

to view, ligated separately, divided with the scissors, and removed. The wound was closed by three deep carbolized hempen ligatures, and four superficial horse-hair sutures. The patient came out from the anesthetic in good condition. There was no vomiting. There was considerable pain up to 4 p.m., after which she was quiet till 7 p.m., when she slept for half an hour.

January 14th.—Passed a good night; slept most of the time, and at 5 a.m. passed 8 oz. urine.

During the day was troubled with pyrosis and a severe neuralgic pain down the left leg. There is also some escape of blood from the uterus. Removed the bandages and dressing. Found the wound united by first intention.

January 15th.—Passed a good night. Slept well. Flow continues freely. Every symptom favorable. During afternoon was troubled with wind in the bowels, although there was very little distention of the abdomen. Gave an enemata, which brought away some flatus, but no feces. Passes urine freely.

January 16th.—Doing well. Flatus passed freely. Removed all the deep sutures. Sponged abdomen with warm water and changed all the bed linen. No trouble in bladder.

January 17th.—Patient feels very easy and well. Flatus escapes freely. Slight watery flow continues from uterus. Enjoyed some oyster soup.

January 18th.—All is well. Bowels moved this evening.

January 20th.—This is the eighth day since operation. Is a little feverish on account of catching cold during the night by kicking off the clothes while asleep. Ordered cincho-quina, which gave much relief.

January 23rd.—Somewhat restless last night from severe neuralgic pains in left groin and down sciatic nerve. All else doing well.

January 25th.—Moved from the bed to the sofa. Allowed to rise up for a short time.

January 26th.—Neuralgic pains troubled a good deal last night. There is a slight muco-sanguine flow from the uterus. Took a short drive in the sleigh which she enjoyed much.

From this date gained in strength, and was so well that she returned home on the second of February.

History since the removal of the ovaries:—

On 20th February, the patient writes: "I began to realize some fulness in the womb. I had no pains. On 22nd, in the evening, I felt a flush to my head; next morning, while at breakfast, felt a discharge without pains. It was blood, coagulated and soft,

quantity about half a tumbler full." For three days following there was a slight discharge, accompanied by slight fever and pains in left groin and leg. These pains continued to trouble up to 2nd March, when she expelled a coagula of blood, after which, the bleeding ceased. Bleeding occurred again the following day, but was checked at once by cold water injections *per vaginam* and ice externally over the womb.

March 20th.—The menses appeared again to-day at their usual time, and continued to 24th, when they ceased. During the flow there was no pain, but the loss of blood made the patient very weak.

April 16th.—Slight pains and sensation of congestion of the uterus, followed by passage of small coagulæ and hemorrhage. This latter was promptly checked by the use of Savage's solution of iodine, alternately with solution of alum.

April 19th.—About a teaspoonful of blood again appeared, but the flow was finally stopped by the injections already mentioned. Since the last flow the patient has improved in health and flesh.

May 26th.—After waiting for six days, and no hemorrhage occurring, the patient took several miles of a walk, up and down some very steep hills, without bringing on any flow or causing any pain.

During the past few weeks she is gaining in flesh and strength, and writes very confidently of having obtained a perfect recovery, which now, at last, seems well assured.

REMARKS.

Any method of treating, successfully, interstitial or sub-peritoneal fibroids, short of excision of the uterus, is worthy of our best consideration.

The hope of being able to induce absorption of these growths has led to the employment of various remedial agents, but hitherto, unfortunately, with but little success.

The hypodermic injection of ergot has of late been much employed. From the action of this drug we can expect benefit only when these growths are situated under the mucous membrane. At best it is unreliable, and cannot be much trusted in even this last named variety of tumor. Time is an important factor in giving a prognosis in serious cases. When the patient is near her climateric, and the tumor troublesome only at the monthly molimen, we know, from experience, after that period has been safely passed, there is frequently no further serious inconvenience. The case is much more hopeful when the tumor is not cystic, but of the simple fibroid character.