

November 26th—Complained of a feeling of tingling in feet and hands, and sensation of numbness. He soon noticed a decrease of sensation in all the limbs, and a loss of power of locomotion. These symptoms increased until November 29th, when he could no longer walk, and was brought to the Hospital, November 30th.

At this time he could not walk at all, and with the greatest difficulty moved himself about in bed; very weak grip in the hands, especially the left one; sensation much impaired, and rather more so on left side. This loss of sensation was found to extend from the fingers and toes up to middle of the arms and thighs respectively. Over this same area he complains of the feeling of tingling and numbness. Slight pain and tenderness in the back, over lumbar region; pulse and respiration slightly quickened; examination of internal organs gave negative results.

Diagnosis—Spinal congestion; prognosis favourable.

Treatment—Ext. Fl. Ergotæ, 3 i every six hours.

December 2nd—Sensation of limbs and grip of hands noticeably improved.

December 6th—Complains of pains from lower part of neck extending down the arms, and from lumbar region extending down the thighs.

December 10th—Pot. brom. added to ergot.

December 18th—Has been gradually improving, and to-day walked without any support a distance of ten or twelve feet and back again. Sensation almost normal.

Jan. 4th—Patient sufficiently improved to walk about the ward, and sit up in chair for a short time.

Jan. 29th.—Has been steadily improving. Treatment changed to a tonic of Citrate of Iron and Quinine and Tr. Calumba.

February 5th—Patient left the Hospital cured.

## OVARIOTOMY.

L. M'FARLANE, M.B.

(Surgeon to the Toronto General Hospital.)

Miss B., aged 25, sewing girl, noticed an enlargement of the abdomen some time in February, 1882. Having previously suffered from slight pains in the region of the left ovary, although not so severe as to prevent her from continuing her work. During the months of June and July the tumour grew very rapidly, and about the beginning of August she consulted Dr. McCollum, who pronounced it an ovarian tumour, and asked me to see the case with him. I did so, and after a careful examination concurred in his opinion as to its nature and the advisability of an operation. As she had for a few weeks suffered from distress in breathing and loss of sleep, we decided to tap and give her an opportunity to recruit her health before operating. The tapping diminished the size of the tumour to a slight extent and confirmed our diagnoses as to its multilocular character.

On the 5th of September, I was, through the kindness of my friend Dr. McCollum, permitted to operate, being ably assisted by himself and Drs. Strange and Nevitt. An incision was made in the median line of the abdomen, extending from the pubes to the umbilicus, and after the tumour was tapped and its fluid contents removed, I found the opening in the abdomen was not sufficiently large to allow its withdrawal. I therefore extended the incision to the left of the umbilicus to near the ensiform cartilage. The tumour was firmly adherent to the abdominal wall around and to the right of the umbilicus, also to the fundus of the uterus. These being broken down it was removed and the pedicle secured by a double ligature. A further examination revealed the fact that the right ovary was undergoing cystic degeneration, and consequently it was ligatured and removed. The ligatures from both being brought out through the lower part of the opening in the abdominal wall, thus serving as a drainage tube.