

April, 1902.

5. Smallpox and Vaccination. John Cavan.

6. Vaginal Section,—Exploratory and Operative. T. Shaw Webster.

1. PRIMROSE points out that in cases of intussusception early operation holds out the greatest prospect of recovery for the patient, and that it should take the form of laparotomy rather than any such measures of doubtful utility as inflation per rectum with air or fluid. He cites a case of operation followed by recovery. The intussusceptum proved to be the transverse colon which had become invaginated into the splenic flexure of the colon.

2. BRUCE related the history of a case of typhoid in which perforation occurred on the fourteenth day of the disease. Laparotomy was done and a small perforation found about ten inches from the cæcum. There was marked general peritonitis, and about a pint of sero-purulent fluid in the peritoneal cavity. The ulcer was turned in by means of a double row of Lembert's sutures, and the peritoneum was flushed out by hot salt solution. The cavity was drained by iodoform gauze. Some time after the operation a large subphrenic abscess formed, but was opened and drained. The patient was perfectly well three months after the first operation.

3. MCPHEDRAN reports a case of pyloric obstruction for which gastro-enterostomy was performed.

5. CAVAN, in the course of a paper on smallpox and vaccination, describes the methods employed by a number of manufacturing establishments to gather and prepare the lymph. He points out, from the experience of its use and from the bacteriological examination, that the glycerinated lymph is very greatly superior to the dry points.

6. WEBSTER discussed two quite different operations for the relief of pelvic diseases exterior to the uterus. First, the opening of the abdomen through the cul-de-sac of Douglas, and second, an extra peritoneal method, dissection from the vagina upwards between the folds of the broad ligament to the seat of the disease.

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**The Canada Lancet (Toronto).**

March, 1902.

1. A Case of Fusiform Dilatation of the Œsophagus without Intrinsic Stenosis. A Case of Œsophagotomy for Foreign Body, Recovery. George A. Peters.

2. A Case of Graves' Disease Treated by Thyroidectomy. J. T. Fotheringham and Geo. A. Bingham.