Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, June 13th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Reed, Allan, Kinloch, Kirkpatrick, Shepherd, W. Gardner, Jas. Stewart, J. Gardner, Proudfoot, Lapthorn Smith, Birkett, Jack, Evans, McCarthy, Telfer, Jas. Cameron, J. A. Macdonell, Spendlove, E. Blackader, Schmidt and Campbell.

After reading of minutes of last meeting, Drs. Telfer and O'Connor were elected members of the society.

Pathological specimens. Dr. Armstrong showed the specimens from a case of ulcerative appendicitis resulting in perforation, peritonitis and death. The patient had always complained of dysmenorrhœa, and on Tuesday when she began to suffer from pain in the lower part of the abdomen it was supposed to be due to this cause. It continued to increase, and on Saturday for the first time the pain began to be localized in the right side, and there was considerable tympanitis. On Sunday she was much better, but on Monday the symptoms became much more serious, the temperature rising to 103 and the pulse to 140. At half-past three on Monday she was in a state of collapse, and the abdomen was opened as an exploratory measure. Fœcal matter was found in the peritoneal cavity, and near the appendix there were found several concretions about the size of beans. The neighboring intestine was in a state of gangrene. The patient died shortly afterwards.

Dr. Shepherd called attention to the fact that there had been no rise of temperature until just before death, and he stated that the temperature was of very little service as a guide to the extent of peritonitis, some patients dying without the temperature ever rising above normal. Neither is the absence of pain an evidence that all is going well.

Dr. Johnson showed two large fibroid tumors of the breast sent from Jamaica. He remarked that the usual fibroids of the breast were nodular, but in this case the structure was uniform. The smaller tumor was firmer than the larger, which he thought was due to its being older and in process of retraction. He also showed a rather rare form of fibroma of the breast removed by Dr. Shepherd, in which the fibroid structure had grown into the glandular structure instead of between it as in the first case. 3. A specimen of perineuritis of the vagus nerve. There was atrophy of the medullary sheath on the affected side, showing that it was subacute and had lasted some time.

Dr. J. C. Cameron then read a paper on a case of labor complicated by a uterine fibromyoma as follows:—Uterine myomata or fibromata are common enough in the non-pregnant, and of late years the attention of gynecologists has been prominently directed to the symptoms, diagnosis and treatment of these tumors by the controversy going on between the followers of Apostoli and Tait. Obstetricians do not so frequently meet with these tumors, and it is rare for labor to be impeded or seriously obstructed by the presence of a cervical myoma. In pregnancy their injurious influence depends mainly on their size and situation. If subperitoneal, small and situated near the fundus they do not usually affect the course of gestation and labor to any appreciable extent. They grow as the uterus grows and involute as it involutes. If interstitial or situated in the fundus or body they are very apt to cause abortion or predispose to hemorrhage or to rupture of the uterine walls. If cervical in about half of the cases the tumors are pedunculated and may be easily removed or pushed out of the way during labor, but if interstitial and large they not only offer a mechanical impediment to the advance of the child, but are besides subjected to much pressure and strain and are liable to slough or break down after the termination of labor, subjecting the mother to the dangers of septic absorption. The case I submit to you this evening is one of interstitial fibroma of the cervix, seriously delaying and impeding labor, destroying the life of the child and eventually that of the mother. There are several interesting points in the matter of diagnosis and treatment to which I would invite your attention. Mrs. C., aged 28, was admitted to the Montreal maternity on the 19th of April, 1890, in active labor, recommended by Dr. Molson, under whose care she had been. The family and personal history was good. Menstruation established at the age of thirteen, regular, painless and not too free. Last menstrual period concluded 20th of August, 1889. With the exception of slight morning sickness she enjoyed good health till the latter part of January, when she began to feel generally out of sorts, but had no local symptoms. On the 1st of February she went to Ottawa by rail, and felt very much shaken up by the jolting of the cars, and complained a good deal of abdominal pain. On her return the abdominal pain continued, and she began to feel restless and uneasy at night; one cold night she had to get up and walk around the room to obtain relief. Next morning she felt severe pain in the right iliac region, and noticed a small swelling there which was tender to touch. The swelling, pain and the tenderness in that place continued from that time to the onset of labor. About the end of March she began to suffer from occasional attacks of vomiting and from a short hacking cough, which caused her much annoyance and disturbed her sleep. The foetal movements