

and atonic conditions were involved, who have not been placed with marked benefit upon the treatment herein reported. In the large majority of these cases the blood-losses were greatly diminished and a better condition of health and strength secured; in many the rapidity of the growth was obviously retarded, while in a few the diminution and final removal of the tumors seemed to be the happy result of the continued medication.

In condensed statement, I may say that the iodide of potassium in combination with tartrate of iron and potassa, and ergot in combination with quinine—these agents being persistently continued, constitute the *basis* of the medicinal treatment referred to.

At the present time, the following is the preparation used:

R. Ferri et potassæ tart., ℥vj.
Syrupi, ℥viii.

M.

R. Potass. iodidi, ℥vj.
Elixir. simplicis (vel aquæ), ℥viii.

M. S. Take one or two teaspoonfuls from each vial three times a day in half a glass of water, before or after meals.

In addition to the above, I seldom omit, whether the cases are marked by excessive hemorrhage or not, to place the patient upon the following combination:

R. Quiniæ sulph., ℥ij.
Ext. ergotæ solid, ℥iss.

Mix and divide in forty pills, cover with capsules.

S. Take one pill twice daily.

In the submucous variety of uterine fibroids—*intra-uterine polypi*—*metrorrhagia* is frequent and profuse, or it may be constant and in a milder flow, but the subjects are always anæmic, somewhat dropsical, with heart and lung perturbation under the least fatigue.

The indication in such cases, is not so much to check the growth, or to diminish the size of the tumor, as it is to check the hemorrhage, rehabilitate the blood and promote the expulsion of the fibroid from the uterus, that it may be removed by operation.

In this class of cases I therefore eliminate the iodide of potassium from the treatment, and place the patient on the following:

R. Ferri et potassæ tart., ℥iiij.
Extract ergotæ solid, ℥ij.
Quiniæ sulphat. ℥ij.

M. and divide in forty pills. Take one pill morning and noon, before eating.

Under the above treatment the tumor is expelled into the vagina in from two to six weeks, the *metrorrhagia* greatly diminished or arrested, the complexion and strength improved, while the patient is put in better condition for the oper-

ation, whether by ligature, *ecraseur* or excision. In these cases of course, the expulsive efforts of the uterus are principally promoted by the ergot, but to the quinine, besides its action as a general tonic. I attribute a material influence in giving steadiness and persistence to the uterine muscularity. Its effects also on the middle or muscular tunic—of unstriped fibre—of the arteries, is similar to that of ergot on the uterine muscle, constructed of the same kind of fibre. By this same physiological action, and its attribute of lessening the morbid supply of blood to the growth, I believe it to be valuable in checking the increase of the subperitoneal fibromata, as well as that of other tumors and infarctions within the pelvic cavity unconnected with the uterus.

The considerations heretofore presented have had in contemplation, women in the middle and later stages of menstrual life, who have been discovered to be the subject of uterine and other pelvic growths and suffering from the disturbing and exhausting result attendant upon their presence and advancement. This is the period at which most of these tumors come under the purview of the gynæcologist and general practitioner. It is the period of greatest activity of the growth, of the most frequent and abundant hemorrhage, and of the greatest exhaustion and danger to the woman. From this time to the completion of the menopause, all expedients are exhausted to check the hemorrhage, to sustain the vitality of the patient, and to prop her in her staggering journey towards the goal of her relief. This is the period, too—treatment having been neglected or failed to stay her downward progress—when abdominal section with the view to *oöphorectomy*, *extirpation* or *hysterectomy*, can not unwarrantably, be debated; but as I think, always only as a last and desperate resort.

It is in view, as I have said, of cases in this stage of menstrual life, that I have endeavored to formulate and systematize from the records of a somewhat extended experience, a persistent course of medication and management, that may serve to sustain and guide the woman through the bight and narrows of the most perilous strait in the progress of her disease. I will here distinctly state that the treatment is not instituted with the expectation of removing the enormous growths and uterine fibroids that distend the abdomen, but for rendering them less burdensome; not with the expectation of entirely arresting or preventing the hemorrhage, but rendering it less profuse and exhausting; not with the expectation of restoring health, but for rendering disease, dire and dreadful, more endurable. I do not remember ever to have known a simple or multiple fibroma of the uterus to directly cause the death of the subject, but in the low condition of *exsanguination* caused by the hemorrhage and irritation of