

the mass in a vertical line, having, of course, constricted the pedicle to prevent bleeding, and then having enucleated the growths I form the stump of the uterine tissue only, making the V incision, referred to in a former paper upon this subject. This mode of forming the pedicle has been used by myself for some years; yet inasmuch as Auguste Martin has adopted the same procedure, I am unable to say which of us is entitled to priority. One great advantage in thus operating is that a pedicle can always be secured, and the vascular connection of the flaps with the pelvic circulation need not be completely cut off. By this procedure the roof of the pelvis is maintained for the support of the abdominal viscera. The quilting, or shoemakers' stitch, used by me to co-apt the flaps suffice to control all hemorrhage after the ligation of the uterine arteries. The advantage of this mode of dealing with the pedicle requires no special pointing out. Another thing to which I would refer is the value of linseed tea enemata; they greatly facilitate the passage of flatus, and give much comfort to the patient, while they are valuable for the sustentation of the patient at a time when but little nourishment can be administered by the mouth. The value of hot water fomentations in threatened peritonitis and cellulitis is worthy of more attention than is generally supposed to be necessary. To be useful, however, they must be efficiently applied, and here I would say trust no one to do the work without you have seen that they can do it well.

As to medicinal treatment I hold but little to it. Aconite in solution, in 2 or 3 drops doses every 4 hours, is of some value when the pulse is wiry and quick, and the skin hot and dry.

For the distress arising from flatulence I have found caraway tea frequently do good service. When possible avoid using the catheter, allow the patient to pass her urine voluntarily.

There are many points connected with uterine ovarian operations which I have not alluded to, but have briefly referred to some things that I deem to be original, and to others that, perhaps, are not generally known. My main object, however, has been to elicit a discussion, and if in this respect my hopes are realized I shall be satisfied.

An interesting discussion followed upon the reading of the paper, a report of which will appear in the "Transactions of the Canadian Medical Association.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, June 11th, 1886.

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

Lupus of the Feet.—Dr. R. J. B. HOWARD again exhibited the boy, shown at a previous meeting, to show the effect of treatment. The history of the case is as follows:—Boy, aged 12, good family history, was brought to the Dispensary on account of a cough. He was found to have bronchitis, which improved under treatment. Dr. Howard was asked to see his feet, which were said to be "breaking out" on the skin. He has angular curvature, involving the lower dorsal region. First noticed when 3½ years old. His feet were first affected in his sixth year. A small "scurfy" spot appeared on the right foot, spreading steadily, and healing at centre. When seen, it appeared as a serpiginous patch, about 4 inches across. On the right ankle and instep, smaller similar patches were seen, also on outside of right little toe and left great toe at metatarso-phalangeal joint. The patch was covered with a crust or scab of somewhat papillary appearance. No pain or tenderness, and never ulcerated. Such was the condition when brought before the Society on May 1st. Following the advice then given, he ordered poultices to remove the crusts, when the appearance presented was that of a typical cutaneous lupus. The acid nitrate of silver was then applied to each tubercle. Great improvement was evident.

Extirpation of the Uterus per Vaginam for Epithelioma.—Dr. PERRIGO related the case as follows: R. B., aged 31, unmarried, but had an illegitimate child ten years ago. Family history good. Father dead from cardiac disease. Mother is still living. Has four brothers and four sisters, all living and healthy. Patient began to menstruate at 13 years old, was always regular. Felt perfectly well after her confinement. Four years ago had an illness which kept her in bed for two or three weeks, the most prominent symptoms of which were severe pains in both legs, from the hips downwards. While convalescing, had some uterine hemorrhage, occurring in the interval between the menstrual periods. About two years after this illness she began to menstruate more profusely and more frequently until, during the