

after the lessons taught will not be lost on myself or others.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, January 24, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present:—Drs. Birkett, Trenholme, Schmidt, Rattan, Foley, Jas. Stewart, Allan, Jack, W. Gardner, K. Cameron, Alex. Gardner, Reed, McGannon, F. W. Campbell, Springle, and Laphorn Smith.

After balloting for, and election of, Dr. Shanks as a member, the following pathological specimens were exhibited:

1st. Dr. W. Gardner showed a sub-mucous myoma of the uterus which he had removed on the 19th September last. The patient had been treated for years by all the palliative methods, and at last went under a three month's course of Apostoli's treatment, without stopping the bleeding. The speaker decided to remove the appendages, but on opening the abdomen he found that this was impossible, so he removed the uterus with them.

2nd. A case of soft myoma containing lymph spaces, which had given such a soft and elastic sensation to the touch that the diagnosis was very doubtful. The operation was done four weeks ago, and on opening the abdomen it was found to be a fibro-cystic tumor of the uterus, at least judging from the grown appearance.

While the first patient was under electrical treatment she had an attack of severe pain and rise of temperature, which had given him far more anxiety than did the operation for removal. The second case had not been treated by electricity, but the recovery from the operation was complicated with phthisis, which had alarmed him somewhat, although now she was practically better. In neither case were there any adhesions. In both cases he had used Tait's pins and Koeberle's *serre-neud*.

Dr. Laphorn Smith then exhibited a specimen of fibro-cystic tumor of the uterus, removed by Dr. Trenholme by abdominal hysterectomy. He gave the following history of the case:

FIBRO-CYSTIC TUMOR OF UTERUS: OPERATION—RECOVERY.

Miss X., aet 27, single, was sent to me on the 17th July, '89, by Dr. Bogart, of Millbrook, Ont.

Family history good.

Previous History—At school from 5 till 17 years old. Began to menstruate at 16. Always profuse, lasting 5 days, but never painful. Always constipated. Never had a day's sickness till 4 years ago, when she had what seemed to be an attack of inflammation of the womb, for which she was attended by Dr. Turner, of Millbrook. After recovery from this she first noticed a tumor at bottom of abdomen in front. At the same time menstruation became painful. Her health failing as the tumor enlarged, she consulted Dr. McAlpine, of Lindsay, who thought she had an ovarian tumor. Some time later she consulted Dr. W. L. Smith, of Toronto, who diagnosed a fibroid. Dr. Temple, of Toronto, was then consulted, who suspended judgment pending an exploratory incision.

Present Condition—Haggard and anxious-looking. Per vaginam a solid tumor was felt continuous with the uterus and filling pelvic brim. Abdominal palpation revealed slight fluctuation in a tumor extending to umbilicus and occupying middle of abdomen. I thought it was cystic, but was not sure whether of the ovary or uterus. Consultation with Dr. Perrigo, who thought it fibroid of uterus.

Treatment.—Seventy applications in three months of the continuous galvanic current positive pole in uterus; average strength, 100 m. Result, rapid and marked improvement of general health, and measurement round tumor diminished exactly four inches in two months, while upper margin of tumor came down two inches. During third month there was no decrease in size. She was about to leave for home quite satisfied with her improved condition, when a period came on, which lasted 14 days. Towards the end of the period she suffered a sharp pain in right inguinal region, with a temperature of 101. I decided to reconsider the diagnosis, and had a consultation with Dr. Trenholme, who thought it was a cyst, possibly ovarian. We agreed to operate, which was done on 23rd Oct.

Remarks by Dr. Laphorn Smith with regard to the difficulty of diagnosis.