

Extirpation of the Uterus.—Dr. WM. GARDNER exhibited a uterus removed by the vaginal method for cancer, and related the case. A lady of 57 had consulted him a few months ago for continuous, slightly reddish, watery vaginal discharges, pain in the sacral region, and general debility. On examination, the uterus was considerably enlarged, measuring 4 inches in the depth of its cavity, retroverted, and quite moveable. The cervix, which was quite healthy, was dilated with a tent, and a quantity of friable outgrowth in the cavity detected and removed. No improvement in the symptoms resulted. A few weeks later total extirpation was advised, and performed a few days ago. The operation presented nothing unusual, except that after it was completed an embryonic dermoid cyst of the size of a small orange presented in the wound and was removed. The patient made an excellent and speedy recovery. The specimen showed that the disease was strictly confined to the interior of the uterus. The case was therefore a typical one for the operation of total extirpation. Dr. Johnston, Lecturer on Pathology in McGill University, had made a microscopical examination, and pronounced the disease to be carcinoma, less favorable for non-recurrence than sarcoma, which it was hoped it might be.

Dr. JOHNSTON thought, from its appearance, the cyst must have arisen from inclusion of a portion of the amnion in early foetal life.

Dr. HINGSTON thought it was properly a piece of included foetal membrane.

Ovariectomy during Pregnancy.—Dr. WM. GARDNER made a brief communication about a case related to the Society, with exhibition of the specimen, some three months ago. The case in question was one of ovariectomy performed on a patient suffering from symptoms of peritonitis. The tumor was a dermoid cyst, universally adherent, with twisted pedicle; washing out and drainage were resorted to, the drainage-tube remaining in the Douglas pouch and resting against the posterior wall of the uterus for five days. The patient made an easy and rapid recovery. At the operation the uterus was suspiciously bulky, softened, and vascular. The possibility of pregnancy certainly occurred to the operator, but was not seriously entertained. However, a few days ago he had an opportunity of examining the woman, and found her certainly pregnant about five months. In some particulars he thought the case unique, and well worthy to be placed on record. *Ovariectomy during pregnancy*

without interruption of gestation has been performed a good many times; but uninterrupted gestation in spite of ovarian tumor with twisted pedicle and consequent severe peritonitis, and a complicated ovariectomy with separation of adhesions, copious washing out drainage-tube for five days, if not unparalleled must be exceedingly rare.*

Dr. HINGSTON thought it should not be an invariable rule.

Dr. GARDNER thought that those operating largely were agreed that the danger of such operation was less than the danger from the tumor if left till full term. His course would depend from the date of pregnancy.

Fibro-cystic Tumor of the Testicle.—Dr. RODDICK reported a case of fibro-cystic tumor of the testicle, and made some general remarks upon the subject of tumors of the testicle. He said: The specimen I show you is a diseased testicle removed a few weeks since. The patient, a healthy-looking young man of 24 years, was brought to me from one of the neighbouring States, having a history of slow enlargement of the testicle, the duration extending over at least ten years. Thus, the patient being only 24, there is no likelihood of its being syphilitic. So far as he remembered, the testicle was never injured. He had gonorrhoea some four years ago, and is now suffering from stricture. No history inflammation of the epididymis or testicle during the presence of the gonorrhoea. On examination, the left testicle was found to be the size of the closed fist, very heavy, and generally firm to the feel. In one place in the front was a distinct spot of fluctuation, which led one surgeon to suspect hydrocele and to tap, removing about a drachm of blood-stained serum. The bulk of the mass, however, was very firm and fibrous in the feel. The cord is quite free and normal to the feel. The diagnosis was fibro-cystic disease. I advised removal. In the operation, at the first incision, the hydrocele fluid escaped. The usual mode of operating was modified; instead of ligaturing the whole cord, the vessels were tied separately. Thorough drainage was provided, and dry dressing of borated cotton and naphthol used. The patient was sent home in ten days. Dr. Johnston has given me the following pathological report:

"The specimens were somewhat gelatinous looking, and not vascular. On microscopic exami-

*The patient is now (Sep. 6) daily expecting her confinement, and except for complaint of pain in the loins, is in perfect health.