years of suffering it measures rarely more than two and a half inches in length. In the early stages the tissues of the uterus are in some cases soft; in the more advanced, hard.

13. The hypertrophy of the uterus is probably the result of periodically increased muscular action.

14. Ovaritis and perimetritis are possible consequences of dysmenorrhœa.

15. The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of dreidna and clots, in an organ whose sensitiveness in the performance of its functions is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as anæmia.

A NEW METHOD OF REMOVING NASAL POLYPUS.

By WILLIAM RALPH BELL, C. M., M.D., New Edinburgh, Ont.

Not having seen any account or ever having heard that this method has been used by any person but myself, and believing that it originated with me, I take the liberty of bringing the mode of treatment before the notice of your readers, which I have practised with the very best results in several cases. It obviates any trouble from hemorrhage, which is frequently the case when the forceps or hook are used; it is painless and very simple. I get my patient to blow strongly through the affected nostril, closing the other with his finger. The polypus will be brought down so that it can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and injeet ten, fifteen or twenty minims of solution, according to size of tumor. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain and looks like a clot of dried blood, my patients usually removing it by blowing the nose or by their fingers. In only one case, that of an old lady, had I occasion to remove it myself, and in her case I think she was afraid to do so, for when I seized it with dressing forceps I required to make no traction to bring it away.

New Edinburgh, Ont.,
February 19, 1884.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Jan. 11th, 1884.

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

Aneurism of Aorta–Rupture into left Bronchus.—Dr. OSLER showed the specimen, which was taken from a man aged about 50, who was admitted to hospital with shortness of breath, due apparently to bronchitis and emphysema. Attention was not particularly drawn to his condition. After a residence of three or four days in hospital, profuse hæmorrhage took place from the lungs and proved rapidly fatal.

The autopsy revealed the large aneurism of the ascending arch here shown. It projected beneath the sternum, the manubrium of which was eroded. Firm laminæ of fibrin occupied four-fifths of the sac. From the posterior wall of the transverse part of the arch two smaller sacs projected, the size of large walnuts; one of these had perforated the left bronchus and induced the fatal hæmorrhage. The heart was not hypertrophied. Aortic valves healthy. Interior of aorta atheromatous.

Aortic, Mitral and Tricuspid Valve Disease.—The heart showed extreme button-hole contraction of the mitral orifice with great thickening and induration of the mitral segments, adhesion of the aortic semilunar curtains with sclerosis, and great narrowing of the orifice, and fusion and thickening of the tricuspid valves, so that the orifice barely admitted the thumb. There was considerable hypertrophy of all the chambers, particularly the right ventricle. The patient, a woman, aged about 35, was brought to hospital with general anasarca and extreme dyspnœa, and died in 48 hours. No satisfactory history could be obtained, as she was a stranger, but she had had several previous attacks of dropsy.

Non-valvular Dilatation and Hypertrophy of the Heart.—Dr. ROSS gave the following short history of the case: This man, aged 48, had been under his care in the hospital for the past two years on and off, suffering from anasarca and at times with fluid in the pleura. He had a soft blowing mitral regurgitant murmur from his first admission; later on hypertrophy became evident, digitalis always relieved him. Two months ago he returned to the hospital and went through the usual stages of