

Sir Henry Thompson declared its object to be that of overstretching the morbid tissues as much, and to rupture them as little, as possible, in order to destroy, or, at all events, to greatly impair, the natural tendency of the stricture to contract.

Other surgeons, like Packard, with an opposite theory, contend that it is only by actual rupture of the diseased tissue that good results can be had, and that if the stricture be simply stretched there is no reason why it should not in time return to its first size. Bearing in mind the fate that commonly awaits mere theorizing, I would ask what is the practical experience of members of the Society on this question?

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, July 6th, 1883.

THE PRESIDENT, DR. KENNEDY, IN THE CHAIR.

Dr. Trenholme exhibited two pairs of *Ovaries and Fallopian Tubes* removed by him from patients in St. Catharines. All the ovaries were diseased, being several times larger than normal, the hypertrophy and induration due to dense fibroid tissue. The tubes were intensely congested at the time of removal. The indications for the operation in each case were intense pelvic suffering, in one case dysmenorrhœa with menorrhagia, and in both oöphoralgia with all their accompanying general nervous derangement. In both cases the operation was made with antiseptic precaution, but without spray, and both made a good recovery, though in one case from fifteen years of suffering, convalescence was slow. Dr. Trenholme stated that the case, operated on some three months ago, was doing well, being free from all those pelvic pains for which the operation was made, and able to perform household duties, though previously an invalid for many years.

Dr. Gardner also shewed a pair of ovaries which he had removed eight days before. The patient, 38 years of age, had suffered from dysmenorrhœa for several years. She consulted Dr. Thomas, of New York, some months ago, and he prescribed for her anteflexion, replacement twice a week, hot douche twice a day, galvanism over ovaries, and arsenic internally. This treatment was carried out by Dr. Gardner for some time; he also tried gal-

vanic and other stem pessaries, and dilated with tents with but little or no good results. Patient was an invalid going from bed to sofa, and on motion or pressure on abdomen suffered from paroxysmal pains in iliac region. She was very anxious to be operated on. Dr. Gardner performed the operation under the spray, applying a double ligature, and removing both ovaries and fallopian tubes. Patient recovered completely without a bad symptom; highest temperature, 100½°. To-day there was a slight thrombus of the vein of left leg. Calf, behind knee and thigh, very tender. The ovaries were both diseased, one having a cyst the size of a pigeon's egg, the other indurated masses in its tissue; tubes somewhat dilated.

Dr. GARDNER mentioned that in the case brought before the society at last meeting, when he had operated five weeks ago, his patient had the usual metrostaxis for a few days, but has lost nothing since. The uterus has undergone involution to half its previous volume. Her complexion, which was bronzed, is much clearer. Has a purulent catarrh of the bladder and lithuria; otherwise is somewhat better.

Dr. OSLER said that he had often met, post mortem, with ovaries and tubes as badly diseased, yet without history of pain during menstruation.

Dr. GARDNER said why sometimes painful, is probably that, when diseased, it aggravates an innate vice. Condition of celibacy producing a want (only satisfied by a happy married life) may be one factor in production of this trouble. He believed the last case of his would have been benefited by Dr. Weir Mitchell's treatment, but the means were not available for sending her to Philadelphia, and we were not yet prepared to carry out this treatment fully in Montreal.

Dr. Gardner next exhibited a *Mucous Fibroid*, the size of a turkey's egg, removed by him from a woman, aged 44 years, the mother of several children, the last four and a half years ago, and had no health since. Greatly weakened by profuse menstruation, was blanched, and suffered from nausea at each period. When seen by Dr. Gardner, uterus was so enlarged as to half fill the pelvis. Dilated with tents, felt tumor with finger, but could not well make out a pedicle. In waiting for the next period it was found that the dilating had delayed it. Instead of 21 days it was 40, and only lasted three days, and there was less nausea. Dilated again, and under ether removed it without much difficulty by means of Thomas'