

In country places this rule applies with greater force than it does to city practice; but it often happens that even in the city it is not convenient, desirable or necessary to call in a brother practitioner. In such cases, it seems to me that ether possesses considerable advantage over chloroform. Finally, in labors fatal to the mother, where an anæsthetic has been employed for any length of time—and I have as yet fortunately had no experience of such cases—it may be a relevant question to ask, would it not be a satisfaction to know that ether had been given and not chloroform?

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Nov. 23rd, 1883.

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

Uterine Fibroid.—DR. GARDNER exhibited a number of fragments, making up a fibrous polypus he had removed from the uterus of a patient sent to him by Prof. Geo. Ross. The patient, age 48, unmarried, presented no evidence of ever having been pregnant, is very fat, and very anæmic. Gave a history of frequent hemorrhages and watery discharge for a few years, with little or no pelvic pain. On examination, the ostium vaginae was narrow and rigid; vagina distended to the extent of the pelvic cavity by a tumor of very firm, somewhat elastic, consistence, and uneven surface, about the size of a child's head. The tumor could be partially rotated. Diagnosis from inversion could not be made by the sound, as it could not be passed around the tumor. Under ether, the fundus uteri could be indistinctly outlined through the thick abdominal wall. After incision of the perineum and orifice of the vagina, a running noose of strong twine was slipped over the tumor and drawn tight around the pedicle. A vulsellum forceps was then fixed on the tumor, and successive portions removed, until at last a large portion—the residue of the growth—came away in the forceps. Very little blood was lost during the operation. The pedicle was found to be attached to the anterior wall of the uterus, above the internal os. It was trimmed off, and touched with Churchill's tincture of iodine.

The uterus measured three inches in depth. The vagina was tamponed with alum cotton with iodoform—not because of actual hemorrhage, but as a precautionary measure. The patient recovered without a bad symptom. There was no pain worth mentioning, and the temperature never rose about 99.5 °F. Microscopic sections made by Dr. Wilkins shewed it to be mainly fibrous in structure. In parts, smooth muscle fibres were to be seen.

DR. TRENHOLME said the diagnosis of a poly-poid tumor occupying the vagina is usually not very difficult to make out. The mobility of the tumor in this case, and the absence of vesical complication, together with the solid character of the growth, rendered it specially easy to diagnose. As to treatment, he (Dr. T.) had seen a case some time ago where the lady declined any operation, and in which he had simply twisted the tumor round a couple of times, and this cut off its blood supply. A short time afterwards the growth came away by sloughing, and the patient made a perfect recovery. In this case a similar mode of treatment would have been most likely followed with the same success without any operation whatever.

DR. GEO. ROSS said this case ought to be a warning against treating menorrhagia without making an examination. This patient was blanched and weak, and had been treated by several physicians, who never had made any examination of the pelvic organs.

DR. GARDNER also shewed the *uterus* of a woman aged 60, who died last August. The patient, referred by Dr. Roddick, was first seen at the University Dispensary for Woman on 30th January last. Unmarried; no signs of pregnancy. Menses ceased seven years ago. Health always good until a year ago. At the time she had a bloody discharge from the vagina, lasting a week; six months later a similar discharge, lasting three days; three months afterwards a recurrence of the discharge, which has continued to a slight extent ever since. It is pale, and free from clots. Intermittent hypogastric pain prevailed. On examination, abdomen flaccid, a few lineæ albicantes; cutaneous aspect of perineum slightly lacerated; vagina very narrow and atrophied, slight pale bloody discharge escaping. Bimanual examination reveals distinct enlargement and decided firmness of uterus; it is mobile. Cervix small, admitting with difficulty an Emmet's silver probe the size of an ordinary sur-