

tion, in the Autumn of 1873. A sanguineous discharge made its appearance every two or three weeks for a time, and then continued to increase in frequency, until the Fall of 1874, when hemorrhage came on every few days, and in spite of the usual treatment with tonics, stimulants, and astringents, accompanied by elevation of the hips, &c., the patient rapidly became worse. Fearing the existence of some exciting cause of the hemorrhage, I thoroughly explored the vagina with a bladed speculum, but made no discovery whatever, except that the parts exposed to view were healthy, and that there was no dilatation of the os uteri. I then resorted to the use of ergot, giving 8 drops of the fluid extract every 4 hours, during that day and night, hoping that the hemorrhage might thereby be arrested. Disappointment meeting me at every turn, I asked for a consultation. Dr. Morden arrived early in the morning. After making a digital examination *per vaginam*, he requested me to do the same. I did so and found the os largely dilated and some body having the feel and consistency of a tumor presenting. After a few moments' consultation we decided that the case was one of intra uterine fibroid tumor. We at once proceeded to pass a ligature about the tumor, but our most persistent efforts failed on account of the rigidity of the os, the powerful contractions of the uterus when manipulating, and the shape and attachment of the tumor itself—the neck being very large and attached to the fundus. Dr. Morden prescribed cannabis indica, which arrested the flow and caused the tumor to recede slightly. Matters remained in about the same condition until March of the present year, when hemorrhage came on again in a more violent form than ever before—completely blanching the patient. The tumor increased in dimensions very rapidly until June 13th, when Dr. Evans of Kingston, Dr. Morden and myself, met in consultation and adopted a line of treatment, consisting of tonics, and the application to the protruding portion of the tumor of a tampon, saturated with a solution of perchloride of iron—the tampon being introduced through a glass speculum. Our object was to arrest hemorrhage and produce atrophy. This treatment was faithfully carried out until the 23rd, when the flowing returned to an alarming extent. On my arrival at the house of the patient, I immediately prepared a solution of the perchloride of iron, and by the use of a female

catheter succeeded in injecting a portion between the tumor and the walls of the uterus. This arrested the flow at once; I then returned to the tampon and pursued the line of treatment already described, until the 28th, when the patient and her family became completely discouraged and gave up all treatment. Apparently in despair she asked me why we could not give the medicine which we used at first, "or that which forced the tumor so;" I replied that I would give it provided she and the family would assume the responsibility. They at once consented and I put her upon 20 minim doses of the fluid extract of ergot every four hours.

July 1st. But slight pain yet; tumor coming down; lips of the os very rigid; vomiting every hour.

July 2nd. Not much pain till afternoon; vomiting continues. Steady bearing down; not satisfied with dose, asked for more medicine. Treatment to be continued.

July 3rd. Made infusion of pulv. ergotæ \mathfrak{z} iii, hot water \mathfrak{z} iv, and administered a tablespoonful every hour, gradually increasing it to two tablespoonfuls. I then made an examination of the tumor and discovered that it was becoming dark in appearance.

July 4th. Vomiting, pain and bearing down all day.

July 5th. Pain and bearing down continues, os becoming soft and dilating.

July 6th. Tumor becoming fetid at anterior surface.

July 7th. Symptoms of peritonitis all day. Gave one grain of pulv. opii every 4 hours, and applied hot fomentations to the abdomen. Removed a portion of the anterior surface of the tumor with the thumb and finger and broke down the attachment above the posterior lip. I then passed my hand to the body and fundus where I found it adherent to the extent of about 3 inches to the posterior wall, but was afraid to separate the adhesion.

July 8th. Having prepared a solution of perchloride of iron and some brandy and ammonia, I placed the patient upon the table and introduced my hand into the vagina, and passing it up to the attachment of the tumor, proceeded to break down the adhesion with the finger. Finding a firm ropy adhesion, I seized it with the thumb and finger in search of an artery. Finding none I