

practice. He had begun without money or friends in a small town, and in the absence of the family physician was called in to attend the principal young married lady of the place. She was in frightful agony, and on making a digital examination he found the three months pregnant uterus retroverted and jammed under the hollow of the sacrum. Placing the patient in the knee-chest position he was able with some effort to disengage the organ, when in a moment her pain was relieved and she was subsequently delivered at full time. Such treatment would not avail in the case before us, simply because it would be impossible to lift this uterus out of the pelvis. The prolonged periods which have so much reduced her strength are due to the spongy congested condition of the endometrium. I could arrest both the bleeding and the pain by dilating the cervical canal, curetting away the whole lining membrane of the uterus and applying carbolic acid and tincture of iodine to the cavity. But this treatment would not give a permanent result, because the causes would still remain. With regard to the difficulty in passing water this may be due to one or all of three causes, first a lacerated cervix often leads to more or less reflex irritation of the other sphincters; secondly, the cellular tissue surrounding the bladder is frequently affected to such an extent after a laceration of the cervix as to cause cicatricial bands to be formed, and these latter are constantly dragging at the bladder; thirdly, the fundus uteri being in the hollow of the sacrum the cervix is displaced forwards behind the symphysis pubis, and as the enlarged uterus measures more in length than the distance between the sacrum and urethra, the latter is compressed by the cervix uteri. The laceration of the cervix explains of course the reflex disorders of the great sympathetic nerve which supplies the intestines and stomach, the heart, and in fact all the blood vessels.

Now what can I do for such a case as this? I will try during a month or two to

soften and stretch these adhesions by painting the vaginal roof with tincture of iodine, boroglyceride tampons and hot douches, and by frequent gentle manipulation of the uterus by means of two fingers in the vagina and my other hand on the abdomen. If I fail at the end of that time to get the uterus to stay out of the hollow of the sacrum, I will strongly urge the patient to submit to abdominal section and I will then tear the uterus away from its adhesions and after having roughened the anterior surface of it by scratching with a sharp needle, I will sew it to the abdominal incision with silk worm gut sutures which I will leave in for several weeks. If there is much oozing from the torn adhesions, I will leave in a glass drainage tube for a day or two until it has stopped. Such a laparotomy has almost no death rate and by no other means can we accomplish our purpose. Alexander's operation is out of the question because the uterus must be entirely free for it to be available. I shall invite you in the course of a few weeks to witness what little there is to be seen while I am performing the operation, which is done more by the sense of touch than by sight. The less the contents of the abdomen are exposed to view the better for the results of the operation.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

THE LATE DR. MACDONNELL.

At a special meeting of the Medico-Chirurgical Society a resolution was moved by Dr. Hingston, and seconded by Dr. T. Wesley Mills, expressing their deep regret at the death of the late Dr. Richard L. MacDonnell. The resolution was as follows:

Resolved, that this society records, with the deepest regret, its sense of the loss which it has sustained in the death of Dr. Richard Lea MacDonnell, one of the most able and efficient members, who not only took part in its debates, but