

excision of the rectum, the patient must be seen early, and the disease must not involve more than the lower two inches of the bowels. Where the growth extended further, this colotomy was indicated; he performed the lumbar operation. He had rarely lost a case by it, and in some instances the cancerous growth had been so retarded by the operation that the patients had survived five years or more in great comfort. Professor Lange (New York) described a plan by which when the cancer did not involve the sphincter, it could be retained, and this add enormously to the patient's comfort after operation. Professor König (Göttingen), referring to Mr. Bryant's remarks, said that his proposals for rectal removal were too limited, and alluded to a case of his own that was alive four years after operation. Professor Czerny (Heidelberg) was also in favor of the more extensive application of resection, and said he had more than once opened the peritoneum, but he had closed it again at once with sutures without any ill effect. One of his cases had survived the operation over six years. It must be borne in mind that cases of rectal cancer differed very much in their rate of growth; some were rapid, and others almost as slow as rodent ulcer.

Diagnosis and Surgical Treatment of Shot Wounds of the Stomach and Intestines.—Professor Senn (Milwaukee) read a paper on this subject. In a most dramatic address Professor Senn described at length the modes which he employed, and he drew especial importance to the following points: 1. The direction of the bullet. A wound of the abdomen from side to side was far more dangerous than one in the antero-posterior direction. This latter variety might perforate the body and yet not wound the intestines, whilst a lateral wound would almost certainly perforate the intestines in from five to sixteen places. 2. Probing was absolutely useless. The first thing was to ascertain if the bullet had entered the peritoneum, if so the anus must be inflated at once and a glass tube introduced by the wound into the peritoneum, when three minutes would determine whether the gas emerged from the tube and could be lit there; if so, it was clear that the intestine was wounded and the hole must be sought for. As soon as the lowest wound in the intestine was discovered, which was easy enough as the bowel was only distended up to where the escape took place, the tube was removed from the anus, and placed in the lowest intestinal wound, after which wound number two was found. In a similar fashion the tube was introduced into number two to find number three, and so on until the operation was completed. With a view to demonstrate these facts, a dog was brought in, and hydrogen was pumped from anus to mouth. A somewhat laughable incident, which delayed the experiment, here occurred. The Professor in his hurry introduced the hydrogen gas into the vagina, and it was at least ten minutes before the reason of the non-passage of the gas was discovered. Matters, however, were soon set right, and in less than two minutes the gas emerging from the dog's mouth was lighted. A dog was then shot in the presence of the audience through the abdomen from side to side, and the wounds one after another were demonstrated with the greatest ease. The Professor concluded his remarks by assuring his audience that gunshot wounds of the abdomen, which had been reckoned as amongst the most fatal of wounds, could now be treated with success "in any shanty or even at a fence corner."

SECTION OF MIDWIFERY AND GYNÆCOLOGY.

No fewer than 405 members of the Congress joined this section, and 17 papers were read, 51 persons taking part in the discussions. Much regret was expressed at the absence of Dr. Galabin owing to indisposition, that distinguished obstetrician having been invited to introduce the subject of antiseptics in midwifery.

There is no room to notice the papers at length, and a recapitulation of their titles would be tedious. The manager of the Section, Dr. Martin, and the Berlin Secretary, Dr. Veit, did their best to ensure the reading of as many papers as possible, and to encourage discussion. Drs. Olshausen, Martin and others operated at their hospitals in presence of members of the Congress, and Mr. Tait was invited to operate after his method, on a case of ruptured perineum. Great Britain and Ireland were fairly represented on this Section; amongst our countrymen were Drs. Priestly, John Williams, A. K. Simpson, C. H. F. Routh, Murphy (Sunderland), Cameron (Glasgow), Berry Hart, Barbour, O'Callaghan (Carlow), Macan, More Madden, Stuart Nairne (Glasgow), Japp, Sinclair, Mr. Lawson Tait, Mr. Alban Doran (Secretary), and others. A very considerable proportion of the Americans who took part in the Congress joined this Section.

Electrolysis in the Treatment of Uterine Myoma.—An animated debate was held on electrolysis in myoma, Dr. Priestly being for the occasion in the chair. Dr. Apostoli defended his system in a temperate manner, and did not claim that it was a panacea; he appealed to his experience, having applied electricity to 531 uterine fibroids with only 1 death, "*imputable à des fautes opératoires*," and found that the method at least gave relief whilst the danger was as nothing compared with the risk of laparotomy, cauterisation of the uterine cavity, or the use of the curette. Between July, 1882, and July, 1890, Dr. Apostoli had applied electricity 11,499 times to 912 patients, including, besides the fibroids, 133 cases of endometritis alone, and 248 of the same affection complicated with pelvic inflammation. Only 3 deaths attributable to the method itself had occurred, including the case of fibroid above noted. Dr. Cutter (New York) described the history of the application of electricity to myoma. He said that we did not know all about the currents of electricity that flowed through the body. When he inserted needles into a tumour and connected them with a battery he expected that the current would flow through the tough tissues of that tumour and influence the heart, in fact, the nerve centres themselves, for in them it was his belief that the therapeutic action was due by influencing the processes of nutrition, so that the tumour was eventually absorbed by Nature's own method. The process was decidedly dangerous, and required experience. As long as large fibroid tumours of the uterus existed, women should have the benefit of galvanization, combined with judicious selection. Several other speakers testified to the value of electrolysis in fibroid of the uterus, not without noting its difficulties and dangers. The general opinion, however, was not enthusiastically in favour of electrolysis for myoma, Dr. Brose and others pointing out that enough time had not elapsed to prove cure, nor was the most experienced man's diagnosis always sound on alleged cases of incipient fibroid disease. Uterine myoma, again formed the subject of debate on another day, when an interesting discussion took place between Dr. Martin and Mr. Lawson Tait on the relative importance of removing Fallopian tube or ovary