

their interesting communications was proposed by Dr. Reddy, and seconded by Dr. Trenholme.

J. D. CLINE, B.A., M.D.

*Secretary.*

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Meeting held March 30, 1877.

Dr. NELSON read a report of a case of "Stricture of the Rectum" on which he had operated. It was a case of simple fibrous stricture, with no ascertainable specific cause. The stricture was situated one and a half inches above the anus, would admit an instrument the size of a lead pencil, and was annular. On November 29th, with Drs. David and Reed to assist him, he operated, without any anæsthetic, placing the patient in a stooping posture over a bed. Introduced a bistoury along his left index finger, and nicked the stricture to the left and right and anteriorly. The knife went through the stricture with a creaking sound. About a teaspoonful of blood escaped. A sponge tent, made expressly for the purpose, was then introduced. On December 1st, bowels were evacuated without pain of an enormous quantity of fecal matter. The patient passed a large quantity daily for several days. Dr. Nelson stated that this was an operation introduced to the profession some years ago by his father, Dr. Horace Nelson.

Dr. Ross had had two cases recently, both syphilitic in character, in which the stricture involved about one and a half inches of the rectum. In one he performed colotomy, since which the woman's health had been restored and she lives in tolerable comfort. In the other he used gradual dilatation by means of Molesworth's hydrostatic uterine dilators, which he thinks, can be used to advantage when the use of the bougies is excessively painful. He thought Dr. Nelson's case was a very simple one, and one not usually met with.

Dr. TRENHOLME had had two or three cases, which he had treated by the method recommended by Dr. Nelson's father, which he thought differed somewhat from the operation used by Dr. Nelson. He made a deep cut only in the posterior side of the stricture, towards the sacrum, and plugged the incision with lint. All his cases had done well, and he thought the operation very satisfactory.

Dr. BELL had recently treated a case like Dr.

Nelson's, of simple fibrous stricture, by gradual dilatation till he could pass a No. 12 rectal bougie. He drew attention to the quantity of fecal matter which had accumulated, and was passed after the dilatation.

Dr. Ross thought that when with stricture of the rectum such a mass of feces could be detected in the bowels as would be alone a cause of serious danger, colotomy was the operation demanded.

Dr. SHEPHERD mentioned a specimen in one of the hospital museums of London of fecal accumulation where the bowel was as large as a hat in circumference.

Dr. FENWICK congratulated Dr. Nelson on the success of his case, but did not approve of the operation, on account of the danger from hæmorrhage from the large vessels about the lower part of the rectum, when we had other simpler and equally successful methods of treatment.

Dr. NELSON said that the operation spoken of by Dr. Trenholme was that adopted by his father, but he had cut the stricture anteriorly because there it was thickest.

A vote of thanks to Dr. Nelson was proposed by Dr. REDDY and seconded by Dr. SHEPHERD.

Dr. BELL exhibited a specimen of malignant disease of the liver, with great peculiarities, a description of which he will give in a paper to be read at the next meeting.

Dr. Ross exhibited an ovarian tumor, into one small cyst of which hæmorrhage had taken place, rupturing the wall, and causing general peritonitis. The treatment by electrolysis had been tried, and had reduced the tumor by several inches. He drew attention to the very firm adhesions at the site of puncture by the needles.

The SECRETARY read the reply of Mr. and Mrs. Patton to resolutions passed by the Society, which had been sent to them, expressing its sympathy with them in their late bereavement by the death of their son, Dr. E. K. Patton, who had been a member of this Society.

J. D. CLINE, B.A., M.D., Secretary.

BIRTH.

In Montreal, on the 2nd April, the wife of R. Palmer Howard, M.D., of a son.

DIED.

In Montreal, suddenly, on the 20th inst., George Begg Shaw, C.M., M.D., a native of Manchester, England; aged 45 years and 6 months, and lately Professor of Chemistry in Bishop's College.