

in sections and the tumor removed at the vaginal junction.

The vagina was sewed with interrupted silk stitches and the abdominal wound with silk worm gut. A glass drainage tube was inserted and the patient put to bed.

The operation lasted nearly three hours. Next morning the tube was removed as there was no discharge through it to signify. The patient was feeling fairly well.

On the 5th day a slight attack of localized peritonitis took place in the right hypochondriac region at a point where the ovarian tumor had formed adhesions somewhat difficult to separate.

Apart from this slight complication, patient made an uneventful convalescence and was discharged well on the 15th of May.

The ovarian tumor was not weighed, but its weight could not have been less than 30 lbs.

The uterus weighed 5 lbs. and was solid throughout, showing no trace of a cervix or uterine cavity.

Different views are entertained by the most expert operators as regards the best way of dealing with the stump of tumors of the uterus. Some still prefer the intra-abdominal method, others advocate the removal of the whole organs in every case, and still there are others, who, in suitable cases make the incision through the cervix and cover the stump with peritoneum. It is generally conceded that the intra-abdominal method is in all cases the more satisfactory way of treating the stump, and the complete extirpation is to be performed in all cases where such can be done.

In cases where the uterus is not large and is moveable as in cancerous affections in their first stages, provided that the uterus can be brought down close to the vulva by the aid of strong vulsellum forceps. The simplest and most convenient was to my mind of

removing the organ is to detach it through the vagina at the utero vaginal junction and then finish the operation by an abdominal section. The uterus can then be brought easily out of the pelvis and well up in the wound. Then there is less danger of wounding the meters and greater ease in tying the arteries.

REPORT OF A CASE OF MYXŒDEMA.

By C. J. Fox, M. D., Pubnico.

Read before Maritime Medical Association at
Halifax, July, 1895.

I trust that no apology need be offered for bringing before you a report of a case of myxœdema since it is a disease, I think but rarely met with in this province; at least I have never seen a case reported, nor have I heard of any occurring; and for that reason the more easily overlooked as it is something we are not expecting to meet.

Besides its rarity it possesses a peculiar attraction in that, though it has no doubt occurred for ages it is only within very recent years that any account of it has been published.

As lately as 1886 in Pepper's System of Medicine, the atrophy of the thyroid gland, while it is mentioned among the accompaniments is not classed in a causative relation; and in that article the writer says: "recovery does not occur," and the treatment given is merely palliative. It was in 1889 that the first experiment was made of the treatment by transplantation of the gland with partial success. Since that time the principle has been developed until now we find that in order to bring about and keep up a condition of improvement it is sufficient to feed the patient with the gland or some preparation of it.

I will not go further into the literature of the subject as that is as easily within your reach as mine; but will