

of a permanent room for the Society, and on motion of Dr. Ross, seconded by Dr. Campbell, a special meeting was announced to take this matter into consideration.

Dr. Fenwick moved and Dr. F. W. Campbell seconded that the By-Laws be referred to the Council for amendment, to be reported on at a subsequent meeting.

The meeting then adjourned.

OLIVER EDWARDS, M.D.,  
*Secretary.*

#### MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, January 9th, 1880.

The ordinary meeting was held this evening, the President occupying the chair. There were present, Drs. R. P. Howard, Hy. Howard, Kennedy, Kerry, F. W. Campbell, Ross, Trenholme, Osler, Browne, Reddy, Larocque, Simpson, Bell, Cameron, Roddick, Bessey, Smith and Edwards.

Dr. OSLER exhibited: (1). Specimen of obturator hernia. Dr. Cameron gave a brief account of the case, which occurred in an old woman, æt. 69, an inmate of the House of Refuge. Symptoms were those of intestinal obstruction; there was no tumor to be felt in femoral region. Death followed after 10 days, illness. At the autopsy a small portion of the ileum was found to have passed into the obturator canal, and was there nipped, and in part of the circumference had sloughed. It formed a slight projection beneath the pecteneus muscle.

2. Specimens of diphtheritic inflammation of vagina, bladder and pelvis of kidneys in typhoid fever. Patient had been in Hospital from Nov. 25th, with a moderately severe attack of fever, accompanied with a good deal of nervous depression. There was retention of urine, and she was catheterized on several occasions, the first time on Dec. 4th. On the 14th there was a bloody discharge from the vagina, and on 23rd bloody urine, and from this time characters of urine were altered, it having a thick shreddy deposit; temperature was not increased, and for four days before death, which took place on January 3rd, was normal.

At autopsy there were cicatrizing typhoid ulcers in ileum. In vagina a thick greyish membrane covers a considerable part of the mucosa. Bladder is full of shreds of membrane, and a tolerably perfect cast of the fundus lies

free in the cavity. Parts about the neck are covered with a thick, greyish exudation. The ureters are not involved. The mucous membrane of the pelvis of the left kidney is infiltrated with a similar exudation, that of the right side only at the upper portion.

Dr. Ross said, regarding the one mentioned by Dr. Osler, it was a severe case admitted on the 15th day, with a pulse of 140. The temperature remained high till about the thirty-fifth day, when there was a sudden fall to a normal temperature from 104°. It was then seen that she was losing blood, which was at first supposed to be the menses. The introduction of a catheter, however, showed this was not the case, but it was present in the bladder. It was thought to be from acute cystitis. The quantity passed was quite up to 20 ozs. a day till she died. However, shortly after admission, she had complete retention and a catheter was then passed, the urine being then quite clear.

Dr. R. P. HOWARD said the question arose, what caused this complication? and he considered it afforded a good illustration of a statement made by Goodhart that the introduction of air, or of air contaminated with foul matter, was a fruitful cause of a like condition. He shows that surgical kidney may arise from this cause, and insists on antiseptic catheterization on this account.

Dr. LAROCQUE then read a paper on the City Board of Health.

Dr. R. P. HOWARD, the President, requested a free discussion on this paper, expressing his sympathy with Dr. Larocque in his arduous work.

Dr. F. W. CAMPBELL said that for some twelve years he had worked under the Health Committee of the City Council as a public vaccinator, and, although he had retired from the position now several years, he still felt much interest in all that related to sanitary matters in general, and especially with regard to means for the stamping out of small-pox. He had always been of the opinion, and he was now so more firmly than ever, that it was impossible to get compulsory vaccination carried out without a system of registration of births, such as was in operation in Great Britain. Till such an Act was in operation in Canada, general vaccination was impossible. Sanitary matters in Montreal did not receive from the City Corporation that