

any benefit. The appendages were removed and found extremely small and cirrhotic; they were formed of unruptured cysts and fibrous tissue. Since the operation this patient has had no distension of the abdomen nor dyspeptic attacks. She takes ordinary food without any inconvenience, and has no hysterical symptoms whatsoever.

Dr. Alloway said that he exhibited these specimens to show that hysterical symptoms accompanied by reflex phenomena relating to disease of other organs were really due to organic disease of the sexual organs; and that chronic ovaritis, due to past attacks of scarlet fever or smallpox, was invariably found on operation. This variety of disease was called by Tait exanthematic ovaritis, and was more prevalent than the profession generally suspected.

Uterine Fibroid Removed by Abdominal Hysterectomy.—Dr. Laphorn Smith showed this specimen, which was about the size of the head of a new-born child. He said that he had performed this operation with great reluctance and only at the urgent solicitation of the patient and her friends. She was 35 years old, and had always had regular menstruation, but four years ago she had begun to flow profusely, and her periods became extended to fourteen days, gradually growing more and more profuse until she had to be tamponed and confined to bed. About two years ago she had ten applications of electricity in Minneapolis, according to Apostoli's method, but owing to her intolerance of it and the impossibility of introducing the platinum sound through the several sharp curves of the uterine canal she only received very small intensities, and the benefit was in proportion. She was, however, so much improved (losing about half as much blood and for about half the length of time that she did previously), that she returned to her arduous duties as principal of a school. After a winter's work she began to suffer again from dysmenorrhœa and menorrhagia, and when she placed herself under his care last fall she was losing for fourteen days every month. He was unable to introduce a platinum sound, and was obliged to invent an instrument for her case—namely, a soft elastic bougie covered with aluminium wire—which he was able to introduce a distance of $4\frac{1}{2}$ inches, and by means of which he was able to go as high as 100 mm. She improved so much after fifty applications that the flow was only profuse for two days, and was over in five or six. She then went down to New Brunswick on a visit, where the periods continued to be less and less, and when she returned to Montreal a week ago she appeared in perfect health. Although all the cases which have improved under Apostoli's treatment had maintained their improvement, some after several years, yet Dr. Smith, on being asked, could not promise his patient that this would be the case with her. He advised her to return home, and

if her improvement should not prove to be permanent, to return for operation next summer. The patient, dreading a return, requested that an operation should be performed immediately. Dr. Smith informed her that the only operation which would guarantee her against a return of the bleeding was a radical one—namely, the removal of the tumor with the uterus and its appendages, which he considered very little more dangerous than the removal of the appendages alone. Five days ago, with the assistance of Dr. Armstrong and of Dr. Spendlove (who gave the anæsthetic), he performed abdominal hysterectomy, removing the whole of the tumor and all of the uterus and appendages except a piece of the cervix, which was left for a stump. In order to lift the tumor out of the very small opening which he purposely made, he screwed into it a silver-plated cork-screw, which enabled Dr. Armstrong to lift it out without any effort. So far the temperature has not reached 100°, the only *contre-temps* being the oozing of about eight ounces of blood from the stump owing to the *serre-nœud* having gone to the end of its tether, so that he was obliged to place another *serre-nœud* around the first, which arrested the oozing. The stump came away on the fourteenth day, and there was every prospect of her making a good recovery.

Dr. Armstrong, dwelling upon reflex symptoms mentioned in Dr. Alloway's cases, considered that removal of the distal cause, when practicable, would necessarily tend to alleviation of the symptoms. Referring to hysterectomy, he questioned the propriety of submitting a woman to hysterectomy in cases where removal of the appendages would give relief. In the former the mortality was high, whereas in the latter the death-rate was low.

Dr. Mills said that the sexual organs played a great part in the reflex symptoms. The removal of the ovaries or testicles in an animal arrested its development. The moral, mental and even the physical life changed. In man these changes were not so marked, yet we had sufficient evidence to show that a centre could be, as it were, thrown out of balance by over-stimulation of an afferent nerve, whereby the physical life became disorganized. He hoped that gynecologists and obstetricians would be able to trace out the paths of these disturbances.

Dr. Alloway thought that the appendages in Dr. Smith's case might have been removed for a tumor of the size mentioned. He was of the same opinion as Tait in not performing hysterectomy when the appendages could be removed, which could be done in the majority of cases.

Necrosis of the Bladder.—Dr. F. A. L. Lockhart followed with a paper on this subject.

Dr. Johnston had been interested in reading an article on the above subject from Dr. Haultain of Edinburgh. He was not inclined to consider this a special form of necrosis of the