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UTERINE TUMORS.

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CASE I.—Mrs. S—æt 40, multipara, widow, last child 10 years of age. The patient was sent to me Sept. 29th, 1875, by Dr. White, of Hartland, N.B. She had been always strong and healthy till three or four years ago, when she began to have an increased flow at the meustrual periods, and at the same time noticed a hard lump somewhat to to the right of the lower abdomen. A year ago she suffered severe pain in the abdomen and back during two or three catamenial epochs accompanied with much flooding. Since then the quantity of blood lost has been gradually growing less, while there has been a constant watery and mucous discharge. For about two years micturition has been frequent, though the urine was natural-looking and the bowels had to be kept very loose in order to have any passage.

Present condition.—Fairly well nourished. P. 100 and rather feeble. She complained of an unusual amount of pain since her arrival in Fredericton, probably due to her journey in the cars. On examination a large, smooth, semi-elastic tumor was found completely filling the pelvis, its lower end being exposed to view on the separation of the labia. Its surface was found united in places with the vagina, but the adhesions could be readily separated with the finger. A firm hard mass was felt through the abdominal walls, occupying the hypogastric region and reaching fully up to the umbilicus. As the menses had ceased about a week before and the patient was anxious to have an operation at once I decided to accede to her wishes.

Sept. 30th. Operation.—Chloroform was administered; assisted by Dr. Coulthard. As it was impossible to get fairly at the neck of the tumor on account of want of room for the hand, I first sliced off perhaps one-fifth of the thickness of the tumor longitudinally. I then could feel its base apparently attached to the left anterior part of the cervix, and being about three or four inches in diameter. Then by means of traction with very large toothed forceps, and the use of a curved blunt bistoury set in a long handle, about two pounds of the mass were removed, leaving rather more of a stump than I could have wished. The patient however became considerably collapsed, though the loss of blood was not so very great, and I was obliged to desist from further efforts. About two hours were occupied in operating. The abdomen seemed to have flattened down completely during the operation, so that little or nothing could be felt there. The vagina was plugged with cotton wool, and ¾ gr. morphine administered as a suppository.

Oct. 1.—Rested fairly well; vomited a good good deal; passed water once; P. 112; some offensive discharge; cotton wool tampon removed. There has been very little hemorrhage. Vagina to be syringed with warm carbolized water every three or four hours, ʒ j. ad. Oj.

Oct. 2.—Vomiting continues troublesome. Not much pain. P. 108. Discharge very fetid. Injections to be continued frequently.

Oct. 3. Doing well. P. 100; discharge as before.

Oct. 4. Ate potato yesterday, and bowels are a little loose to-day. P. 108. Quinine mixture ordered, also careful dieting

Oct. 5.—Bowels better. P. 104. Three bits of sloughy tissue came away yesterday. Discharge still offensive.

Oct. 7.—Discharge less foul for last two days.

Oct. 11.—Discharge is lessening. P. 100. Patient sat up three hours to-day.

Oct. 18.—Discharge very slight. Patient sits up all day now, but looks rather pale and weak. Iron added to quinine.

Oct. 26.—Has been out of doors several times. Wishes to return home and may do so.

On examination I found the entrance to the cervical canal close to the right and posterior side of the upper vagina. The stump of the tumor filled up a good part of the latter and was adherent to