

objected to the word shock, which he thought should rather be called hemorrhage. The making of the pedicle was important, especially in tumors extending down to the cervix, in which cases the dragging of the stump on the rectum sometimes caused obstruction of the bowel. He preferred the wire to the hemp ligature. The constriction should be gradual. There was generally very little pain after these operations. He thought the pins were a source of security in case the patient should sneeze or cough or vomit; he leaves them in for ten or fifteen days until the pedicle has sloughed away. He cuts the wire at the end of the third day so as to prevent downward sloughing. In one of his cases, in which ether had been used, there was vomiting, which, he thought, was sometimes due rather to defective preparation in the way of dieting than to the anæsthetic. When there was violent vomiting he purged with calomel and soda. His own death rate was only one in ten, but he admitted that Dr. Trenholme was a pioneer in abdominal hysterectomy, and that since 1874, when Dr. Trenholme had operated on his first case, the death rate had been steadily coming down.

Dr. Trenholme, in closing the discussion, said that he did not think the pins were of any service. During the first five days, while the *serre nœud* was in situ, slipping back of the pedicle was an impossibility, and by that time the adhesions were strong enough to retain the pedicle without assistance. Even suturing the pedicle to the edges of the incision was useless, and though such had been his custom, here, after he did not intend to do so. The great advantage of the *hempen* ligature was due to its perfect security against "post operative" hemorrhage, the means it afforded for thorough drainage of the wound and prevention of pus burrowing into the adjacent tissues, and the absence of pain and shock.

Dr. Trenholme related a case (sent in from the country) where a Hodge pessary had been allowed to remain till it had completely passed through posterior wall of the vagina and lodged in Douglas' fossa. The patient felt no inconvenience from its presence, and being in good health, no operation was attempted.

Dr. J. Leslie Foley here said: As is well known, all the ologies which go to make

up the science of medicine are related. I would like to occupy the attention of the Society for a few moments on the relation of dermatology to gynecology and obstetrics. As this is an evening especially devoted to gynecology, and there are those present specially interested in the branch, I thought it not inopportune to broach the subject. We have angioneuroses, neuroses, disorder of glands, inflammations, pigmentary, hypertrophies, vascular dystrophies produced by uterine trouble. *At puberty*, as every one knows, young girls frequently suffer from acne. Many of you, no doubt, are familiar with an acne, not distinctly pustular, which appears just before the monthly period and to which Roché has given the name of *menstrual acne*. He has found arsenic in doses of $\frac{1}{100}$ gr. beneficial. An eczema sometimes proceeds or accompanies the menstrual period, which might likewise be called *menstrual eczema*. Purpura (rare) has been found to follow menstrual derangements. Acute general eczema has been known to follow laceration of the cervix uteri, which proved rebellious to all treatment until the uterine lesion was remedied. *At the menopause* we have climateric eczema, occurring chiefly on scalp and ears; furunculosis, pruritus, acne rosacea. Pruritus occurs frequently during menstruation, and again during this period an existing acne is often worse. Intra-pelvic lesions involving the cutaneous nerves may probably account for a recurrent herpes of the genitals. In uterine and vaginal catarrh, vulvar pruritus is common and severe, and the acrid secretions often set up an eczema of the perineum and adjacent parts. Morphœa is sometimes due to uterine derangement. Hyperidrosis, bromidrosis, &c., may follow uterine or ovarian disease. Dermatalgia and hyperæsthesia may likewise follow uterine disease (hysteria). Neurotic tumefactions (œdema), erythema multiforme, erythema nodosa, urticaria particularly in the more persistent and recurrent forms often result from female sexual disturbances. Pigment hypertrophies follow uterine disease.

During pregnancy we have dermatitis gestationis. I well remember when a student at the Lying-in Hospital, then on St. Antoine street, a rare skin disease occurring in a pregnant woman, under the care of the late lamented Dr. Kennedy, which was a puzzle to all. With