

Blondeau, C. Paul, and Martineau, in France, are those who more especially rely on this method of treatment. Martineau has found a urethral suppository containing from $\frac{1}{16}$ to $\frac{1}{8}$ gr. of bichloride very useful in women, and in gonorrhœal vaginitis, a solution of 1 to 2,000. The writer had himself found a most satisfactory result from an injection of 1 to 20,000 in a case of gonorrhœal vaginitis which had resisted a variety of treatment.

MEDICO-CHIRURGICAL SOCIETY, MONTREAL.

January 28th, 1887.

J. C. Cameron, M.D., President, in the chair.

Laryngeal Cyst.—Dr. Major exhibited a small fibrous cyst removed from the margin of the anterior commissure of the larynx. Before the operation the voice was harsh, rough and breaking from bass to treble during ordinary conversation. Since the removal of the cyst, however, the voice has been gradually improving, until of late it has become almost normal.

Tumor of the Ovary and Fallopian Tube.—Dr. Gardner exhibited a friable, irregular tumor about the size of a child's head, removed by him a few days before from a maiden lady of 43 years. On opening the abdomen, the tumor of the right ovary and tube was found firmly adherent to the intestines, omentum and floor of the pelvis. The operation was a very formidable one. The patient, however, recovered well from the effects of the operation, having experienced no severe shock, and was apparently making a rapid recovery.

Myxœdema.—Dr. James Stewart read a paper on a case of myxœdema.

Discussion.—Dr. R. L. MacDonnell said that the patient had been under his observation in the General Hospital at different times. It was generally regarded there as a case of tetanus. He had never been able to find that the patient had any tetanic spasms in the hospital, though these were carefully looked for. He did not think that the thyroid in the patient was altogether absent. In many it is difficult to make out the gland by external manipulations. Finally, he asked if Dr. Stewart had ever seen the patient in a tetanic spasm.

Dr. Merrill said he had known the patient some years. He had never seen any tetanic spasms,

but the patient had complained about frequent attacks of severe colicky pains. He was always a very badly-nourished, dyspeptic-looking man.

Dr. Shepherd could not agree with Dr. Stewart's suggestion, that the reason myxœdema or cachexia strumipriva follows excision of the thyroid is because of the disturbing damage done to the sympathetic system, as the affection, so far as he knew, never followed extensive operations in the neck (as removal of chains of enlarged glands and tumors), when the sympathetic trunk is quite as much interfered with as in the removal of the thyroid. When no myxœdema follows the operation of removal of the gland, it is supposed to be incomplete removal.

Dr. Reed asked if Dr. Stewart could give the average temperature of the patient.

Dr. Mills said, To believe that any gland or other organ existed to prevent the formation of a substance, whether normal or abnormal, was inconsistent with general physiological principles. True, the removal of certain glands, as the testicles in the young, arrested development, both physical and psychical. In the adult dog, such removal was followed by obesity, which could be largely accounted for by the inactivity of the animal, associated with the psychical shrinkage—the curtailment in the number and variety of the afferent impulses reaching the nerve centres. It had been asserted that after the removal of the thyroid in children there was stunted development, especially intellectually. It is likely metabolic changes follow removal of the thyroid; owing to the influence on the nervous system there is a loss of balance. All healthful life implies balance of function. It was not yet clear how the balance was destroyed by removal of the thyroid; but we were on the way to knowledge, for we had learned, experimentally, that this organ was not a blood-former. If, as had been suggested, the changes following experimental or surgical removal were due to injury to the sympathetic, one would expect to observe vaso-motor symptoms, which had not been the case, though such an objection must not be too strongly urged; for though dilation follows section of the cervical sympathetic, such is not permanent, and if transient, might be overlooked.

Dr. Stewart, in reply, stated that he had seen the patient in tetanic spasms many times. When first seen the patient had an attack. With regard