

living, and as no local or general treatment availed to afford more than very temporary relief, the removal of the ovaries was performed 5th April, 1884. There was nothing special to note, so far as the state of the parts removed or the nature of the operation, but the patient proved a most troublesome one, and made the slowest and most unsatisfactory recovery of all the cases I ever had. The incision was hardly 5 c. in. long, but it took quite two months to secure union. The result of the operation, however, has been all that could be desired. The pelvic distress has entirely disappeared, the girl's strength and spirits have returned and she is now engaged in domestic service. I may say that upon two or three occasions, about the time of her menstrual periods, she has had slight hemorrhages lasting about a quarter of an hour, the total amount lost being about 3 i. upon each occasion. Montreal November, 1884.

GYNÆCOLOGICAL REPORT.

By E. H. TRENHOLME, M.D., Professor of Gynæcology, Bishop's College.

Sponge tents.—The need of safe and efficient means of dilating the cervical canal of the uterus is of such importance that practical hints as to the preparation and easy introduction of sponge tents are thankfully received. Some time ago Dr. Albert Smith, in a paper upon the subject, brought out the following points: 1st. That sponge tents made by pressing a flat piece of sponge saturated with wax between two marble slabs, expanded only one way and were of little service. 2nd. That the Sims' method of compressing a sponge saturated with a strong solution of gum arabic, impaled upon a wire compressed with cord, and then dried and smoothed, did not afford such a good tent as one made after his own method, which is as follows: 3rd. Wind a cylindrical piece of sponge saturated with water only, and without any stylet, with a piece of fishing line to which a six-pound weight is attached. This compresses it thoroughly, and its form is easily given by the fingers during the process of rolling—the surface can be smoothed by sandpaper. The tent should be of a uniform size from end to end, otherwise the cervical canal will not be equally dilated throughout. The tent should be made of fine strong sponge, and the use of medicating agents avoided, as they set the sponge and render their removal difficult. The tent should be straight and rapidly introduced into

the canal of the neck and uterus. It should be coated with soap and fine salicylic powder rubbed in over the surface, so as to form a disinfecting paste, which allows of its being retained 48 hours without giving rise to any unpleasant odor. A strong compressing forceps of a proper shape is used to place it in situ, and the injection of a little warm water renders its retention secure in a couple of moments. If it should cause pain an opium suppository can be resorted to for its relief.

Time of removal.—This is a very important point, as, if it is removed at the end of 24 hours, it will cause hemorrhage, on account of the spongioles which have become imbedded in the mucous membrane dragging away the entangled tissue and thus leave a raw surface. The uterus also up to this time possesses its contractive power, while after 48 hours it loses it, all pain has ceased, and the removal of the tent is easily effected; and if a second tent is necessary it may be introduced immediately after washing out the cavity of the uterus.

Among the advantages claimed for the sponge tent are slowness of dilatation—not slowness of expansibility. It has, also, a disintegrating power over morbid tissue, causing them to slough off after dilatation has destroyed their vitality. Sponge tents will not slip out as do laminaria, and they also permit of the escape of fluids through their pores.

Thus the sponge tent is not only used as a means of exploration, but also as a valuable remedial agent, as before stated, and by its stimulating effect upon the tissues causes decrease of size in cases of chronic metritis and hyperplasia. They are often of great service in cases of uterine hemorrhage due to granulations of the mucous membrane—their action destroying the fungoid growths and thus curing the patient. In some case pediculated fibroids have been destroyed and removed by the finger without much trouble.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Sept. 26, 1884.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

Enlargement of the Spleen.—DR. ARMSTRONG exhibited a boy 11 years of age, whose spleen