

health. This fact should be more generally known among practitioners. I have applied this test to the last three cases of sterility which presented themselves in my practice, and after repeated examinations I failed to find even a dead spermatozoa. In another case in which I intended to apply the test, the husband has refused ever since to give his wife an opportunity of putting his fertility to proof. Dr. Oliver (*Liverpool Medico-Chirurgical Journal*, Jan., 1890) says: "Gynecologists are too apt to infer that because a woman has been married for years without impediment to the sexual act and has never become pregnant, therefore there is some anatomical defect in her pelvic organs. A semblance of brilliant results obtained by a too meddlesome interference may be paraded, but careful observation teaches us that the good which follows is invariably the outcome of an enforced sexual rest. There are many occult causes of unfruitfulness with which we are unacquainted, even when there are no apparent obstacles to conception."

Commenting on the above, Dr. H. C. Coe, of New York, says (in the *American Journal of Medical Sciences*, for April): "We cannot sufficiently commend a writer who calls attention forcibly to the injustice which is done to unfruitful women, not only by their husbands, but too often by gynecologists. There are many able specialists who, whenever they find a slight ante-flexion associated with sterility, at once jump at the conclusion that the latter is directly dependent upon the former; that it is unnecessary to seek further for a cause of the sterility, and that the only treatment is divulsion and the introduction of a stem. This is all the more remarkable because these same men would never think of making such a hasty deduction under any other circumstances. Statistics of numerous miraculous cures of sterility by any given method of overcoming a supposed cervical stenosis are not useful to the general profession if they lead them to make

extravagant promises to their patients, which are only followed by bitter disappointment.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, March 21st, 1890.

DR. AMSTRONG, PRESIDENT, IN THE CHAIR.

Present. Drs. Trenholme, Jas. Bell, McGannon, of Brockville, England, Shanks, Allo-way, Finlay, Wesley Mills, F. W. Campbell, J. A. McDonald, G. T. Ross, Rollo Campbell, England, Jr., E. Schmidt, T. Blackader, Laphorn Smith, Jas. Stewart.

After the reading of the minutes, Dr. Jas Stewart read an interesting paper on a new drug exalgine which, in his opinion, promised to be of considerable value. His paper included some considerations on the nature of pain, which elicited much interest.

DISCUSSION.—Dr. Foley wished to know what was the character of the eruption referred to by Dr. Stewart, and whether he could explain its cause.

Dr. F. W. Campbell referred to the marked susceptibility of some patients to have eruptions follow the administration of small doses of certain drugs; for instance, such as iodide of potassium. He thought this question of susceptibility was very interesting. He related cases of certain people being remarkably affected by light, others by sound, &c., which might be explained in the same way as the susceptibility to have eruptions from certain drugs.

Dr. Finlay inquired from Dr. Stewart how exalgine and others of the aromatic group compared with chloral, croton chloral, and gelsemium in relieving neuralgia.

Dr. Bell asked whether there was any hope of exalgine taking the place of opium, as it would be a great boon if it would, although, so far, he had not found anything to equal it in surgical practice.

Dr. Wesley Mills, referring to Dr. Stewart's remarks on the physiologists for not having yet discovered what pain is, wished to excuse