

body is found connected with it. This was thought to be (as you now see it is) the left ovary. The tumor itself reached almost to the umbilicus. The depth of the uterine cavity was three inches. The tumor reached nearly as high as the umbilicus in the centre of the body, and well back toward the spinal column. The diagnosis was doubtful; at first inclined to ovarian cyst, originating with displaced ovary, but subsequently, from consideration of the history and the doubtful mobility of the uterus, etc., this was changed to uterine fibroid. As nothing special depended upon a more accurate diagnosis, the removal of the tumor was clearly indicated. The operation for this purpose was performed 12th Aug., 1885, assisted by Drs. Kennedy, Cameron, Perrigo and Reddy. There were also present Mrs. Lyon, Morrison and Saunders. The usual median incision, three inches long, was made, and when the tumor was reached its real character was apparent. There were many adhesions both to the peritoneum and the uterus, those to the latter quite strong. About 6 oz of clear fluid were removed by Fitch's trocar, which, by the way, disappointed me in its working. A few bleeding points were secured by hemp ligatures and the sac of the cyst removed. The abdominal incision was closed and dressed in my usual way. The patient did well, the chief after-trouble being due to her nervous condition and some irritation of the bladder. Though rather prematurely, she left for her father's home in Iroquois on the 3rd of September, just three weeks and one day after the operation.

*Extirpation of a Cancerous Uterus.*—This specimen was removed from a lady 42 years of age. The general appearance of the patient was that of good health. For some months past she had been suffering from pains in the pelvis and left groin, which had become so severe that she consulted me about her case early in August of this year. Upon examination, the os was found to be cancerous, and the disease had invaded the upper part of the vagina on the left side to a slight extent. The depth of the uterus was about three inches, the organ movable, and in normal position. Believing the diseased tissues could be removed with some chance of success, and of possible temporary relief—at the patient's repeated and earnest request—the extirpation of the uterus per vaginam was performed on 20th Aug., 1885—seven weeks yesterday. In this, the first and only operation of the kind in Canada that I know of, I

was assisted by Drs. Kennedy, Cameron and Perrigo—a number of medical men and medical students being also present. *Operation.*—After reaching Douglas' pouch, the fundus was brought down by means of a strong vulsellum; the right broad ligament was then ligated in small segments and divided. In this there was no very great difficulty; but when I attempted a similar procedure with the left ligament, to my dismay I found it so densely infiltrated with the disease that I had to content myself with dividing the remaining structures, guided by the sense of touch alone. There was but slight hemorrhage, and after the removal of the uterus I scooped out a quantity of cancerous tissue with Thomas' serrated spoon. There was some slight hemorrhage a few hours after the operation, which was easily controlled; and but for the escape of the peritoneal fluid, which has given the patient a great deal of trouble, and also kept her weak, she has done well, and is now able to walk around her room. I trust, in a few days, she will return to her home. One remarkable feature in this case was the almost entire absence of suffering from the operation itself. The opening of the cavity of the peritoneum, as in this operation, becomes a serious contra-indication to its performance, inasmuch as it cannot be closed by sutures on account of the infiltrated state of the tissues rendering impossible an approximation of the edges of the wound.

Dr. GARDNER congratulated Dr. Trenholme on the success of the operation, but thought the case not a good one to select for this operation, as there was ample evidence of infiltration of the broad ligament. In such cases, gouging or scraping is all that should be attempted.

Drs. KENNEDY and HINGSTON also spoke against operating in these cases.

Dr. ALLOWAY gave a short description of a similar case under his care. He thought operating unjustifiable.

Dr. SHEPHERD asked Dr. Trenholme if his patient was in a better condition now than before operating, or if she was going to live longer. Dr. T. said she would not probably live longer, but she was free from suffering, and therefore better than before the operation.

*Fibroid Tumor of Uterus (2 lbs).*—The second specimen of extirpated uterus is of more than ordinary interest to me, as well as to the profession, because it is the uterus of the first woman who, in January, 1876, was spayed for the control of uterine