

Ziegler's Pathological Anatomy states that "when the biliary channels are somehow diseased, so that bile is retained and stagnates within them, concretions may be formed, and these appear to favor the entrance of noxious matter into the liver." Symptoms of these biliary abscesses are the mingling of pus with bile or with biliary concretions; and when the abscess lies immediately beneath the serous membrane the latter is more or less intensely inflamed.

This case fulfilled all the foregoing conditions, and hence the probability is that the cause was in the liver itself and in the quality of the bile which it secreted.

A physiological fact is here worthy of note, namely, the length of time during which a person may continue in apparent good health without a gall bladder—with the bile passing directly from the hepatic ducts into the ductus communis choledochus. This complete petrification of the gall bladder must have been a long time developing, for it could not possibly have occurred suddenly. The probability is that it became gradually filled with gall stones, and that these were in time cemented together by a continued secretion of matter similar to the gall stones. I had in my possession once a gall bladder packed full of gall stones—92 in all—and fitted to each other by angles and facets as perfectly as the bones of the wrist or ankle are fitted. A few years longer of life would doubtless have cemented them together into one piece, and then there would have been a condition similar to that which I have brought before you to-day.

### EXTIRPATION OF UTERUS.

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The patient is 35 years of age, and the mother of five children, the youngest eight months old. Though of a cancerous family, she is of good general health, and all her children are healthy. Her suffering began about four years ago, when uterine pain was first felt. Gradually the distress increased until about four months ago, when it became so severe as to compel her to seek medical advice. Intense pain in hypogastric and iliac regions, uterine hemorrhage and fetid vaginal discharge are the most prominent symptoms. Upon making a vaginal examination the uterus was

found freely moveable, and there was no induration of the pelvic tissues perceptible. The os uteri was excavated by an ulcer which had eaten away both lips close up to, but not involving the vaginal attachment. The cavity of the neck was funnel-shaped, the apex of the excavation corresponding to the inner os—depth of uterine cavity  $2\frac{1}{2}$  inches. The surface of the ulcer bled freely when touched, and was covered with papilliform vegetations.

As the life of this lady was extremely valuable to her young family, I hesitated to speak of extirpation of the uterus, and yet any other treatment offered but little hope for benefiting her, or lengthening her days. Removal of the diseased tissue by knife or caustic was impossible for the reasons already stated. As the patient was willing to take the risk, I felt free to do the best I could for her, and removed the uterus on 15th inst.

The operation was made per vaginam, and there was scarcely any loss of blood. After cutting into the posterior *cul-de-sac*, the womb was brought backward and outside the vulva and the vaginal detachment was made segment by segment, each portion being well ligated before dividing it with the scissors. I claim that the operation was a surgical and scientific one, barring a slight incision into the bladder, the result of trying to keep too well clear of the diseased os on the left side—the wound in the bladder was closed by a single suture of shoemaker's thread. The vault in the vagina was closed by four sutures of the same material, and a bulbous drainage tube was left protruding through the wound and concealed in the vagina. The patient stood the operation well, and for two days the bladder gave no trouble—then urine found its way by the side of the drainage tube into the vagina, and as the catheter was causing some vesical irritation, and no urine passed through it, it was removed. For three days the urine gave great pain, when once more it accumulated in the bladder, and she was able to retain it until it accumulated to the extent of an ounce or more—when she passed it herself.

For the last 10 days there has been no flow through the wound, and her bladder difficulty, and in fact almost all her sufferings, have ceased. On the second day her temperature ran up to 101, and her pulse to 108. Since the fifth day both pulse and temperature have been almost normal, and for the last week quite normal. On the seventh day the patient, without permission, sat on the edge of her bed for a rest. She eats freely, sleeps well, has very little pain, and except for a