

uterus was very small, just room for my hand to turn round in ; walls very hard and thick ; between my hands I could feel three large, and several small lumps, one on the left side as large as an adult head, the other on the right side, and at the base of the womb, about the size of a child's head at birth, the others smaller. The entire walls of the uterus were excessively hypertrophied, and after birth of child and removal of placenta I could see no appreciable diminution in the size of the abdomen, bandaged, gave mild stimulants and watched with her until seven o'clock, and left mother and child wonderfully well. She made a very good recovery, and in one month was able to move around her house freely.

Friday, 20th March, 1884. Just nine months since her confinement, Mrs. McD. presents the appearance of good health, is strong, able to do house-work, has only an occasional pain and that trifling, and on palpating over the abdomen hardly the slightest trace can be felt—just above the brim of the pelvis—of those terribly painful and rapid growing tumors which eighteen months ago seemed so unlikely of such a cure. Mrs. McD. still nurses her child and has abundance of milk; child is very healthy, weighs fourteen pounds. She still takes the saline and ferruginous mixture which I put her on nearly two years ago.

This has been a deeply interesting case to me, and in hopes that it may not be void of interest to the profession at large, I submit it through the "LANCET," to my medical brethren for the consideration of what I believe are the chief features of importance in it, viz. :—

- I. The rapid growth and intense pain of these fibroid tumors—growth being generally very slow.
- II. The effect of free dilatation of the cervix uteri in the case of sterility at the age of forty-two years, followed immediately after by conception.
- III. The tenacity with which the uterus retained the child during the full term of utero-gestation, while its walls were the seat of such large abdominal growths, and the cavity of the womb so much impinged upon.
- IV. The gratifying result here seen of pregnancy on the diseased tissues of the uterine walls—1st, by arrest of development during utero-gestation, and 2nd, the nearly total absorption of the hypertrophy in the uterus taking place nine month's after child-birth.

TWO CASES OF LAPAROTOMY BY DR. T. GAILLARD THOMAS.

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CASE I.—Miss Sarah W., æt. 32, menstruation irregular, duration seven days, scanty, very painful, especially before the flow, and a constant sufferer from pain in the back and legs, and headaches.

Diagnosis.—Anteflexion—prolapsed ovaries.

Treatment.—An incision was made in the median line down to the peritoneum, which was carefully opened with scissors; the ovaries were readily found and ligatures of carbolized silk were tightly applied. The ovaries were then removed, the cavity carefully sponged out and the wound closed by interrupted wire sutures embracing the peritoneum. The operation was completed in thirteen minutes. The ovaries were found in the condition known as apoplectic or enlarged by blood cysts.

Remarks by Prof. Thomas.—Great care should be used in applying the ligatures; unless properly done hemorrhage will follow and prove fatal. When searching for the peritoneum, (which in this case was hard to find), if great care is not exercised in opening it the intestine is likely to be wounded, and would prove a terrible calamity to the patient.

CASE II.—Mrs Kattarina A., aged 37, married 15 years, no children nor miscarriages, menstruation regular, amount normal—pain before and during flow, constant pain in the abdomen, back and head. Tumors of two years' growth commencing in the left side, causing vesical irritation and pressure on rectum.

Diagnosis.—Uterine fibroid.

Treatment.—Removal of ovaries—operation same as before, the Prof. explaining the method of applying and knotting the ligature to avoid hemorrhage. The carbolized silk will be absorbed and cause no trouble. When the fibroid came in view Dr. T. remarked that its removal would be a very serious affair and wholly unnecessary, as it would soon atrophy after the cessation of menstruation following the removal of the ovaries. The operation was completed in 11 minutes.

Dr. Thomas is the well-known Prof. of Gynecology in the Coll. Phys. and Surgs., N. Y., and admission to his hospital operations is by sections of