

## SURGICAL SECTION.

Dr. Tye, of Chatham, Ont., in the chair.

Dr. Fenwick, of Montreal, read a paper on "Imperforate Anus with Fœcal Fistula." He first alluded to the various forms of this anomaly, and then described a case upon which he had operated successfully. There was a small opening at the site of the anus, and another in front of the scrotum at the root of the penis. The former was the result of an operation for imperforate anus, shortly after birth. He enlarged the opening, completely divided what appeared to be the continuation of the bowel forward to the scrotum, and stitched the bowel to the edges of the wound. The result was most satisfactory.

Drs. McLean, Holmes, Bethune, Campbell, and Walker took part in the discussion.

Dr. Worthington, of Clinton, Ont., then read a paper on "Retroversion and Retroflexion of the Uterus." He alluded to the general condition briefly, and then gave the notes of four interesting cases. In the third case, immediately on commencing a vaginal injection of hot water, the patient was seized with violent pelvic pain and symptoms of collapse, followed by a severe attack of peritonitis, and lasting for several days, but ending in recovery. The cases were treated by the Hodge-Smith pessary.

Dr. Gardner, of Montreal, alluded to the difficulty in treating such cases. In certain cases he thought it might be justifiable to adopt Lawson Tait's plan of suturing the fundus of the uterus to the abdominal wall. In regard to the collapse in one of the cases, he thought it was due to the contact of water, a foreign element, with the endometrium. The nozzle of the syringe should not have an opening at the end.

Dr. Holmes recommended a fountain syringe, the nozzle of which has no central aperture. He never uses the sound to replace the uterus, but places the patient in the knee-elbow position and makes pressure upon the fundus with two fingers in the vagina.

Dr. Fulton recommended mild medicated solutions in preference to plain water, for vaginal douches, as being less irritating. He also endorsed the plan of replacing the uterus by position and the fingers in the vagina or rectum.

Dr. Hingston, while agreeing in the main, deprecated such heroic measures as those alluded to by Dr. Gardner. He thought it was not justifiable unless in the most extreme cases.

Dr. Tye alluded to two cases where fatal results followed the use of vaginal injections.

Dr. Campbell, of Seaforth, next read a paper on "An Anomalous Case of Strangulated Femoral Hernia." The patient was not operated on for three and a half days after the onset of the symptoms because of certain peculiarities in the case.

Taxis was tried, but without success; but owing to the mildness of the symptoms, the operation was postponed, after due consultation and deliberation, for the time mentioned.

Dr. Roddick thought surgeons were too timid in regard to the amount of force to be used in taxis, and recommended much more than is usually applied.

Dr. Fenwick stated that Prof. Lister operates by cutting off the sac and suturing the edges of the incisions, with good results, by way of radical cure.

Dr. Saunders, of Kingston, thought Dr. Roddick's advice might lead to serious consequences in some cases.

Dr. McLean, of Ann Arbor, believed a new era was dawning in the treatment of hernia, and that operations for the radical cure would soon be more frequent than they were now.

Dr. Sullivan thought it unadvisable to wait in all cases for urgent symptoms.

Dr. Bethune instanced a case of radical cure of hernia after a kick on the truss which the person was wearing.

Dr. Sloan found it necessary, in some cases, to use considerable force in the taxis.

Dr. Hingston emphasized the importance of operating early. First use taxis under chloroform, and if it fail, operate at once.

Dr. McDonald, of Londonderry, N.S., read a paper on "Paracentesis Pericardii." He aspirated near the site of the apex of the heart, in the 5th intercostal space, and removed 32 ounces of slightly turbid serum. The patient made a good recovery. (This paper will appear in a future issue.)

Dr. James Bell, of Montreal, next read a paper on "Resection of Intestine." The paper consisted of the reports of fourteen cases of experimental resections of portions of the intestine of dogs. Of the 14 dogs operated upon, four died from preventable causes, one escaped on the fifth day after the operation, and nine recovered. From three to thirteen inches of different regions of the bowel were removed, including in one case the cæcum and portions of the gut on either side. The ends of the gut were united in some cases by catgut, and in others by silk sutures, and no attempt was made to remove the mucous membrane so as to bring the cut surfaces of the outer coat into accurate contact. The portions of bowel which had been thus united were exhibited and showed perfect union. The writer considered the operation an easy and a safe one, and predicted that in the near future it would be generally recognized as such, and many lives would be saved by it.

Dr. Bell was complimented by several speakers on the originality of his paper.

Dr. Sheard, of Toronto, exhibited a specimen of intussusception of the bowel, and said that, in his opinion, the patient might have been saved by an