

these statements, and one fact alone would justify my attitude. It is this, that in all the cases that I have operated upon, and in many where I have seen *post mortem* examination and have known the history, the patients have made no complaints till the alarming symptoms of rupture have set in. I have only seen one case before the period of rupture, and then I diagnosed tubal occlusion and distension easily enough, but the question of the woman being pregnant never entered the mind of any one who saw her. Unless some exceptional incident occurs, or unless the patient is a good deal more anxious about the state of her pelvis, and a good deal less reluctant to have it examined into than English women are, as a rule, no diagnosis is possible before the period of rupture, for the patients make no demands upon us."

Mr. Tait said further—"The diagnosis may be made before rupture by some men. I have never but once had the opportunity of making it, and of that case I have just read you the account."

A UNIQUE CASE.

REPORTED BY J. F. W. ROSS, M.D.

MIDLAND BRANCH OF BRITISH MEDICAL ASS'N.

February 14th, 1889.

MR. LAWSON TAIT showed specimens from a case of exceptional interest. The operation was one of the most, if not the most, difficult he had done. The patient presented herself some time ago with a note from her physician. The diagnosis was that of uterine myoma. As it was not inconveniencing her much, he decided to leave her alone. She was near the climacteric age. He heard nothing more of her until a few days ago, when he received a note from her physician asking him to see her. He found her very ill. Her temperature, her attendant said, was high. Her pulse was rapid. On examination he found two masses, one on each side of and behind the uterus, filling the pelvis. These had not been present when he saw her before. He determined to operate without delay, and had her removed to his private hospital. On opening the abdomen, what looked like a five-months pregnant uterus presented. On passing his fingers behind it he came on a peculiar feeling

mass, evidently containing fluid. It was evacuated, drawn up, separated from adhesions, and proved to be a large suppurating tube. During this manipulation a mass on the other side was accidentally ruptured, and the peritoneum filled with stinking pus. He isolated this tube and removed it. Hemorrhage was very severe. He then felt in the pelvis another mass. On drawing it up it proved to be a cystic mass, and after its removal was found to be a dermoid containing hair and sebaceous matter. He then performed hysterectomy for the removal of the myoma. The solid perchloride was used to stop the hemorrhage. Then solution of iron was used, and at last the hemorrhage ceased. Operation took three-quarters of an hour. The dermoid was about the size of two medium-sized oranges. The myoma weighed about one or two pounds, and was situated in the fundus. The patient was doing well so far. The operation having been done on the eighth, this was the sixth day. The myoma was suppurating, and perhaps this originated the acute purulent inflammation of the tubes. The condition of the tubes must have developed rapidly, as they were not to be felt when he first saw the case.

Hospital Reports.

TORONTO GENERAL HOSPITAL.

[Two cases under the care of Dr. I. H. Cameron.]

CASE 1—URINARY FISTULA—REPORTED BY MR. A. R. GORDON.

W. X. (*æt.* 20), waiter, admitted January 26th, 1889.

About two years previously the patient had what he supposed to be an attack of Gonorrhœa, but there was no discharge nor did he use any injections. He remained in bed, however, for a few days. His chief symptom was a burning or scalding pain felt at the end of the penis, and each act of micturition was preceded by a small clot of blood. These symptoms persisted more or less constantly till Nov., 1888, due, as it was supposed, to a phimosis, for which he was circumcised by his physician. After the operation the symptoms remained.