

to be a true hypertrophy. "*Allongements Hypertrophique du col de l'uterus*," but from facts adduced from the experience of *Fritsch*, and from the cases cited by the reader of the paper, such a view would seem to be disproved. The great majority of the cases reported occurred in women from six to sixteen years past the menopause, and in whom senile involution, as well as stretching, was a factor in the production of the condition. The opinion that it is a stretching is also borne out from experiments on the cadaver; and furthermore on the living subject when the parts are replaced and retained, and all traction force removed, the stretched cervix in a short time retracts, becomes shorter and thicker.

In regard to the treatment of *Procedentia Uteri* by surgical measures, Dr. Gardner held that although valuable, as such operations were in certain cases, yet they were often unnecessary and inexpedient, always uncertain in their results and in some cases positively dangerous; and while thousands of women can be so thoroughly relieved of their symptoms by pessaries they will not listen to any proposal to perform an operation. Dr. Thomas of New York states that in a certain number of cases where traction of the prolapsed vagina, rectum or bladder is the cause of the uterine displacement, operation should be the chief resource; but if a heavy uterus presses down of its own weight, or is forced down by pressure from above, closing the perineum or contracting the vagina by colporrhophy is illogical, unnecessary and empirical.

In reference to the many forms of pessaries in use to keep the prolapsed uterus within the pelvis the great principle to be observed is that they fulfil their purpose with as little distension as possible of the vagina. The *Gehring* pessary, with which Dr. Gardner has had most experience, he has found to answer admirably in a number of cases and fulfil in an important way the above-mentioned general indication in the use of pessaries. It supports the cystocele very effectually, and in this respect has no equal. One objection, however, from which it is not free is that it interferes with marital relations, but that it does not positively prevent coitus is shewn by instances of conception in patients wearing the pessary.

In reply to Dr. Campbell, Dr. Gardner remarked that he used and believed in the utility of tampons soaked in an antiseptic and astringent solution, such as that recommended by Bell of Glasgow, in

the treatment of recent cases of prolapse of mild degree. Intravaginal pessaries were in many cases quite ineffectual where the object in view might be attained by a pessary with an external support, such as the Cutter cup or ring.

In reply to a remark from Dr. Trenholme, to the effect that he preferred the Hodge to any other pessary, Dr. Gardner said that he believed that there were cases in which the Hodge retained the parts, but there were others in which it failed, where the *Gehring* pessary succeeded admirably. It fulfilled one important indication, viz., that it supports the cystocele much better than any Hodge pessary could, without unduly distending the vagina.

In reply to questions from Dr. Roddick and others Dr. Gardner said he would certainly operate in suitable cases, such as those in which pessaries were not borne; when the patient was past the child-bearing period; when the uterus was not inordinately heavy, and therefore likely to again force its way gradually through the narrowed vagina; and when the patient's general health was good enough to warrant reasonable expectation of primary union; and, lastly, when the patient could spare the (sometimes quite considerable) necessary time.

STATED MEETING, DECEMBER 29TH, 1882.

Dr. HENRY HOWARD in the chair.

*Cases in Practice.*—Dr. Hingston exhibited a patient suffering from necrosis of the upper jaw, contracted from long exposure to the influence of phosphorous in the match works of Messrs. Eddy & Co., of Hull, Ont. The patient, a middle-aged man, had worked in the factory since six years of age, but the first evidence of infection was only six months ago, since which time the progress of the disease has been rapid. There is now complete necrosis of the alveolar processes of the upper jaw, with absence of the teeth and swelling and tenderness of the right side of the face from local periostitis. The lower jaw is healthy in every respect. Dr. Hingston spoke of the comparative rarity of these cases reported as occurring in the establishment of Messrs. Eddy & Co., and also of the fact of the lower jaw in this case being unimpaired, while the disease is generally spoken of as being peculiar to this bone.

Dr. Trenholme mentioned a case of necrosis of half of the lower jaw in a boy addicted to chewing matches.