

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD NOVEMBER 2ND., 1872.

Dr. REDDY, Vice-President, occupied the chair. The attendance of members was small.

Dr. E. K. PATON was elected a member of the Society.

Dr. F. W. CAMPBELL gave notice for the introduction of a bye-law to create corresponding members of the Society.

Dr. GEORGE W. ROSS read a paper on Thoracic Aneurism. The patient had always enjoyed good health, till the spring of 1872. At one time, he had been intemperate. Never had had syphilis. Presented himself to Dr. Ross, on the 12th of last July, complaining of pain, which he said had began to attract notice about three months previously. It was described as being at times burning in character, while at others it was lancinating, getting much worse towards night, at times becoming agonizing, and preventing sleep. Resonance of the chest wall was clear throughout. Heart's sounds quite natural. No murmur to be heard either in front or behind. Striking the vertebræ gave no pain, and a diagnosis of intercostal neuralgia was made. A liniment of soap, opium and chloroform as well as fly blisters were used, and in about six weeks the patient had improved so completely, that he proposed to resume his work of a farm laborer. On the 3rd of September, the pain having returned, he was admitted into the Montreal General Hospital, and on the 15th of October, suddenly expired. A *post mortem* revealed an aneurism of the thoracic aorta, with a firm clot in the sac of the size of a goose egg, and erosion of three of the dorsal vertebræ.

After a brief discussion, and the thanks of the Society had been tendered to Dr. Ross, the meeting adjourned.

MEETING HELD NOVEMBER 16TH.

Dr. R. PALMER HOWARD, President, in the chair.

Drs. WILLIAM BURLAND and DUHAMEL were elected members of the Society.

Dr. TRENHOLME read a paper upon a case of abdominal tumor, (it will be found among our original communications.)

Dr. REDDY stated that he had seen the case, which Dr. Trenholme had apparently forgotten. He examined per vaginum, and studied the case closely,

but although he excluded ovarian disease, it was impossible for him to arrive at any definite opinion.

Dr. F. W. CAMPBELL said he saw the case several times in consultation with Dr. Trenholme. It was to him an exceedingly puzzling one. Although no positive diagnosis could be arrived at, it was clear to his mind that the proper treatment was to evacuate the contents of the cyst; that this was correct the subsequent history of the case proved. But why the cure did not follow the first tapping, as it did upon the second, was to him a little of a mystery.

Dr. REDDY said that tumors of the kidney were not quite so rare, as mentioned by Dr. Trenholme. Before coming to the meeting, he had looked up the subject, and found mention of several. One case was met by Grailey Hewett, another was the case of a little boy who had the disease for five years, and from whom a large quantity of fluid was taken. Spencer Wills operated upon a case, as did also another celebrity; altogether he had got records of six cases.

Dr. CRAIK wished to know if there was any evidence in the abdominal cavity of inflammatory action, showing that inflammation took place after the tapping. His object in asking was to ascertain if so irritating a fluid as the urine could be extravasated into the abdominal cavity without producing serious inflammation.

Dr. TRENHOLME, in answer to Dr. CRAIK, said there were no adhesions between the walls of the cyst and the abdomen. There could be no doubt but that some of the contents of the cyst were extravasated, as she complained of a burning sensation, radiating from the point of entrance of the trocar, over the whole abdomen. The amount of shock that followed was very great. In reply to Dr. F. W. CAMPBELL's remark as to why the first tapping did not effect the cure, which followed the second tapping, he stated that it was in all probability due to the fact that at the time the cyst was first evacuated, the secreting structure of the kidney had not been injured to an extent sufficient to prevent the rapid secretion of urine. That before the second operation had been performed, the organ performed its function so slowly as to allow the fluid to escape without pressing upon the valvular orifice of the ureter, which thus remained patent for the rest of her life.

Dr. HINGSTON mentioned as an example of the extreme difficulty in the diagnosis between ovarian disease and tumor of the kidney, a case which occurred in his practice some five years previously. The patient had been seen by a number of the Surgeons