

ANOTHER DELICATE OPERATION, as reported in the *Telegram*, August 6, 1896: "Physicians in the Hospital for Sick Children have completed a successful operation upon little Lawrence Millsap, son of an Orillia district farmer, trephining in two places the lad's skull, injured a year ago. He was brought to the hospital two weeks ago, when it was found that the pressure of the injured portion of the skull upon the brain caused the fits the boy has for the past year been subject to." The obiquitous reporter, in his thirst for items, evidently does not know that in publishing such notes of cases in the daily press he is doing an injury to the standing of the hospital which he evidently wishes to laud.

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THE FIBROID UTERUS.—Dr. George E. Shoemaker, in *The University Medical Magazine* for August, has an article on the above subject. The amount of hæmorrhage and pain and the size of the tumor all go to determine the propriety of operating. The tumor may not be large and give rise to very serious pressure symptoms. The attempts at treatment by medication, electricity or curettage are very likely to disappoint. They can only yield temporary improvement; and the question of operation has ultimately to be considered. The drugs that yield the best results are fluid extract hydrastis, and ergot in doses from ten to thirty drops. Their effects are very uncertain. When the tumor is in the lower segment of the uterus, and the patient is pregnant, it may be necessary to consider the complete extirpation of the organ, as labor would be impossible on account of the condition of things. The pain in some cases of fibroids becomes a prominent feature and calls for operation for its relief. The pain due to pressure and traction on adjoining organs may be extreme. The size of the tumor may become the leading feature, and justify interference. The weight of the tumor and the appearance produced have a very bad mental influence on the patient. Continued bleeding, though not severe, is sure to produce much disturbance. The different methods of removal are discussed: 1. Removal per vaginam. 2. By abdominal section. The latter has the writer's preference. When the abdomen is opened, the tumor may sometimes be enucleated without removal of the uterus. When the uterus must be removed, he prefers amputation of the cervix. The peritoneum is brought together and stitched so as to bury all cut surface. The removal of the ovaries and tubes is not recommended as a reliable means of treating fibroids. These tumors sometimes keep on growing and bleeding and growing after these operations and after the menopause. When the abdominal cavity is opened, it is much better to deal directly with the uterus.