

found the tumor, which three years before reached to the ribs, was now as small as a cocoanut and quite fluid. Removal of the tumor was now advised, but refused by the patient, and the tappings went on till, at the 40th operation, about 250 gallons had been removed. After this no more fluid was secreted, and the patient gradually gained strength.

In 1877 Dr. K. again saw the case, when the tumor was once more as large as when he first saw the case, five years before. From this time the tumor grew till it was judged to be over 200 lbs weight, in 1878. Knowing the loose cellular structure of these œdematous fibroids Keith now proposed to break up this structure so as to form at least one large cavity in which the serum would collect, and from which it might be removed by aspiration. Carefully selecting a spot where the many and large veins could best be avoided an opening was made into the capsule, and the upper half of the tumor was broken up with a trochar and the incision closed. Some feverishness followed the operation. In two weeks' time the fluid had so accumulated that it was drawn off. The puncture was made low down and some distance from the incision; about seven lbs. clear serum was removed. The operation was repeated again in ten days; shortly after this feverishness set in, the temperature ran up to 105° and pulse was rapid. For the following seven months the mean temperature was 103°. Every twelve or fourteen days seven litres of stinking pus was removed, always with relief. After one of these punctures collapse followed, and Dr. Keith saw patient again, in April, '79, when he found the tumor an irregular flattened solid mass, about the size of two adult heads. The huge capsule was felt in the flaccid abdomen, like the thick walls of a large ovarian cyst after tapping.

Dr. K. now made an incision twelve or fourteen inches long through the capsule and split open the tumor as far as the pubis, opening a large cavity filled with putrid pus and broken-down tissue, and a blood clot of recent formation, the result of an accident at a tapping. The clot was as large as a head.

The abdominal wall and the capsule were matted together and as soon as the bleeding was controlled by forceps the walls of cyst and abdomen were brought together with sutures put in by a double needle, about one inch from the edge of wound. This effectually controlled the hemorrhage. After cleaning out the cavity it was dried, then washed with zinc chloride and again dried. The wound was left open and a dressing of oakum applied.

This operation was followed by a reduction of temperature and a slow but steady restoration of health, so that on the anniversary of the day she was able to go round with help of a stick.

In May, 1881, the patient was again poorly. It was found that the solid part of the tumor was enlarging the incision by steady pressure upon the opening. There was some irritative fever, and a quantity of pus was found in the old capsule behind the solid part. An incision to one side, through the uterine tissue, was made and about a pint of healthy pus removed. Free bleeding occurred, which had to be arrested by ligatures.

After a few weeks death ensued, the event being hastened by an injudicious diet of beef-steak and porter.

This case of Dr. Keith's is a very interesting one and has for us a plain word of admonition—viz., in any similar case to insist upon hysterectomy as the only proper thing to be done.

*The treatment of the pedicle in hysterectomy.*—Dr. Keith favors the intraperitoneal method where practicable. Dr. K.'s great and marvelous success in this operation makes his opinion very valuable to those who are undecided as to the best method to pursue in making this most serious operation.

The great trouble connected with the clamp is the difficulty to keep the stump thoroughly disinfected.

1402 St. Catherine St.

## *Progress of Science.*

### A CLINICAL LECTURE IN GYNÆCOLOGY,

Delivered at the College of Physicians and Surgeons,  
New York,

By T. GAILLARD THOMAS, M.D.,

CLINICAL PROFESSOR OF DISEASES OF WOMEN.

#### *The Causes and Treatment of Abortion.—PERSISTENT STERILITY.*

CASE I.—GENTLEMEN: The first patient this afternoon is Mrs. E. C., twenty-two years of age, and a native of the United States. She has been married three years, and has had no children, but has had three miscarriages.

I ask her how long she has been sick, and she replies that she has never been sick; and, as you look at her, you will believe her statement, for she has a strong and healthy appearance. So I ask her next why she has come here to see us, and she answers, because she is anxious to bear children; and, though she has been pregnant three times, she has had a miscarriage every time. She passed