

patient was under my observation. During the following three years the tumor remained about the same size, and the patient suffered comparatively little inconvenience from its presence; but her knowledge of the condition of things had at times a very bad moral effect. Saw her last in January, 1886. Among the remedies given ergotine pills appeared to have the best effect, in two grain doses, taken twice or three times a day. Did not again become pregnant after birth of her child in 1880.

April 24th.—On day after writing this history saw Mrs. D. She was very well and had been so since her removal to Guelph fifteen months ago. During interval has taken ergotine pills almost constantly, and while she takes them feels no inconvenience from tumor; but says when she omits them for a few days her pains return. As she expresses it, she is "like a toper with his liquor—she can't do without the pills."

CASE IV.—H. M., aged 50 years; two children; age of youngest, 15 years; menorrhagia and metrorrhagia for some months. On examination found interstitial fibroid in right wall of uterus. After trying the effect of medicines it was decided after a prolonged hemorrhage to use the curette. The cervical canal was dilated with a tupelo tent, and the interior of the uterus scraped with Thomas's curette, a considerable amount of fungus granulations being removed. Although antiseptic precautions were adopted, I was humiliated by the result. A sharp attack of cellulitis followed, which ended in the formation of a pelvic abscess. She refused to allow any operative procedure for this, and after a few weeks the abscess opened into the bladder, and the patient had a tedious illness which finally ended in a fair recovery from the pelvic inflammation. She has had a number of hemorrhages since, but they recur at longer intervals and with less severity, and I hope she will soon have passed the menopause.

CASE V.—Mrs. M., aged 40; had 4 children, youngest child aged 9; no miscarriages. Admitted to Toronto General Hospital, May 14th, 1886. Had first noticed a swelling in abdomen two years before. Had pelvic pains and dysmenorrhœa, with slight menorrhagia, for about three years. Had an alarming hemorrhage in

April and another which commenced on May 10th, four days before admission. Flowing continued a week after admission. At the same time she had a continuous rise of temperature, sometimes reaching 105°, great pain in abdomen a rapid and feeble pulse, 100–130, face pale and expression very bad.

She was kept very quiet, took large doses of morphia to relieve pain—ergot and hydrastis Canadensis to check hemorrhage. Had for a time hot douches twice a day.

May 23rd.—Consultation with two members of staff. The general condition was much improved; temperature a little over normal, pulse 90–100. Slight tenderness over tumor, which we thought due to metritis or endometritis. The tumor extended to a point a little above umbilicus, due to fibroids which could not be very definitely located. Sound passed four inches. The majority decided against abdominal section and advised local treatment.

May 25th.—General condition fairly good. I made an intra-uterine application of a weak solution of subsulphate of iron. This was followed by a recurrence of the severe symptoms observed during first week after admission. For three or four days she was so exceedingly ill that we had little hopes of her recovery. There were intense pain, requiring large doses of morphia to mitigate it (we could not entirely control it), high temperature, and rapid pulse, sometimes 140. These symptoms gradually subsided after five or six days. About last of May a hemorrhage commenced which continued about nine days.

June 10th. — Comparatively comfortable, slight rise of temperature, pulse about 100. At a consultation abdominal section was recommended.

June 14th.—Section made; ovaries and tubes removed. Abdominal wound healed without any pus formation. There was, however, during convalescence much pain over uterus, somewhat similar to that in her former attacks but not so severe. She gained strength very slowly. Had one slight hemorrhage, lasting about two days, shortly after operation. About two weeks after operation tumor was considerably decreased in size. No further loss of blood while in hospital. She went out September 1, about two and a half