some gas to escape, and showed the front of the stomach to be covered by milky fluid, which welled out of the wound, and was sponged away to the amount of about 2 ounces. Many patches of lymph were seen towards the upper border of the stomach and across the front of it towards the left. The thickness of the abdominal walls rendered a longer incision necessary, and it was accordingly extended from $1\frac{1}{2}$ inch below the ensiform process to 1 inch below the navel. Careful inspection then detected greenish fluid welling out of the stomach near the lesser curvature, and about 1 inch from the pylorus, the perforation being as large as a three-penny piece. Below and on the left the aperture was bounded by apparently normal stomach wall, and above and on the right by a mass of cicatricial tissue as thick as the forefinger. The opening was plugged with gauze, and the stomach area was packed round with towels which had been recently boiled. The edges of the opening were then trimmed with scissors, the cicatricial tissue being freely removed, except above, where cutting it away caused free bleeding. The raw edges were brought together by a continuous suture of fine silk, including the whole thickness of the stomach wall. Over this about a dozen interrupted Lembert sutures were placed, and over all a piece of small omentum was tacked down by a continuous suture. The abdomen was cleaned by gauze sponges. A gauze drain was inserted in the upper angle of the wound, reaching well over towards the spleen, where the gastric contents had spread most freely. The lower three-fourths of the wound was closed by interrupted silkworm-gut sutures. Owing to the distension great difficulty was experienced in getting the abdominal walls to meet over the bowels. Iodoform dressings were applied.

AFTER-TREATMENT.

A copious enema given after operation proved very effective in relieving thirst. Nutrition was kept up for five days by enemata, then feeding by mouth was cautiously commenced, water being given first, then animal extracts, and then milk. The gauze drain was removed on the fifth day and the stitches on the fourteenth day. The track in which the gauze drain lay healed by granulations, the rest of the wound by immediate union. On the third day the pulse slowed down remarkably, and remained for twelve hours under sixty in the minute.

REMARKS.

The abdomen was not flushed out because we thought the stomach contents had not spread far beyond the gastric region, and we feared that flushing might only disseminate them still further, therefore sponging and drainage were relied on. Previous to closing the abdomen the cavity of the small sac was inspected through an opening torn in the omentum near the lower border of the stomach. It was found to be uncontaminated, showing that the posterior wall of the stomach was intact. The progress after operation was in every way excellent. Both pulse and temperature at once fell, and remained down throughout the period of convalescence. The patient is now well, and has been free from pain since the operation. Much credit is due to Dr. O'Hara for his promptness in recognising the nature of the illness, and in at once advising operation.

KELOID (ALIBERT) AND INTRACTABLE PATCHES OF CHRONIC INFLAMMATION OF THE SKIN TREATED BY SCARIFICATION.

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As cases of true keloid are so seldom cured by operation, I take the opportunity of reporting a case apparently successfully treated by myself.

M. O., aged 46, attended my skin clinic at St. Vincent's Hospital, Melbourne, two and a-half years ago. He was then suffering from a typical keloid, about 3 inches in length, with claw-like processes extending from either side of it. The growth was situated in the long axis, and on the dorsal

surface of the right forearm. He complained of severe pain caused by the growth, which prevented him from carrying on his usual occupation. I twice freely excised the growth, but it returned quickly after each operation. I then exhibited the case at a meeting of the Victoria Branch of the British Medical Association, but operation was not advised. However, as the man still complained so bitterly of the constant worrying pain caused by the tumour, I decided to try some new mode of attack.

The operation performed was as follows: With a five-bladed scarifier, the blades being $\frac{3}{8}$ inch apart, I "mince-meated" the tumour and adjacent skin by making longitudinal and cross incisions into it, the network of scar tissue now presenting shows that the surface of the skin was divided into 400 sections to the square inch. After thus "mince-meating" the blood vessels in the growth and adjacent skin I encouraged bleeding by hot boracic fomentations, and then (after dusting the part with iodoform and dressing with zinc-glyco-gelatine) applied continuous pressure by a piece of solid india-rubber tubing, 4 inches in length and 3 inches in diameter, over the situation of the operation. The india-rubber pad was bound fairly tight to the arm by strips of Mead's plaster, the strips of plaster not quite meeting upon the under surface of the arm; by this means adequate pressure was obtained without interfering with even the venous circulation. After the first two dressings, at intervals of two days, the zinc-glyco-gelatine dressing was not continued. The application of pressure by this method was kept up for several months, the part beneath presenting the appearance of a thin scar tissue the whole time. It is now twelve months since the operation, and the condition of the part still remains the same, the man having been entirely free from pain or discomfort during the whole time, whereas after the two occasions upon which I removed the growth by excision, the pain was complained of, and the growth reappeared very quickly after the healing of the wound.

I have practised this operation of mince-meating the blood vessels, followed by two to three days' application of pressure, very successfully in the treatment of the following skin affections: Chronic patches of eczema; lupus erythematosus (oedematous variety), the scarifying being done very superficially; chronic patches of non-apparent catarrhal inflammation of the skin, with marked irritation as left after a general eczema; patches of chronic traumatic dermatitis, and intractable patches of chronic lichen planus.

The following case will illustrate the method of treatment and success obtained by it:

M. G., aged 36, states that 13 years ago he had an acute attack of eczema, more or less general, for which he was treated successfully, with the exception of two patches upon the inner side of the left leg. The irritation was so marked in these patches that he had frequently sought treatment for them, but without receiving any permanent relief. Internally he had been treated with arsenic, potassium iodide and other drugs; externally he had used numerous ointments, pastes, nitrate of silver applications, chrysarobin, trauematicin, picric acid, also salicylic creosote, plaster mull, zinc-glyco-gelatine, and the method of protection by Mead's plaster. There was one patch about 2 inches in diameter upon the inner side and a little below the left knee-joint, and another patch about 5 inches in length by 3 inches in breadth upon the inner side of the left thigh. The surfaces of these patches were slightly reddened with scant papery scales, the marking of the skin exaggerated, and when the skin was pinched up between the fingers a thickened leathery condition of it was very marked. Pruritus was the urgent symptom which caused him continually to seek treatment. I applied strong salicylic and creosote plaster mull under bandage for 24 hours, then removed the soddened epidermis and applied a strong solution of cocaine. I then operated with the scarifier previously described, making several longitudinal incisions parallel to one another, and then cross incisions, rubbed in iodoform, I encouraged bleeding with hot boracic fomentations, rubbed in iodoform, dressed with zinc-glyco-gelatine, and applied pressure as in the case of keloid. After three days' treatment by this means the pressure and dressings were discontinued. The patient stated that he received immediate relief by this treatment, but three months afterwards I had occasion to operate again upon a part of the larger patch, which had evidently escaped the true application of pressure.

I consider the blades on the instrument used for these operations should be at least one-sixteenth of an inch apart, otherwise pieces of the skin are torn away when making the cross incisions.

THE CANADIAN MEDICAL ASSOCIATION.—The Canadian Medical Association will hold its thirty-first annual meeting in Laval University, Quebec, on August 17th, 18th, and 19th. The Association has a membership of between 600 and 700. The President is Dr. J. M. Beausoleil.