

patient in knee-chest position, with Sims's speculum it was found that the cervix around external os and lower portion of cervical canal was diseased. The fungous growth was red and granular. The surrounding cervix was smooth, swollen and slightly indurated.

Diagnosis.—Epithelioma of the cervix commencing at external os. Diagnosis confirmed, at a later date, by Dr. E. R. Peaslee.

Treatment.—Patient placed in knee-elbow position. Applied strong solution of perchloride of iron and muriatic acid (℞. Liq. ferri perchl. ʒij; acid muriat. ʒj, M.), by means of a glass rod, to the affected parts. Five minutes afterward the whole of the diseased tissue was scraped away with a Sims's curette, and a fresh application made of the same medicament, to the slightly infiltrated base. Opium was given *pro re nata*; compound tincture of cinchona and the muriated tincture of iron were ordered, and arrangements made for improved diet, including an abundance of milk. Ordered injection of warm water with alum and carbolic acid once a day.

February 5th.—Has suffered great pain. To continue same remedies. No application made today.

9th.—Quite comfortable; much less pain; no hæmorrhage for several days. Iron and acid again applied to diseased surface; and all fungous growth removed with curette, as before.

March 10th.—Disease has made no progress since last treatment; size of cervix much diminished; ulcerated surface diminished one-half. Again applied iron and acid. Continued tonics; opium *pro re nata*.

April 10th.—General improvement of patient and disease. Iron and acid has been applied every two weeks. Has had no hæmorrhage excepting at menstrual epoch, when it is still profuse.

June 8th.—Patient in better condition. Some erosion still existing about external os. No pain in or about pelvic organs. Same treatment to be continued.—*N. Y. Medical Journal.*

REMOVAL OF A LARGE FIBROID UTERUS WITH BOTH OVARIES.—Mr. Krowsley Thornton relates a case in which recovery took place after removal by gastrotomy of a large fibroid uterus with outgrowths, and both ovaries. The patient was 33 years old, married, but had never been pregnant. The tumor had been first noticed nearly three years before. The operation was performed on January 10th. In opening the peritoneum a coil of intestine was wounded by the point of the knife, but the wound was at once closed by a continuous suture of fine silk. The pelvic portion of the tumor could not be dislodged, until the mass of the tumor was drawn out of the incision and used as a lever, by being pressed over the left iliac crest. This mass was then transfixed and ligated

with two strong strings, and it was then cut off. Room was thus gained to get at the broad ligaments, which were transfixed and tied with double ligatures. The ovaries were then cut away. Finally the cervix was transfixed and tied, and the mass above it cut away. All the ligatures were cut short, and the abdomen was closed. The operation occupied rather more than an hour and a half. The ice-water cap was used on two occasions in the after-treatment, the temperature having risen to about 101°. On the ninth day some red, offensive serum came away per vaginam, and this discharge continued till the eighteenth day. It then ceased, and at the same time pain was complained of in the right iliac region, and the pulse rose to 124. On examination by speculum a small slough was found plugging up the external os, and on pulling it away a quantity of fetid pus escaped. Convalescence then progressed favourably, and on the thirty-seventh day the patient was able to go out.

Mr. Thornton believes that this is the first successful case of removal of the uterus and ovaries, in which all the pedicles were tied with silk and left free in the peritoneum. He prefers this to the extra-peritoneal method, thinking that it is attended by less danger of septicæmia or of hæmorrhage, experience having shown that danger of hæmorrhage when the clamp or wire separates is by no means small.—*Obstetrical Journal*, June, 1877.—*Med. Record.*

REMOVAL OF LYMPHATIC GLANDS FROM A CHILD. Dr. A. C. Post (N. Y. Path. Society), presented a mass of lymphatic glands, weighing about two pounds, which he removed from a child four years of age. The first evidences of enlargement were noticed about a year previous, and at first they increased slowly; latterly, however, they grew very rapidly, and began to impede the respiration. At the time of operation the mass extended from the lower jaw to the clavicle, and inward toward the median line. The operation was tedious, extending over a period of two hours, during which time the patient was under the influence of ether. A suggestion of the late Dr. Alexander H. Stevens was found to be of marked benefit in avoiding hæmorrhage. It was to cut directly down on the mass, and then enucleate as far as possible, using the knife merely to cut bands of connective tissue. In this way, although the enlarged glands skirted along the dilated vessels, no dangerous hæmorrhage followed. It was feared that the prolonged anaesthesia might possibly prove fatal, and the mother of the child was forewarned. Fortunately, however, both the pulse and respiration continued good. On the morning following the operation the child was able to sit up in bed.

In answer to a question, Dr. Post said the suggestion of Dr. Stevens applied only to benign tumors.