Stated Meeting, March 5, 1894.

The President, Dr. WILLIAM HUNT, in the Chair.

INGUINAL COLOTOMY.

DR. JOHN H. PACKARD related three cases in which he had subjected patients to left inguinal colotomy on account of rectal obstruction. He advocated the operation as one productive of comfort, instead of rendering the condition of the patient intolerable, as had been declared by some authors. The procedure was also favorably commented upon by Drs. Barton, Roberts, and Morton. Dr. Deaver had preferred the lumbar operation, being influenced by the views of Mr. Bryant, of London.

EFFECTS OF ERYSIPELAS IN CARCINOMA.

DR. JAMES COLLINS reported a case of a sluggish ulcer of the cheek, of twenty years' duration, which had finally healed after an attack of facial erysipelas. Drs. Deaver, Horwitz, and Penrose reported cases of carcinoma in which injections of erysipelas toxine, or attacks of erysipelas itself, had secured no benefit.

IMPLANTATION OF CUT URETER INTO BLADDER, AFTER ABDOMINAL HYSTERECTOMY AND SECTION OF URETER.

DR. CHARLES B. PENROSE reported a case in which, in the course of an abdominal hysterectomy for carcinoma of uterus, he was obliged to excise one inch of the left ureter, which was involved in the growth. After the uterus had been cut away at the vaginal junction, the distal end of the ureter was ligated with silk; the vagina was closed; the peritoneum was sutured over the seat of operation as much as possible; and the proximal portion of the ureter was then implanted into the body of the bladder. An incision was made antero-posteriorly in the body of the bladder somewhat less than one-half inch in length. A needle armed with fine silk was passed through the bladder-wall from without in, at a point about one-third inch from the edge of the incision on the right, and brought out through the incision. It was then passed through the right wall of the ureter close to the extremity,

carried back through the incision in the bladder and passed through the bladder-wall from within out, close to its point of entrance. A similar suture was passed on the left side of the incision in the bladder and through the left side of the wall of the divided ureter. Traction on these sutures dragged the ureter into the bladder, and when tied, they held it in this position.

The loose peritoneum, which formed a partial investment to the ureter, was drawn down and sutured to the peritoneum of the bladder by a continuous silk suture around the line of union of ureter with bladder. The abdomen was closed without drain. A soft rubber catheter was introduced through the urethra and was retained for three days. The patient made an unusually easy recovery.

There were no symptoms of bladder or renal disturbance. The quantity of urine passed was as follows: 10 ounces in the first 24 hours; 26 ounces in the second 24 hours; 22 ounces in the third 24 hours; and 38 ounces in the fourth 24 hours.

She left the hospital twenty days after operation.

VAGINAL HYSTERECTOMY FOR CANCER.

DR. JOHN B. DEAVER read a paper on this subject, claiming that it belonged to the field of the general surgeon. He advocated the use of ligatures for hæmostasis rather than clamps, regarding the use of the latter as unsurgical, since, in his opinion, there is less security against secondary bleeding, and greater liability to septic infection. Four cases were reported.

Dr. PENROSE preferred removal of the uterus through an abdominal incision in all cases, if necessary making a preliminary incision in the anterior and posterior vaginal fornices in order to be sure that all infiltrated tissue in the vagina is removed. By this method any complications occurring may be more readily dealt with.

CONDITIONS JUSTIFYING REMOVAL OF THE TESTICLE IN RADICAL OPERATIONS FOR INGUINAL HERNIA; WITH A REPORT OF THREE SUCCESSFUL CASES.

DR. THOMAS S. K. MORTON related three cases in which he had considered it best to add ablation of the testicle to formal procedures for the radical cure of inguinal hernia, stating that instances are rare in which this course may be considered justifiable, and that they must become constantly more and more so as radical procedures become perfected.

Removal of the testicle in operations for inguinal hernia should, in his estimation, be practically limited to the following conditions:

(1) Certain cases of undescended testicle.

Here, if the testicle had entered the canal and was degenerated or otherwise diseased, or could not be separated from the sac without endangering its vitality, or where it was manifestly functionless, it might be removed without reluctance. But if it were normal, or almost normal in all respects save position, it would be best, if possible, to displace the cord from the canal by one of the modern methods and attempt to bring the organ into the scrotum and there fix it by sutures; or it might be pushed within the abdominal cavity through the internal ring, and there permitted to remain after close suture of the ring.

(2) In some rare cases of congenital hernia.

Removal here must be very exceptionally called for with so many modern operative resources at hand.

(3) In certain cases of chronic or acute disease of the testicle or cord complicating hernia demanding removal of the organ upon its own account.

(4) In rare cases in which severe traumatism has occurred to testicle or cord during or before operation.

Accidental division of some or all of the vessels of the cord would not necessarily demand excision of the testicle unless other severe complications were present. Wounding or section of the vas deferens likewise might be consistent with retention of the organ. But where the gland has been stripped entirely from all other connections, such injury to its vascular supply would produce so much danger of necrosis that ablation would become imperative.

(5) In certain cases where sloughing of the sac or interrupted circulation of the cord or testicle has involved these latter structures in a suppurative or sloughing process.

(6) Perhaps occasionally in the very aged, to simplify or shorten operation, or for some of the before-mentioned conditions of less degree than would justify the procedure in a younger individual.

There are no conditions, of course, except senility, that would excuse the removal of a testicle under circumstances where it was the sole reproductive gland possessed by the individual; even more rare would be the conditions justifying removal of both testicles in double herniæ.