

gical probe ; this entered four inches, causing free bleeding. The diagnosis then made was intra-uterine malignant growth. A month later patient returned for treatment. She was put to bed. The os was incised bilaterally, as no laminaria tent fine enough for introduction could be got. Successive tents were then introduced, until the finger could be inserted within the uterine cavity. A soft, easily broken down growth was at once detected. The sharp curette was used freely, and a large quantity of brain-like substance removed. Hemorrhage was free, but soon arrested by Churchill's solution of iodine and plugging. The result was undoubted, but temporary relief. After the pain and slight fever following the operation had subsided, symptoms returned, and in about two months later, after labor-like pains for a few days, a portion of the recurrent growth was found projecting through the now dilated orifice. The curette being again used, a much larger quantity of the same substance than at the first operation was removed. Decided, but temporary, relief again followed. After this she lived four months, suffering much from pain, fetid, but not bloody, discharge, diarrhoea, rigors, high fever and perspiration. Death took place from exhaustion. At the autopsy, made by Dr. Osler, the uterus is described as being enlarged eight times its normal size : it fluctuates, and is soft. Examined from the vaginal os, it presents a ragged, sloughy-looking mass projecting from the upper and left side. On section, the entire inner surface is involved in an extensive sarcomatous growth which has sloughed on the surface, and presents dark shreddy, soft disintegrating portions. The margin of the os is free, with the exception of one spot, at which the portion already noted projects. In places the growth is an inch thick. At one spot of the posterior wall the growth has perforated. Ovaries and broad ligaments unaffected. A secondary deposit was found on one pleura. During life, an elevated spot the size of a ten-cent piece existed on the anterior vaginal wall ; this had the same histological character as the growth in the uterus. Microscopic sections of the substance removed from the uterus during life showed the structure to be numerous small, round cells, with very scanty stroma.

DR. GARDNER said that in some quarters the treatment adopted might be considered as open to criticism. The most favorable cases for extirpation of the uterus were those of sarcoma. Freund's operation by abdominal section he considered ab-

olutely unjustifiable. If the uterus is ever to be extirpated, it should be done by the vagina, after Schroder's method. The great size of the uterus, and the narrow vagina, rendered the case unfavorable even for this method. He quite agreed with Dr. Reeves Jackson of Chicago in the views he put forth at the meeting in September of the American Gynecological Society in Philadelphia. Dr. Jackson believed that extirpation of the uterus, instead of saving life, had destroyed many years of life.

DR. TRENHOLME remarked that if ever we were warranted in extirpation of the uterus, this was such a case. The uterus, though large, was free, and could readily have been brought down and removed. However, the fact of Dr. Osler finding secondary cancer deposits in the lungs shows that perhaps it was as well not to have attempted it. The smallness of the vagina, in his (Dr. T.'s) opinion, did not preclude the operation, if otherwise desirable. In cases of midwifery, cases are now and again reported where the whole vagina had been torn up to Douglass's fossa, and yet patients made good recoveries. Where necessary, we could divide the vagina and complete the operation.

DR. OSLER exhibited a heart showing *ulcerative endocarditis*, and remarked that we have had exhibited at our Society the two kinds—one, quickly fatal, with typhoid symptoms ; the other more chronic. The case was diagnosed ulcerative endocarditis by Dr. Wilkins. The patient had also acute pneumonia. The heart shewed old sclerotic valves with deposit of lime salts. One of the chordæ tendineæ was ulcerated across. The cavities were dilated, and the left side hypertrophied. The spleen was also enlarged, and had numerous infarcts through it.

*Case of Puerperal Eclampsia.*—DR. A. L. SMITH read a paper on this case. He saw his patient about the seventh month, who complained of pains in her head, back and lower part of abdomen ; said she felt silly, and saw things upside down. Micturition painful and frequent, but urine scanty in amount, high colored, and loaded with albumen. Feet and eyelids swollen. A few hours later, was sent for, as she had taken a fit. Used a mixture of alcohol, chloroform and ether as an anæsthetic ; this arrested the clonic spasms, but unconsciousness remained, broken only by recurring seizures till evening, when a consultation with a senior *confrère* was sought, and twenty leeches