

early the second morning she sank and died. The child is still living, and is now a robust, active young girl. Although the case terminated fatally for the woman, I believe the operation done gave her the best chance of life. Theoretically the operation appears much safer than Cæsarean section, inasmuch as the peritoneal cavity is not opened, nor is the uterus injured, the structures cut through are not important to life, and the operation itself not specially difficult. My practical experience of it leads me to think very highly of this operation, for although the mother died, it did not appear that any other operation would have afforded her a better chance of life. I believe laparo-elytotomy will yet take the place of Cæsarean section, which appears to be incomparably more formidable and dangerous. I believe also, that this operation ought to be done in those cases where, the child being living, delivery cannot be accomplished without the use of that most horrible of surgical instruments—the perforator, whose primary purpose is the destruction of life; the doing of evil that good may come. In these days of advanced surgery the perforator should never be used upon a living child, unless, indeed, it be a case of monstrosity, such as hydrocephalus; nor should active interference be delayed until death of the child has taken place. When it is clearly impossible that delivery of a living child by the natural passage can take place, an opening ought to be made either through the uterine wall or into the upper part of the vagina, and an effort made to save both mother and child. I am persuaded that it is never justifiable to deliberately destroy one human life when there is a reasonable hope of saving both. In bringing this case before you, I do so with the hope that it may direct attention to what I conceive to be a most valuable method of treating desperate cases, also, because I am of opinion that in cases of this kind, which must necessarily be rare, success and failure should alike be published, in order that a clear understanding of the value of the operation may be arrived at.

### A CASE OF MYXŒDEMA TREATED BY DESICCATED THYROIDS.

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The following brief account of the treatment of a case of myxœdema by desiccated thyroids may be of interest to some of your readers. The disease is not by any means a common one, and is not even mentioned in many of our text-books. The first published account of it was by Sir. Wm. Gull, and it has since been more fully described and its present name given to it by Dr. Wm. Ord, of London. The disease occurs principally in women, although a few cases have been noticed in men. Nothing definite is known as to its causes, but it has been shown that a majority of the cases thus far reported have occurred in women at the climacteric period. The appearance of the patient is so very much like that of one in an advanced state of albuminuria, that it is highly probable many cases of myxœdema have been set down and treated as cases of "Bright's kidney," a mistake more likely to occur in the advanced stages when true œdema, uræmic poisoning and cerebral coma are often present. In fact, I must confess to a belief that I have made one or two mistakes of that kind in the past. It is only at the close of the malady that these symptoms make their appearance however. During the first two or three years, although the face is very puffy and pale and the eye-lids swollen and œdematous looking, there is no pitting and no albumen or sugar in the urine, the only change consisting in the increased excretion of water owing to the lessened activity of the skin.