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## Original Communications.

### NOTES ON TWO CASES OF ABDOMINAL SECTION FOR UTERINE MYOMA.

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CASE I.—Oct. 26, 1882.—Mrs. G., aged 40. Married eight years. Never pregnant. Family history good. Has generally enjoyed fair health. Suffered from fissure of the anus and piles some years ago. Was cured by operation. Catamenia always regular, but for the last three years have been more profuse than usual, and accompanied with a good deal of pain in lumbar and hypogastric regions.

Was examined two years ago by Dr. Scott, of Woodstock, Ont., who thought an enlarged ovary had fallen down behind uterus. He introduced one of his pessaries, which she has since worn most of the time, with a good deal of relief both to backache and other discomfort.

While on her way to Yarmouth, N.S., where she now resides, she consulted me a year ago. I found a firm, hard tumor, of about the size and shape of a small orange, lying behind uterus, slightly to the right side. It was freely movable, but seemed attached to uterus. Latter organ was somewhat enlarged, and could be readily felt above pubes. I diagnosed a pedunculated fibroid of uterus, and advised her to continue the use of the pessary, unless it became too troublesome to endure the pain and inconvenience of the disease. In such a case, I told her, it might be removed by an operation.

In July last she went over from Yarmouth to Boston to obtain the advice of Dr. John Homans. He agreed that the tumor was a fibroid of uterus, and she was treated by some modified form of pessary, for a week or two, in hospital there, being advised to return for operation if she did not progress favorably. After arriving home, she soon resorted to the use of Dr. Scott's instrument again, as it seemed to afford more relief than the one with which she was supplied in Boston. As her symptoms, however, continued to grow worse, notwithstanding the constant wearing of the pessary, she decided to be operated upon, and has come to Fredericton for that purpose.

Patient is fairly nourished, and strength and appetite moderately good.

Oct. 27, 12m.—Bowels having been moved last evening and this morning by enemata, chloroform was given, assistance being rendered by Dr. G. H. Coburn. Median incision made four inches long, between umbilicus and pubes. On opening peritoneum, a loop of small intestine and a piece of omentum protruded. These were pushed back, and hand passed into posterior pelvis. Here tumor was found and withdrawn through abdominal wound. Two steel pins now introduced at right angles to each other, through base of neck of tumor, close to uterus, and beneath them a medium-sized rubber drainage tube was wound around two or three times and tied. Tumor cut away by a wedge-shaped incision, so as to leave two raw surfaces to be united face to face, which union was effected with catgut sutures passed