Proceedings.

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#### ANNUAL MEETING OF THE MONTREAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The Annual Meeting of the Montreal Branch of the British Medical Association was held in the Medico-Chirurgical Society Rooms, on Wednesday, the 7th December, 1892, for the election of officers for 1893 and the transaction of routine business.

The following officers were elected:

*President*—Dr. Hingston (re-elected).

*Vice-President*—Dr. Roddick.

*Hon. Secretary*—Dr. J. C. Cameron (re-elected).

*Hon. Treasurer*—Dr. James Perrigo (re-elected).

*Council*—Drs. Girdwood, James Bell, and Proudfoot.

It was decided that applications for membership would be received from practitioners in good standing residing in other parts of Canada not under the jurisdiction of other Branches of the Association.

It was also decided that regular meetings be held on the first Wednesday of February,

May, October and December for the election of members, reading of papers, etc.

The *PRESIDENT* (Dr. Hingston) gave a short account of the annual meeting held this year at Nottingham, where he delivered the address on Surgery. He spoke of the great kindness and hospitality shown him, and the interest taken by the officers and members of the Association in the success of the Colonial Branches.

After the election of several new members, the meeting adjourned.

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#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, October 28th, 1892.*

J. B. McCONNELL, M.D., IN THE CHAIR.

Dr. W. S. Morrow and Dr. A. E. Orr were elected members.

The resignation of Dr. J. B. A. Lamarche was accepted.

*Interscapulo-Thoracic Amputation.*—Dr. SHEPHERD exhibited a patient from whom he had removed the upper extremity, performing an interscapulo-thoracic amputation. The patient was now in perfect health. This case had already been reported to the Society. The patient was discharged from hospital well in three weeks.

*Inguinal Colotomy.*—Dr. SHEPHERD reported a case of inguinal colotomy where Maydl's operation had been performed for old and extensive syphilitic stricture of the rectum. The patient, a woman aged 35, had suffered for years from a gradually increasing stricture of the lower bowel, which had from time to time been treated by incision and the passage of bougies. So this summer, coming again under his care at the Montreal General Hospital, he advised inguinal colotomy, which was consented to. The operation, a modification of Maydl's, was performed without difficulty. An incision was made in the left inguinal region, internal to anterior-superior spine of ilium, about two inches long, the peritoneum opened and the sigmoid flexure sought for. This was easily found, the bowel pulled out, and a glass rod pushed through the mesentery or rather meso-colon. No sutures were used, the bowel being left *in situ* covered with dry dressings. At the end of four days the bowel was opened transversely with the thermo-cautery, and at the end of ten days the whole thickness of the bowel was burnt through with the thermo-cautery and the glass rod lifted out, leaving a double-barrelled opening composed of the cut ends of the bowel. After a time the ends of the bowel retracted and a satisfactory false anus resulted. The first operation took about three minutes, the subsequent ones were performed without ether