

any risk of the antiseptic fluids finding their way into the peritoneal cavity, by means of this return flow catheter.

The danger of forcing fluids into the fallopian tubes is no imaginary one. Even when the os is apparently patulous, the contact of almost any fluid, but more especially if it is an irritating one like tincture of iodine or tincture of iron, immediately sets up spasmodic contractions of the cavity with firm closure of the internal os. As I pointed out some years ago, in a letter from Liverpool, in THE CANADA MEDICAL RECORD, the uterine openings of the Fallopian tubes are frequently very dilated in just those conditions which would call for intra-uterine injections. Owing to the construction of this instrument, you perceive that it would be impossible for any condition of the uterus or os to prevent the free outflow of the injected liquid. You will also observe that the current of liquid coming in by the inner tube impinges against an angular piece of metal, which scatters it in every direction over the interior of the cavity. The beautiful double curve of this instrument renders its introduction peculiarly easy. Another advantage of paramount importance is the provision which has been made for keeping it clean, a coupling being provided which connects the outer to the inner tube.

It has been said over and over again that the uterus will tolerate anything on condition of a rigorous antiseptis. After miscarriages, instead of curetting the uterus as advocated by some, I prefer to leave the uterus alone, as we are able to keep the uterus thoroughly washed and drained by means of this instrument.

### Correspondence.

#### A QUESTION OF ETIQUETTE.

Editor CANADA MEDICAL RECORD.

DEAR SIR,—

In a late number of your excellent journal you promised to answer any questions

on the above subject which might be submitted to you. A young medical friend and myself are about to start in practice in a town not far from Montreal. He has qualified himself for gynecology, while I am going to make a specialty of the eye. We are anxious not to do anything that would be inconsistent with the most rigorous observance of the rules of professional etiquette, so before having our door plates engraved we want to know whether there would be any objection to our putting on them Gynecologist and Oculist respectively. When in Montreal the other day we noticed that several of the leading men had "Surgeon" on their door plates, indicating that they made a specialty of surgery, so we presume that there would be no objection to our doing the same.

Yours sincerely,

OCULIST.

[We have submitted this point to our professional Nestor, who is of the opinion that it would be no more incorrect to put Oculist or Gynecologist than it would be to put Surgeon on the door plate.—EDITOR.]

### Society Proceedings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 22nd, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Shepherd exhibited a case of inguinal hernia radically cured. He was a blacksmith, 45 years of age, and had always been a hard drinker. He had had the hernia since his birth, and had always been able to reduce it until latterly, although it was the size of a large football. He came to the hospital on the 3rd April, and was kept in bed during three weeks, during which time taxis was frequently tried; but, in vain.

On 26th April Dr. Shepherd, with the assistance of Drs. Bell and Fenwick, performed the radical operation. An incision eight inches long was made into the sac, when all the intestines came out on the table. It was found impossible to return them to the abdominal cavity, although over an hour was spent on the attempt. The situation was serious until, as a last resort, the patient was suspended by the heels on the back of an athletic student, when, by manipulating the intestines in a certain way, they slipped back into the abdomen. A large piece of the omentum, however, had to be ligatured and removed. The whole operation occupied over two hours, and at