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**CASES IN PRACTICE.—TWO MONTHS' WORK IN
ABDOMINAL SURGERY.**

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CASE I.—Mrs. I., aged 43, mother of three children, youngest six years old, several miscarriages since. Suffered from pelvic pain, backache, severe hæmorrhagia, anæmia and nervousness. Examination showed lacerated perinium, enlarged and retroverted uterus, appendages normal. Patient was placed in the hospital, a tent inserted, and the following day an anæsthetic given. The cervix was sufficiently dilated to allow exploration of the uterus with the finger, the cavity was found filled by a fibroid growing from the fundus. Previous experience with intrauterine fibroids led me to select vaginal hysterectomy in preference to the risk of enucleation, the possibility of subsequent hæmorrhages and malignancy. The uterus with one appendage was easily removed by the clamp method. The patient suffered little or no shock, temperature did not exceed 100°, clamps removed in thirty-six hours. The patient felt so well that on the third day she wanted to go home. Convalescence ideal, left hospital in two weeks.

CASE II.—Mrs. R., aged 47. Mother of eleven children, youngest eight years old. Passed menopause two years ago. During last six months had slight discharge at irregular intervals, with pain in the right side, worse upon lying down, general health good. Examination showed lacerated and eroded cervix (the finger was smeared with blood after examining), right ligament thickened, uterus drawn slightly to that side. A guarded diagnosis was given and the patient advised to go to the hospital for a more thorough examination. Under ether the uterus was curetted and a piece of the cervical tissue submitted to microscopical examination by Dr. Hart, who reported malignancy. Radical measures were then decided upon, and after a few days' rest and preparation the uterus was removed as in previous case. After history