Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

First Regular Meeting on Friday, October 3rd.

DR. FRANCIS J. SHEPHERD, PRESIDENT, IN THE CHAIR.

Present:—Drs. Molson, Proudfoot, Alloway, Wesley Mills, Harry Bell, James Bell, Hutcheson (Cote St. Antoine), George Brown, Reed, DeCow, Blackader, A. D. MacDonald, McCarthy, Schmidt, Birkett, Jack, Hamilton, Smith, Armstrong, Evans, England, Lapthorn Smith, James Stewart, J. A. McDonald, Rodger, W. Gardner, Roddick, Ruttan, Alex. Gardner, Wyatt Johnson.

Dr. Johnson exhibited a well marked specimen of carcinoma of the stomach, with specimens also of the liver which was infiltrated with the disease. The man had been addicted to drink for many years. Dr. Molson gave a history of the case from the time he came under his care until his death. He said that the case had not been diagnosed during life. The symptoms were loss of appetite, weakness, which had lasted for nine months. About four months ago he began vomiting after eating, and the vomiting relieved the pain. There was no dilatation of the stomach. Towards the last, the cachectic appearance became marked. When he came to the hospital, the most pronounced symptom was diarrhœa, for which he was treated with aromatic sulphuric acid and opium, which only relieved it for the time. Bi-carbonate of soda was then tried, which was also ineffectual. The vomiting was entirely relieved by small doses of cocaine.

Epithelioma of the tongue was then exhibited by Dr. Bell, who had removed it from a man 64 years of age, who had been sent into the hospital from the country by Dr. MacDonald, who said that the man had been ill for nine months, but the patient himself thought his illness only dated a few weeks back. It was in a horrible condition, probably owing to his having been in the hands of quacks who had possibly employed caustics. The tongue was removed as far as its base, on the 22nd of August, by Symes' method, which consists in sawing through the symphysis of the jaw and removing the whole floor of the mouth and the glands lying therein. A drainage tube was inserted. No food was given by the mouth, being fed by enema. After that he tried to swallow, but was unable to do so, and he was therefore fed by stomach tube. For five weeks after the operation he seemed very well, his only complaint being that he was always hungry. After that, he began to get weak. 48 days after the operation he died. At the *post mortem*, one of the lungs was found to be gangrenous at its apex. Dr. Bell was unable to say what was the cause of his death, and the gangrene of the lung, if it had happened immediately after the operation, he would have put it down to the inspiration of discharges, but as it had only come on after handing over the feeding to the charge of the nurses or under nurses, he thought it was due to allowing the food to get into the bronchial tubes. Dr. Mills thought it worth while to inquire whether the gangrene was not rather due to some injury of the pneumogastric nerve, which is known to be a common factor of gangrene of the lungs. Dr. Johnson thought the man died of septicæmia, and that he was in a more septic condition than his appearance led his attendants to suspect. Dr. Shepherd thought that this operation was the most successful he had ever seen, and was surprised to hear that the patient had died. He was much pleased with the operation, and was astonished to find how easily hemorrhage was controlled by picking up the arteries as they were cut. He was in the habit of employing another method, namely, tying the lingual arteries, and then removing the tongue. He mentioned a case of his own in which a man had died with gangrene of the lung after removal of the tongue, but he thought it was due to erysipelas which had developed.

Dr. Bell also related a case of, and showed specimens from a man who had a stricture of the urethra which had been relieved many times by dilatation. After a time he had neglected it and began to have pus in his urine and febrile symptoms. Thinking it possible he might have stone in the kidneys, Dr. Bell cut down upon it, and explored it, but could find nothing. He died a week later, and at the *post mortem* the source of the pus was found to be an abscess in the wall of the bladder.

Dr. Shepherd related a similar case of a man upon whom he had performed rapid dilatation, and who had returned a month later in a septic condition. As he was in a very bad state, he decided to leave him alone, and he died in two weeks.

Dr. Johnson then showed specimen of fibroid heart.

Dr. W. Gardner then showed a specimen and read a report on a case of ruptured tubal fœtation, in which he had successfully removed the ruptured tube. Dr. Gurd had sent for him two weeks ago to see a lady 26 years of age, more than eight years married, with three living children at full time, the last of which was two and a half years of age, in whom Dr. Gurd believed there was extra-uterine fœtation. She last menstruated on June 20th. She felt sure that she was pregnant, because she was in the habit of vomiting every day during the first month, which she did in this case. Two weeks