

dilation by means of a steel dilator used once a week, not too near menstruation, and supplemented by hard rubber drainage plugs, curretting and intra-uterine applications of carbolic acid.

4th. That in many cases to-day being treated by the use of pessaries, and called cases of anteflexion and retroversion and flexions, all symptoms can be permanently cured in a few weeks by the use of the dilator, the drainage plug, curette and simple intra-uterine applications properly made.

5th. That sponge or other tents left in the os, and obstructing drainage for more than a few hours, should never be used, for they not only obstruct drainage, but are liable to cause uterine contractions and force the contents of the uterus out through the Fallopian tubes, and cause local peritonitis, etc. By the use of a colpenrynter to soften the os uteri, it can be rapidly stretched by dilators or Barnes' rubber bags without interfering with drainage,

6th. That the same objections are applicable to vaginal or uterine tampons, so frequently used to stop uterine hemorrhage, as have been made to the sponge tent, and that by the proper use of hot intra-uterine douches of 120° after dilation, or by tying or compressing with forceps the circular or other larger arteries, with very rare exceptions all uterine hemorrhages can be controlled; and if a tampon is used it should be left in place only a few hours, and, of course, be prepared by being soaked and squeezed out in a solution of bichloride of mercury or some reliable antiseptic.

7. That, with very few exceptions, the many cases of chronic uterine catarrh treated by the use of hot douches, rest, and iodine to the vaginal vault, can be readily cured by: 1st, improving the circulation of the pelvis by means of boroglyceride and alum solution applied twice a week on long, firmly rolled cotton pledgets; and, 2nd, by dilating with a steel dilator about two or three times a month and properly making single carbolic

acid intra-uterine applications, and, if indicated, the use of the curette and hard rubber drainage plug.

8. That the same treatment will give better results in those obstinate cases of chronic uterine disease, in which the use of chromic acid, nitric acid, and other strong caustics, or the actual or galvanic cautery has been resorted to.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, 27th December, 1889.

PRESIDENT, DR. GEO. ARMSTRONG, IN THE CHAIR.

Present:—Drs. Jas. Stewart, R. McDonnell, Brown, Shepherd, Jas. Bell, Harry Bell, W. Gardner, J. Gardner, Jas. Pèrrigo, Reed, Allan, England, Booth, Hingston, Spendlove, Springle, G. C. Campbell and Laphorn Smith.

Dr. Armstrong exhibited a pathological specimen which he had removed from a woman who had been suffering severe pain or locomotion for several months past. It was situated behind the uterus, slightly fluctuating, and was as large as an orange. She had menstruated in the middle of June, and every month since. There was slight hemorrhage into the left ovary and a slightly cystic condition of the left.

Dr. Shepherd suggested that it was an extra uterine foetation.

Dr. Rich. McDonnell asked what would have happened if the ovaries had been left in.

Dr. Armstrong replied that the woman was suffering so much that she was compelled to lie down every day. The ovaries were very sensitive to the pressure of the uterus on them, and her appetite was failing. If she had not been operated on, adhesion would have formed and her sufferings would have increased.

Dr. James Stewart exhibited a case of polyuria and slight left partial paresis and atrophy, including the left half of the tongue and palate. He passed 110 ounces of urine in 24 hours, and the quantity was uninfluenced by treatment of any kind. The question which arose was: Is there any connection between the polyuria and