

a coil of intestine was found obstructed just under the incision. This death cannot be attributed to the operation. I never left a patient better in my life, and certainly was never more surprised than when I heard of her death.

I have now compared three cases in which pedicles were left, and three in which no pedicles were left. All of the cases survived the operation, even the last one, because I call that a successful operation. A surgeon cannot be held responsible for every complication that may arise when the patient is virtually over her operation and able to go about and out of his reach. I have brought down some of the tumors to give you a better idea of their size.

But a few days ago Case No. 3 of the first series came briskly into my office a happy, cheerful young woman of 35 years, the picture of health. Her enlarged abdomen and the high apron string that annoyed her so much have become things of the past, and she is now free from her unpleasant and inconvenient periodical excessive hemorrhages. This is but the history of one such case. If the patient survives operation the cure is complete, and the treatment of no growth or disease affecting the human being gives more satisfactory subsequent results than the complete removal of a uterus, the seat of troublesome and dangerous fibroids.

### SYRINGOMYELIA. \*

BY DR. D. C. MEYERS, TORONTO.

*Mr. President and Gentlemen:* The fact that syringomyelia has recently excited considerable discussion in other countries, and the hope that some microscopical sections of its pathology might be of interest to those engaged in the study of nervous diseases, must form my excuse for offering you a few remarks on this peculiar affection of the spinal cord. Syringomyelia, or the formation in the gray matter of one or more cavities with well-defined limits, is usually said to be due to one of two causes: (1) the persistence and further development of congenital abnormalities of the central canal, or (2) to the formation of a glioma which develops from embryonic neuroglia tissue, its central part dis-

integrating to form a cavity. But there is another view of the origin of this disease which, I believe, not uncommonly explains its formation, and for the suggestion of which let me take this opportunity of thanking my late Professor of Pathology, Dr. Teskey. This view is that the growth is really a cyst. There are many points in its anatomical nature which favour this opinion. The ramified prolongations seen in some of the sections recall forcibly to one's mind similar ramifications extending from the main cyst in cystic degeneration of a Graafian follicle. This mode of origin being accepted, we have a ready explanation of the constancy of the neuroglia tissue which surrounds the cyst in all parts. That this tissue can be regarded as largely of new growth is supported by the fact that there is an actual increase in the amount of tissue as well as a proportionate increase of it in the walls of the larger cavities; just as the wall of a large cyst is thicker than that of a small one. We know, too, that the tendency of cysts is to begin in normal spaces, such as the central canal or in foetal remains of it, and in this way we can readily account for the cavity arising not only in the central canal itself, but also in other parts of the gray matter. That cavities may arise in the gray matter as the result of central myelitis is quite possible; but such cavities present no well-defined walls, nor are they lined by a layer of columnar epithelium, and do not, I think, belong to true syringomyelia. The cavity most frequently begins in the median line of the posterior commissure. In shape it varies greatly. In some cases it is irregularly oval, giving off prolongations here and there, from which processes arise, reminding one of a branched tubular gland. In all cases it is lined by a layer of columnar epithelium, such as are found lining the central canal in the normal cord. That this layer of epithelium is not complete in all cases may be accounted for by the time after death at which the *post mortem* was made, or by the fact that it may have been destroyed by mechanical causes. This layer of epithelium rests upon a basis of well-defined neuroglia tissue of somewhat varied thickness, but always conspicuous by the absence of the essential nerve elements. The size of the cavity is also subject to much variation. In some cases it extends laterally, destroying

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