

Case 4.—Sterile and long suffering from menorrhagia. On examination found two small polypii of nabothian glands, a little larger than a grain of wheat. These growths were removed by the scissors without difficulty; but were followed by an attack of pelvic cellulitis. The woman, however, recovered, and subsequently was under Matthew Duncan's treatment for similar growths, and with similar untoward after results.

Case 5.—In this case the patient had enjoyed good health up to December, '72, when she fell down stairs. Had head-ache, pains in back, &c., when, after a few days began to bleed freely. Was pale and weak.

On examination found neck of uterus obliterated; the os thin and dilated, which allowed the finger to pass without difficulty and feel the polypus. About the middle of January, the os being well dilated by sponge tents, the ecraseur was applied and a sessile tumor was divided at its base, which, however, necessitated division of the cervix before it could be removed from the uterine cavity. An attack of erysipelas of right side of face followed, but without any uterine complications, and patient was soon well.

Case 6.—Aged 30 years. Sterile; os enlarged and patulous. Tents were introduced, and after dilatation had been effected, a fibroid was felt projecting into cavity of uterus. The tumor was enucleated by the finger and removed by the vulsillum without any bad after results. The growth was the size of an egg, and imbedded about three-fourths of its extent in walls of uterus.

Case 7. Patient aged 36, sterile, and subject to profuse flows of blood. On examination several fibroids were felt, some outside and some inside of uterine walls.

Gave ergot and iron, and used injections of solution of iodine, as recommended by Dr. Savage of London. The strength of this solution is Iod. ʒj., Pot. Iod. ʒij, Rect. Spirit ʒij, aq. ʒvj.

Dr. CRAIK enquired whether or no any of the solution of iodine injected had penetrated into the peritoneal cavity.

Dr. FENWICK related a case in his practice (similar to No. 4 of Dr. H.) where he removed with the scissors fifteen or twenty small nabothian growths without any bad effects. Slight hemorrhage followed the operations, but the patient made a good recovery and subsequently bore two children, although previously sterile.

Dr. REDDY made some remarks about the symptoms of collapse which he has found to follow injections of iodine, although os had been thoroughly dilated.

Dr. TRENHOLME related the history of some five cases he had operated upon, which, in many respects, were similar to those brought forward in Dr. Howard's paper. All these cases made good recoveries, without any untoward after results. The value of the symptoms of pain and hemorrhage were dwelt upon as a means of diagnosing the position of the tumor. These symptoms are stated by Dr. Meadows to be correlative to each other. The hemorrhage being most severe in the sub-mucoid tumors, and most painful in the sub-peritoneal.

Dr. GRANT (of Ottawa) stated that uterine fibroids were very seldom met with in his city. He had seen but two cases in eighteen years' practice, and affected their removal without difficulty, after having well dilated the os by means of sea tangle.

Dr. HINGSTON related the history of two cases. In the first case the tumor was about six inches long and three inches in diameter, and attached by a broad pedicle to the fundus. It was removed by twisting it off with a cephalotribe, after being partially enucleated. The case terminated unfavorably. The second case was a small round tumor imbedded in the wall of the uterus. After dilating the os he applied the lithotripsy forceps, and then enucleated it without difficulty. The case ended most satisfactory without any unfavorable symptoms.

In this connection Dr. H. strongly favored enucleation, in preference to the use of the ecraseur, as the latter method endangered the integrity of the uterine wall, especially when traction was made upon the tumor.

Dr. TRENHOLME remarked that traction upon the fibroid was both unsafe and unscientific. The proper way was to follow the now recognized method of bringing the uterus well down upon the perineum and thus render the cavity of the organ accessible for manipulating the instruments.

A vote of thanks was then given to Dr. Howard for his interesting paper. T.

BIRTH.

At 65½ St. Antoine Street, on Friday, the 13th June, the wife of Dr. Slack, of a daughter.

At Bermuda, on the 2d May, the wife of Dr. W. F. C. Bartlett, R.N., of a son.

At Franklin Centre, Q., on the 18th June, the wife of A. A. Fergusson, M.D., of a daughter.

MARRIED.

At Christ Church Cathedral, on the 4th June, by the Right Rev. the Metropolitan, assisted by the Rev. Canon Baldwin, Malcolm Roscoe Meigs, Esq., M.D., to Harriet Louisa, youngest daughter of the Rev. George Slack, M.A., of Bedford, P.Q.

DIED.

In Montreal on the 31st May, Dame Adeline Loranger, wife of Edmond Robillard, M.D., Treasurer of the Canadian Medical Association.

In Montreal, on the 18th June, Susanne Peltier, eldest daughter of Hector Peltier, Esq., M.D., Edin., Professor of Institute of Medicine, Victoria College (Montreal Branch).

At St. Mary's, Ont., on the 18th April, Maggie Notman, wife of D. H. Harrison, Esq., M.D.

MONTREAL:

Printed by JOHN LOVELL, No. 23 & 25 St. Nicholas Street.