

Original Communications.

I. A Case of Excision of both Ovaries for Fibrous Tumor of the Uterus.

ALSO,

II. A Case of Excision of the left Ovary, for Chronic Oöphoritis.

By

E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Montreal; Fellow of the Obstetrical Society of London, England, &c., &c.

Read before the Medico-Chirurgical Society of Montreal, April 20, 1876.

Case I.—Mrs. L., the patient in this case, first consulted me on 30th December, 1874. She is 31 years of age, 13 years married, of dark complexion, an active intelligent lady, of French and Scotch extraction, born at Levis, Quebec.

She began to menstruate when 13 years old, and was always regular up to the last seven years. Present difficulty began in March, 1869, when a clear fluid escaped, per vaginam, followed about one hour afterward by severe pains in the womb, and the passage of a globular-shaped clot of blood. During the three following days she continued to pass small coagulæ. From this period up to the end of 1870, each monthly flow was marked by pain and passage of coagulæ and blood, when she expelled from the uterus a large firm clot, whitish in color, rough and flat on the one side, but smooth and convex on the other.

From 1870 to 1872, the pains and menorrhagia continued with increasing severity. The flow, when excessive, could always be controlled by the use of cold water injections. Between the menstrual periods the size of the congested organ could be much reduced by the use of cold water per vaginam.

In 1872 the patient applied to Dr. Jackson, of Quebec, for relief, and he divided the neck of the uterus laterally, with, however, but temporary relief.

In 1874 she consulted Dr. Adams, of Chicago, who diagnosed acute antelexion, and, at the patient's urgent request, divided the neck antero-posteriorly with a considerable amount of relief. When making the incision, the tissues were found to be very firm and unyielding; and gave way, after division, with a noise sufficiently loud to be heard by those assisting at the operation. The relief afforded by this

operation was very temporary, and within the past few months the menorrhagia has become very severe, and the uterine spasms intolerable. The pains are always most severe in the left groin. When once the blood escapes freely the pains cease. There has been no serious trouble in any other organ except the bladder, when, some time ago, for about nine months, the urine escaped by drops, being caused, (as she thinks,) by the free use of gin to relieve pain.

Present condition:—

Between the menstrual period the patient is free from suffering, looks well, and rapidly regains the flesh lost at those periods. Her average weight is 112 lbs., but she has weighed as much as 130 lbs. Before the flow, and during its continuance, the patient suffers so much and loses such quantities of blood, that she has frequently lost as much as 9 lbs. in weight in three days. By the time the flow has ceased, the patient looks pale, exhausted, and very anæmic.

Her nervous, respiratory, nutritive, muscular, circulatory, and urinary systems, are all in good order. Menstruation occurs every four weeks and lasts three days. Within the last few months the flow and uterine tormina have greatly increased, as already stated.

Examination.—There is no tenderness over abdomen by the touch which detects a globular tumor in the centre of the abdomen, extending from the pubis to umbilicus. Per vaginam, can detect the tumor in brim of the pelvis, extending rather more to the right than the left side.

Sound.—This instrument causes some pain, and shews the depth of the cavity to be $4\frac{1}{2}$ inches and directed somewhat to the left side. The sound had to be bent, as if dealing with acute antelexion, before it could be introduced.

The congestion of the uterus begins five or six days before the flow appears. At first it is slight, but gradually increases in severity, till just before the flow, when it becomes perfectly intolerable. The patient has often said that death would be a welcome door of escape from her terrible agony.

As the use of tents were impossible, the diagnosis was arrived at from the evidences of sub-peritoneal tumor given to the touch, and the sub-mucous or interstitial tumor, from the excessive flow of blood.

Diagnosis.—There are one or more fibroid tumors of the uterus. One probably sub-mucous and the other sub-peritoneal.

Progressive Symptoms and Treatment.—The monthly distress can be considerably mitigated by