Meetings of Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

(From our own Correspondent.)

At a meeting of the above society, held on the 9th inst., Dr. Hingston exhibited an enormous calculus which he successfully removed from a young man eleven years ago. The stone after its removal weighed five ounces and five drachms, and measured in breadth 5.4 c.c.m. ($2\frac{1}{8}$ inches), in length 7.3 c.c.m. ($3\frac{1}{8}$ inches), and in thickness 3.3 c.c.m. ($1\frac{1}{4}$ inches). This is the largest recorded stone ever removed by the lateral method. Dr. Hingston's object at the present time in exhibiting this calculus was to show that the recent statements made by Sir Henry Thompson, that it was not possible to remove a stone from the bladder by the lateral method when in excess of three ounces, were not correct. Dr. Hingston, however, did not wish it to be understood that he advocated the lateral operation for all cases of stone in adults that were not crushable. He was of the opinion that Sir Henry Thompson's dictum, although not completely true, was in the vast majority of cases so, and that it was a safe working rule to follow.

Dr. T. D. Reed showed photographs of a man, aged 60, whom he has had under observation for several months, suffering from an enormous scrotal tumour. The patient, who is a French-Canadian, first noticed a swelling of his scrotum fourteen years ago. It has steadily increased in size until the present time. It measures fourteen and one-half inches in length and thirty inches in its greatest circumference, and reaches from the pubic bones to within an inch of the patellæ. The dragging of the mass, the estimated weight of which is fourteen pounds, on the pubic tissues, has resulted in a complete burying of the penis. On the side of the tumour there is a slight groove, and the outline of the penis can be traced upwards from this. When he urinates, he elevates the mass with his hands and leans his back against a wall. In this way he is able to protrude the glands and project the stream a sufficient distance to prevent it coming in contact with the surface of the tumour, which is very tender.

Dr. Reed was of the opinion that there are three distinct pathological conditions present in the mass. He believes that the upper portion is simply a hernial protrusion, the middle a hydrocele, while he looks upon the lower part as being composed for the most part of hypertrophic scrotal tissue.

Dr. Alloway related the history of a case which he stated was of more interest from its extreme rarity than of serious importance to the patient. The patient, a young married lady, mother of two children, youngest about four years of age, consulted him about one year ago concerning a pain in her right side, backache, and general decline in health. On making a vaginal examination in Sims' position, a large cyst-like, bluish body occupied the whole of the posterior fornix space, and so overlapped the vaginal portion of the cervix and os uteri that it was with difficulty that these structures could be brought into view. The cyst proved to be purely submucous, and its fluid contents separated the mucous membranes from the submucous tissues, from a point extending from the os up the posterior surface of the vaginal cervix, a short distance on the posterior vaginal wall. At this there was a slight catarrhal condition of the vaginal wall, but there was no evidence of there having been a laceration or previous attack of pelvic inflammation. Dr. Alloway kept the patient under observation for nine or ten months, and, observing that the cyst had not undergone any change during this time, concluded that it probably resulted from injury incurred during the last labour, and had existed ever since. From its size and position it was quite possible for it to have acted as a bar to conception during all this time. A piece of the wall of the cyst on the cervix was removed with the scissors, and about an ounce of greenish, limpid serum escaped. The fornix and vagina were packed with cotton, and the patient was kept in bed for a week.

There is still a slight discharge of serum, and the cyst lining will probably require cauterization before it is completely obliterated. The abnormal symptoms previously complained of by the patient have disappeared. Dr Alloway exhibited a diagram showing the position of the growth, and said he had never met with a like condition, nor had been able to find such an one recorded.