walnut, exudation gone, uterine cavity measured 2¾ inches. Patient's weight was then 125 pounds.

Conclusions, the writer ascribes the favorable results in this case :

First, to a systematic plan for restoring the nutrition, under such favorable conditions as are afforded by a sanitarium.

Second, to the persistent use of the high tension faradic current to allay pain, reduce inflammation, and induce absorption.

Third, to the galvanic current, so applied as to concentrate its action upon the fibroid growth.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, November 30, 1894.

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Dr. ADAMI, reporting on Dr. Bell's cases, remarked that with regard to the first specimen, the portion of the intestine removed had been examined by Dr. Shaw, who made a series of sections, which showed that the cicatricial band in the intestines was not of the nature of simple fibrous tissue, but of fairly fibrous columnar-celled carcinoma. The post-mortem, which was made several hours after death, took place on Sept. 15th. Upon opening the abdomen, acute inflammation was noticed throughout the abdominal cavity. Fæces were first seen coming up through the region where the drainage tube had been, with gas bubbling up through them. Working down in this region they came to the sigmoid flexure, and the portion of the intestine where the "button" had been inserted, and found that sloughing had taken place between the upper half of the button and the attached intestine, which opened up the bowel, and allowed its contents to escape. The mesentery in the region of the slough was enormously thickened. It seemed to Dr. Adami that the slough had occurred more in the region of the rectum than in that of the sigmoid flexure.

Dr. SHEPHERD congratulated Dr. Bell on his success in the last case. The fatal result in the first he thought was not the fault of the operator, but was owing to circumstances over which he had no control. It would be interesting to know what caused the non-union of the bowel. He had performed several operations of resection, but had always done the end to end suture. His difficulties had been with the mesentery, which tears, especially in regions where it is short, such as near the ileo-cæcal valve. The use of the clamp is another difficulty. Very little pressure is required to keep the bowel closed while the resection is progressing, and some instrument which will exercise exactly the right amount is much needed. He either used a rubber tube, or the hands of the assistant; the latter are best, but they are apt to be in the way; the rubber tube often exercises too much pressure. It is not the actual approximation of the bowel which takes up the time, but these other difficulties, which will exist just the same, notwithstanding the use of the Murphy button.

Dr. JAMES BELL, after explaining the manner in which the Murphy button was used, remarked that in the old method of simply suturing, he always felt considerable uneasiness as to the danger of the sutures giving way. It was true he never had such an accident occur in any of his cases; but when one considered the friable nature of the tissues united, it was not an improbable danger, and the increased security which the "button" gave in this respect was an advantage in addition to its saving of time. In concluding, Dr. Bell remarked that he began to use the Murphy button with some prejudice against it, but after trying it, he was bound to admit it a very useful instrument indeed.

Dr. ADAMI, commenting on Dr. Bell's theory as to the cause of the sloughing in his fatal case, said that at the post-mortem the glass tube was found rather to one side of the bowel, towards the middle line. It was found passing down to the portion of the bowel which held the button, which latter could be felt at the end of the tube when it was pressed down into the wound. It is possible, therefore, that there might have been some undue pressure on the bowel between the button and the tube, but as the tube at most could, from its position, press against the inner (or medial) side of the intestine, and the gangrene was equally developed all round the organ, save at the mesentery, it seemed to him more probable that the cause of the sloughing was the pressure of the elastic ligature on the intestine during the operation.

Dr. ARMSTRONG remarked that he had no special experience with the Murphy button; but that he had this last summer seen one post-mortem where it had been used, and where a good deal of sloughing had taken place around it. He frankly admitted himself a little prejudiced against the instrument. He did not think it saved much time, it could only economize in this way, in the matter of suturing, and in operations of this kind, his experience was that it was not the end to end suturing which caused most trouble in competent hands, but the dealing with the mesentery. The old me-