present; miliary tubercle also being deposited along the blood vessels of the longitudinal and other principal fissures of the brain, also along the choroid plexus and in the smaller vessels of the dura-mater. No original focus for the dissemination of tubercle was found; no enlarged or caseating glands present.

CASE 2.—Fibro-Cystic Tumor of the Uterus, Hysterectomy—Recovery.

A.B., aged 34, unmarried, was admitted to the Winnipeg General Hospital June 16, 1890, under Dr. Good, complaining of a swelling of the abdomen and weakness.

The previous health has always been good, and menstruation regular until about ten months ago, when she first noticed a lump in the abdomen, in front. Soon she began to suffer from frequent and irregular menstruation. Also menorrhagia at times. These symptoms gradually increased in severity, and the patient became very anæmic and lost flesh, but still was able to continue with her work.

Her attending physician was called in about five months ago, who considered his patient to be suffering from a uterine fibroma.

She was given a tonic and put on fl. ext. ergot, ℥i doses t.i.d.

The tumor at that time reached to within an inch of the umbilicus. Soon after that her menses ceased, but the tumor continued to grow gradually, and at present is about the size of a uterus at the seventh month of gestation, reaching about two inches above the umbilicus.

The tumor is hard and even on its surface, except for an irregular nodule at its upper and left side, no fluctuation was made out; on auscultation no bruit or foetal heart was heard. The cervix is softened and congested; the external os somewhat patulous. The cavity of the uterus measures nearly six inches.

Recently she has suffered from pressure symptoms on the rectum and bladder, but no pain. The menorrhagia began again about four weeks ago and has lasted more or less since.

June 17th. The patient was prepared and ether being given, Dr. Good proceeded to operate. An incision about four inches long was made in the linea alba over the centre of the tumor. The surface of the tumor being exposed an aspirating needle was introduced, but no fluid could be withdrawn.

The tumor was found to be united to the parieties and adjacent organs all around by firm adhesions, consequently it was found necessary to enlarge the original incision upwards and downwards, making it about seven inches long.

These adhesions were ligatured in parts and broken up, and the tumor reflected downwards out of the abdominal cavity. Both ovaries and fallopian tubes were found embedded in dense adhesions and a good deal of difficulty was experienced in ligaturing them. They were removed and a wire fixed around the stump of the tumor (the cervex uteri), and tightened. The stump was transfixed below the ligature by two steel supports, the ends of which were brought to rest on the abdominal parieties and then cut across above the ligature.

The abdominal cavity was washed out with a weak solution of boracic acid and the incision sutured tightly around the stump completely excluding it from the abdominal cavity, a drainage tube being inserted adjacent to the stump above.

The operation lasted two hours, after which antiseptic dressings were applied and the patient removed to a warm bed. Althongh the shock was severe the patient soon recovered, and looked very encouraging.

Champagne and small pieces of ice only were given for the first twenty-four hours. The wound was dressed thirty hours after the operation and was found to be looking well. There was comparatively no discharge. The drainage tube was removed and another suture tightened in its place.

The patient made an uninterrupted recovery except for an attack of diarrhoea on the 26th inst, when she became very restlesss and exhausted, and the temperature rose to 102°F., but fell to normal again in a few hours. She was allowed upon the 16th July, and discharged on the 24th