

of obstruction that was to be feared was the presence of adhesions in the gut below the point of approximation. He had learned of two cases where the button itself had become obstructed with feces. It was difficult to see how this could be in the small intestine where the contents are fluid. Where the large intestine was approximated fluid diet should be administered. The doctor demonstrated to the Association the proper way of inserting the button. One important point was in making the purse-string suture at the mesenteric attachment. By making one overstitch at this point, the peritoneal surfaces of the mesenteric peritoneum at this point were nicely approximated. As to results—in intestinal obstruction they must always be bad. The question to answer was, how many were due to the technique of operation and how many from other causes? In cutting of the intestine, it should be cut so that the greatest portion will be removed from the convex surface.

#### **Restoration of Intestinal Continuity without Mechanical Devices.**

This was the subject of a paper by Dr. Wm. E. B. Davis (Birmingham, Ala.).

**Cholelithiasis.** An interesting case was reported by Dr. F. Blume (Allegheny, Pa.) in a woman thirty-seven years of age, in which the number of calculi removed, besides minute concretions, was one hundred and twenty-three, weighing fourteen drachms. The stone removed from the gall-bladder weighed four and three-quarter drachms.

**Hysterectomy for Cancer of the Uterus.** By Dr. Cushing.

**Diaphragmatic Hernia.** Two cases were reported by Dr. Machell (Toronto).

#### **ENLARGED GLANDS.—**

R. Iodoformi,

Bals. Peru. .... āā 3j.

Collodii. .... f̄j.

M.—Sig.: To be painted over the swellings every night.—*Med. Press and Circular.*

#### **PROVINCIAL BOARD OF HEALTH OF ONTARIO.**

The fourth quarterly meeting of this Board was opened in Dr. Bryce's office in the legislative buildings at 10.30, October 16th. There were present: Dr. Macdonald (Hamilton), Chairman; Dr. Cövernton (Toronto), Dr. Cassidy (Toronto), Dr. Rae (Oshawa), Dr. Vaux (Brockville), Dr. Kitchen (St. George), and Dr. Bryce (Toronto), Secretary. A number of communications were received and read.

Dr. Bryce then read his report on "Malaria on the Madawaska." This subject had been brought to his attention by communications from the village of Combermere, a place of 150 population, situated on the Madawaska river. He made personal investigation into the unsanitary condition of the village, which, it is maintained, was caused by the flooding of the land for a distance of over twelve miles, in consequence of Palmer's dam, used for floating logs down the stream. When the water was suddenly drawn off to carry logs down, large areas of drowned land were uncovered. This subsequently became covered with green growth, emitted disagreeable odours and injuriously affected the water in the wells of the village, thereby jeopardizing the health of the residents, some of whom had been taken ill through drinking the water. The residents desired to have the dam removed. Dr. Bryce suggested that, as the driving of logs here would shortly cease and the dam then become useless, and as no serious effect had yet been produced, some arrangement should be come to, whereby cellars of houses, now flooded, should be filled up, and replaced by ladders built off the kitchens, and that wells should be driven in sandy soil, where the water is only a few feet below the surface, and not, therefore, to be affected by the overflow from the river. The report was adopted.