

Whether this was due to a superfluous extent of cord, or some internal adhesions, he did not know. He considered this an instructive case, and from it would gather that the cases most likely to be benefited by this operation are those of acquired dislocations in those who have ceased bearing children, and where we have reasonable ground to expect a normal development of the round ligaments. He submitted this case as a small contribution to the literature of this subject, in the hope that other observers may pursue the investigation and define, with approximate certainty, the class of cases in which it should be performed.

Dr. ALLOWAY said that the proper selection of cases was of the utmost importance. He had pointed out in his paper that there should be no evidence of pelvic inflammation, especially parametric tenderness, nor ovarian diseases, and that the uterus should be freely moveable in all directions. Upon these grounds he would draw attention to the unfitness of Dr. Trenholme's case for Alexander's operation; and observe that the reports of such cases tend to bring discredit alike upon a probably humane procedure and upon the surgeon whose name it bears. From the fact that the uterus in Dr. Trenholme's case was easily replaced, and that traction to the extent of two inches gave no control over that organ, Dr. A. was inclined to think that Dr. Trenholme had a fasciculus of muscle-tissue in his grasp and not the round ligament, as supposed. Dr. A. stated that this is a very common error, and that it had happened to himself several times when operating on the cadaver; but from the fact that traction upon this supposed ligament does not control the uterus, if that organ be not fixed, we learn that we have not seized hold of the right structure.

*Stated Meeting, April 2nd, 1886.*

G. WILKINS, M.D., AND VICE-PRESIDENT, IN THE CHAIR.

*Primary Cancer of Puncreas, with secondary deposits in other organs.*—Dr. ROWELL exhibited the specimen, and Dr. ARMSTRONG related the clinical history of the case:

Mrs. M., aged 80, widow, enjoyed good health until three years ago. Father and two brothers are said to have died of cancer. Admitted to Western Hospital in December, 1885, suffering from loss of appetite, pain after eating, and vomiting. On examination, a hard, round, circumscribed lump, about the size of an orange, was

found occupying the epigastrium, just over the region of the pyloric end of the stomach. As little was to be gained from medical treatment, a mixture containing bismuth, hydrosyanoic acid and mucilage was prescribed, and she was removed by her friends to her home. It was learned at the time of her death that since her removal from the hospital the vomiting had continued persistently, the most bland liquids, even water, being immediately regurgitated. She had also suffered much pain, for which she had taken morphia pills. Nothing passed her bowels for two weeks before death, and she became distinctly jaundiced. At the post-mortem examination, 36 hours after death, only the abdominal cavity was examined. On opening the abdomen, the omentum was found adherent to the anterior abdominal wall. Liver very much enlarged, extending down to level of umbilicus, and containing several large cancerous nodules. Gall-bladder much distended, containing eight ounces of bile and a dark-colored gallstone the size of a cherry. Upon raising the liver, the head of the pancreas was found to be occupied by a cancerous mass, and the surrounding tissues were infiltrated and adherent to it. The walls of the stomach were free from disease. Complete obstruction of the duodenum occurred four inches from the pylorus, caused by pressure of this cancerous mass, together with the adherent and infiltrated tissues about it. A number of the mesenteric glands were also involved. Intestines empty. Spleen slightly enlarged.

*New Method for the Relief of Ruptured Perineum.*—Dr. TRENHOLME read a paper on this subject, exhibiting drawings of the new method, as follows:—This disease must be as old as parturition itself, and yet, beyond the adjustment of the parts, binding the knees together, in recent cases no really successful advance had been made for its cure till the late ever-lamented Dr. Sims introduced his silver suture. The operations of Baker & Brown and others were not of any real value, and perhaps the cause or nature of failure was not fully brought out till Emmet's paper upon this subject was given to the world. Now, I do not propose to go over the many points connected with this trouble and the operations attempted for its cure. How much progress has been made can hardly be conceived of by those who have graduated during the last twenty-five years. One of the best and most esteemed surgeons of this city, and, I might say, of this country, endeavored to dissuade a confrere