

recumbent position the greater part of the time. It may be as well not to inform the patient of the necessary future proceedings, or she may demur, and request her attendant to continue his medicines and injections, but if he values his professional reputation, he will not indulge in mere placebo treatment, or even too long in the use of the best palliatives, but as soon as his patient is in a fit condition, let the cervical canal and inner os be fully dilated with long and large laminaria. In some cases this procedure will require two days for its completion. I usually have the chloroform administered just before taking away the tents, and immediately on their withdrawa', hook long, slender vulsella or tenacula firmly into the lower part of the cervix, on either side, and carefully draw down the external os as near to the labia pudendi as possible. If this is done slowly and without jerking, it may be accomplished with safety, more especially if an assistant renders aid by moderate external pressure.

The finger may now be passed on the mucous surface as high as the fundus, thus measuring each bulging part, which should be incised and punctured with a long, slender, sharp-pointed knife, guarded, if necessary, with thin lint or rag. On withdrawing the knife, incise the inner os in two or three places, and divide the cervix on both sides. Allow the parts to bleed freely, if they will, provided the condition of the patient will bear it. As soon as the bleeding has sufficiently subsided, I swab the incised and punctured parts freely with fuming nitric acid, and also the divided edges of the cervix, plug the vagina with a tampon of cotton wool, and administer a full opiate. About seven days after this, I usually repeat the swabbing with acid, carefully passed through the glass canula, and continue the application for a period of two months, or longer if deemed necessary.

In a few cases, in which the tumefaction was not quite sensibly reduced, after three or four applications of the nitric acid, I substituted for it the acid nitrate of mercury—in almost every case with excellent effect—four to seven applications of the last named remedy are generally sufficient to reduce the abnormal enlargement. In some constitutions, salivation is quickly produced by the acid nitrate, therefore its action in every case must be watched. No accident of the sort has occurred in any of the cases in which I have used it. In

some instances, rather more pain or greater uneasiness is experienced than results from the use of nitric acid, the womb bearing the latter better than any other effective escharotic.

The amount of success following the above plan of treatment of fibroid, in its early stages, I consider, fully warrants me in saying that if it be carefully and adroitly carried out, that success in the greater number of cases will be the result.

Some few practitioners of acknowledged ability have seemed to pin their faith on several internal remedies, among which are bichloride of mercury, bromide of potassium, chloride of calcium, biniodide of mercury, and ergot, the last being about the only medical remedy entitled to any consideration in the treatment of fibroid, and that more especially from its well-known influence on the uterine muscular fibre, its power of lessening the calibre of the arteries of the uterine parenchyma, thereby diminishing the nutritive supply to the abnormal growth. This remedy may possibly merit some of the praise so liberally heaped upon it by its eminent advocates. In the advanced forms of the disease, as an auxiliary it may be serviceable, in aiding the expulsion of the tumor, and even in its early stages, in checking hemorrhage, but on the whole it cannot be regarded as a reliable remedy for the dispersion of this malady, for whether administered per os or hypodermically, it has almost invariably to give place to a more efficient plan of local treatment.

Judging from a case reported by Dr. Byford, the free, hypodermic use of the drug is not altogether without risk, for in his case it caused necrosis of the tumor, the fragments of which were extruded. He also states that on two occasions peritonitis occurred from the violent contractions of the womb, one of which proved fatal. Similar results have been reported by other practitioners.

Before leaving this subject, may I ask your opinion as to the probability of extirpation of the ovaries ever becoming the accepted operation for the relief or cure of uterine fibroid, for this is *one* among the surgical remedies that have been employed for this purpose during the last five or six years. Dr. Goodall states that out of fifty-one operations, thirty-one have been done by the abdominal section, and twenty by the vaginal, attended in the latter by four deaths only, and in the former by eleven.