

pelvis, but the tumor occupies the pelvic floor. These facts regarding their anatomical relations are of the utmost importance in regard to their surgical treatment.

As a point in diagnosis, they are generally accompanied by more distressing pains in the pelvis, and more disturbance of the functions of the bladder and rectum than are ovarian or par-ovarian cystomata.

Physical examination shows that the cyst is fixed at its most dependent part, the fixation being at one side or extending from side to side according as the tumor occupies one or both ligaments. Fluctuation is noticeable in the pelvic portion of the tumor. The points of diagnosis from fibro-cysts, which they most closely resemble, were given in detail. The cystoma in one ligament only must be distinguished from intraligamentous uterine fibroma, hydro-salpinx and ectopic gestation. It is occasionally impossible to make a diagnosis upon evidence obtained by the history, symptoms and physical signs, and in these cases an exploring laparotomy should be advised. Even then it is not always an easy task to complete the diagnosis.

Among the various methods of treatment, enucleation, as devised by Dr. Minor, of Buffalo, ranks first, as it is applicable to more cases than any other. This plan is adapted to all cases in which the cystoma descends into the pelvis, completely separating one or both ligaments, unless there are inflammatory adhesions between the cyst wall and the ligaments. The operation of enucleation was described in detail, and drainage of the pouch advocated. The peritoneal surfaces of the edges of the pouch are brought together by a continuous catgut suture, and brought up and fastened to the peritoneal edge of the abdominal wound, if possible.

The next method is to remove the cyst and capsule together by ligating the ligaments below the cyst, by means of the "repeated continuous ligature." A combination of these two methods is sometimes practised, namely, enucleation followed by ligation and removal of the pouch.

There are, unfortunately, some cystomata of this variety which cannot be removed by any of the methods known at the present time. These should be treated by drainage alone, uniting the cyst to the abdominal wall, after removing as much of the cyst as possible and thoroughly

cleansing and scraping out the remainder. The drainage must be long continued and the convalescence is slow.

(To be continued in next issue.)

Correspondence.

Editors of CANADIAN PRACTITIONER.

DEAR SIRS—In the issue of your journal of May 16, 1889, I notice an editorial headed "Length of the Course of Medical Studies," in which you state that "for many years the University of Toronto stood alone in its rigid adherence to the rule requiring a full four years' attendance on lectures," and also that "from information *lately received*" (the italics are mine) "you are encouraged to hope that the other universities are likely to follow the example of Toronto, and demand four years' actual attendance on lectures." All honor to the University of Toronto for demanding a full four years' course, but it must be remembered that, until very lately, the medical department of Toronto University was purely an examining board, and that the Toronto School of Medicine did not require, as far as I am aware, this compulsory course until it became a faculty of the University; besides, even now, I believe, the University of Toronto does not require a four years' course when the candidate holds the degree of B.A. Of these facts, no doubt, sirs, you are fully aware, but you are evidently not aware (or you would have mentioned it in your editorial) of what the University of McGill College has done and is doing to advance the cause of medical education. Since 1884 she has required not only four six months' sessions, but also one three months' summer session, in order to qualify for the degree of M.D., and no exception is made in the case of men holding the degree of B.A. The advisability of making two summer sessions compulsory is now under consideration.

Trusting that in future your information about other universities in Canada will be more "lately received" than that disclosed in the editorial above referred to, and hoping that I have not intruded too much upon your valuable space, I am, sirs,

Yours truly,

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