

friend, the doctor, got was the knowledge of having done much good, but as he is poor and all these young ladies were comparatively wealthy, he thought it was hard that he should have received not even a thank you from any of them. Hoping that I have not tresspassed too much on your space and wishing the RECORD success, as it is one of the best journals I take,

I remain yours truly,
K.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, November 30th, 1888.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

A New Adenomatome.—Dr. Geo. Major exhibited a new form of adenomatome recently devised by him.

Dr. Potts was elected a member of the Society.

Arsenical Pigmentation.—Dr. Lapthorn Smith exhibited a case of chronic arsenical poisoning, resulting from the taking, in all, of less than an ounce of Fowler's solution in doses of five minims three times a day gradually increased to ten minims. As the patient now presented all the symptoms of Addison's disease, the bronzing of the skin being very marked, she might easily be taken for such a case if it were not known that she had been taking arsenic. As only one case of arsenical pigmentation had been shown to the Society during several years, the last being by Dr. R. L. MacDonnell, he thought that it might be of interest to any of the members who had not already seen it. The arsenic had been administered for pustular acne, which it had rapidly cured.

Thrombosed Vein from Abscess in right Thigh.—Dr. Lafleur exhibited the specimen and gave the following history:—The patient, a man about 30 years of age, had developed a phlebitis in the right thigh during an attack of typhoid fever. During convalescence a swelling was noticed about the middle of the inner side of the right thigh, which gradually increased in size and was accompanied by a rise of temperature. On incising this, a quantity of pus and blood-clot escaped, and with these a tough, greyish cylindrical body six inches long and about six lines in diameter at its thickest end, tapering slightly to the other extremity. A small piece one inch in length, having the same

appearance, was also observed. On examination, these were found to be necrosed pieces of a thrombosed vein, probably the internal saphena vein, in the course of which the abscess lay. The original phlebitis had been followed by suppuration about the vein, and the thrombosed portion had become necrosed and had come away with the contents of the abscess.

Abdominal Cancer.—Dr. Lafleur also exhibited specimens from a case of cancer of the stomach, involving the head of the pancreas, with formation of a pancreatic fistula. The new growth was limited to the lower and anterior portion of the wall of the stomach half an inch from the pyloric. In this situation there was a large cancerous ulcer one and a half inches in diameter and one inch in depth, with firm, raised edges and a dirty, greenish-grey sloughy base. On dissecting out the pancreatic duct, which was very tortuous, an opening was found in it on the floor of the ulcer about two and a half inches from its intestinal end. The pancreas in this situation was very much infiltrated with cancerous material. The liver contained numerous metastatic nodules of a pinkish-grey color, with yellow centres, showing marked umbilication. The glands in the transverse fissure of the liver were enlarged and infiltrated. On slitting up the bile duct no obstruction was found as far as the junction of the right and left hepatic ducts. The gall-bladder was moderately distended with clear bile, which could easily be expressed through the bile papilla. There was extension of the cancerous growth locally both in the peritoneum and in the right pleural sac. Microscopically the growth consisted of an imperfectly-developed tubular structure resembling gastric follicles and lined with cuboidal and round epithelial cells. Between the imperfect tubules there was also a growth of epithelium with a scanty stroma. An interesting feature in the case was the presence of sugar in the urine for some weeks previous to death.

Excision of the Elbow.—Dr. Roddick presented specimens of diseased bone removed by excision of the elbow-joint. The patient, a farmer, of about 40 years of age, came to the hospital with an abscess in front of the elbow-joint, which was opened by the house-surgeon. The first sign of disease was noticed about three months before coming to hospital. When examined by Dr. Roddick the joint was found to be involved and the articular surfaces of the bones diseased. He then decided on excision. The joint was dressed with antiseptic precautions and bone-drains employed. Recovery was rapid and complete.

Foreign Body in the Bladder.—Dr. Roddick exhibited a piece of a black gum-elastic catheter removed from the bladder of an old gentleman by the lithotrite. The fragment was about four