

—the mothers of the land—who cannot protect themselves, and who imagine, in many cases, that their misfortunes are irremediable and beyond the control of their fellow-beings.

Original Communications.

FOUR CASES OF LAPAROTOMY.*

BY DR. ECCLES, OF LONDON.

Mr. President and Gentlemen,—Your genial and efficient secretary wrote me early in March, asking if I would write a paper for the April or July meeting, and throwing in a parenthetical clause, "that would be helpful to the general practitioner." That expression gives me the opportunity to preface my paper with a few remarks, giving expression to my opinion in reference to specialties generally. In the first place, all of you are designated as specialists. Perhaps you do not know it best were I to travel "Incog" throughout the various townships of your counties, and partake of the hospitalities of many of your patients in farm houses—a hospitality phenomenal—so unbounded, so cordial, and at the drinking of a second cup of the delicious beverage, were I to interrogate the maternal head of the house, who knows more about the successes and failures of a dozen medical men, in various diseases, than the honoured head of this association, I would get some such an answer: "I would trust my life in the hands of Dr. H. in a case of inflammation of the lungs; and in typhoid fever Dr. S. has no equal in Canada, while Dr. F. is especially good in the treatment of children." But while this may, or may not, be true, it cannot be denied but that each one of us feels within himself his ability in certain lines more than in others, and that almost unknown to himself he is, in a certain sense, a specialist.

Nothing is more common in the experience of the general practitioner than his likes and dislikes for certain classes of work. He will find himself, unconsciously it may be, displaying enthusiasm and love in certain fields, while in others, the desire, as far as he is concerned, is that they may remain untrodden.

Mr. President, my paper consists of the consideration of four consecutive cases of fibro-myoma, which came under my care last summer. They

were all intensely interesting to me, and each had a peculiarity of its own.

Case 1.—First seen May 14th, 1892, with the following history: E. F., aged fifty, single, house-keeper in the country. With the exception of attacks of ague several years ago, has had comparatively good health until last year—now passing through the climacteric—menstruation irregular the flow is not now so profuse as it was some months ago. She complains of pain across the back, low down, and, at times, difficulty of micturition; sometimes the water comes freely, and then suddenly stops before the bladder is emptied; at other times it dribbles away. Nothing of note in interrogating the other physiological systems.

Examination *per vaginam* revealed a swelling the size of my closed hand to the left, and in connection with the uterus; and a second swelling in the posterior wall of the uterus, occupying Douglas' *cul-de-sac*, size of uterus four inches, with diminished mobility.

On the night of the 15th I was called to see her on account of total retention of urine; the uterus and the two swellings were so pushed down in the pelvis as to obstruct the entrance to the urethra. I pushed the uterus back, and emptied the bladder, by the aid of the catheter. Diagnosis: myoma of the uterus, and galvanic treatment recommended, which was commenced on the 16th, and continued at intervals of two days, with currents from thirty to forty-five; the vagina being previously washed out with carbolic water (one per cent.). On the 29th, the patient complained of pains, and had some chilliness, and the temperature the following day went up to 103, and Dr. Meek saw her with me.

We were somewhat suspicious of the currents being the cause of the acute symptoms. The uterus was washed out twice daily with carbolized water until the temperature kept below 100, but still there was some pain in the left ovarian region.

On the 11th July I had her removed to the hospital, as there were evident signs that suppuration would take place, some boggiess in the left broad ligament: three days afterwards there was some redness of the skin, as well as unmistakable fulness in the left ovarian region, and increased indication of the formation of pus. If this had occurred on the right side, one would have to take into consideration the possibilities of appendicitis with perforation; even then, with the violent symptoms subsiding, and the inflammatory action

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