

attention to diet and exercise. Much walking just before the return, and a full diet, increase the pains and flow. The constitution of the patient is becoming enfeebled by her protracted sufferings, and her cheerful disposition, which has been buoyed up by the hope of reaching the end of her distress, is beginning to flag under her repeated disappointments. While her sufferings are greater her powers of recuperation are becoming less and less.

If the monthly life be divided into three periods, viz.: 1st. Period of suffering and menorrhagia. 2nd. Period of convalescence; and 3rd. Period of health. The first period, while not increased in length of time, is becoming more serious in intensity of pain and quantity of blood lost. The second period is becoming markedly prolonged and is encroaching with sure steps upon the period of health and the enjoyment of life. So much is this the case, that at no distant date this last named period must be obliterated, and the patient become a confirmed sufferer and invalid.

Treatment.—After dilating the cervix by incising the neck and sponge tents, to complete the diagnosis, I tried Dr. Greenhalgh's method of enucleation by means of the destruction of the tissue between the os and tumor. Caustic potash was applied for this purpose on 21st January, 1875, after division of the cervix by the bistoury. Two days after this the menses appeared without pain, for the first time in six years. On 26th January (five days afterwards) the flow ceased. There is no tenderness over the abdomen, and size of tumor much diminished, being about two inches less than before. From the border of despair my patient now believed herself entirely cured. I need hardly say there was not good ground for such hope, as the tumor remained, and must cause more trouble before it was removed, or her menses ceased.

The following monthly (February) came on with pains, but nothing like so severe as of old. The use of the knife and caustic gave relief now as it did also in March, after which the patient returned to her home, and passed the summer at the seaside.

On 1st September, 1875, patient returned to Montreal, as her last monthly had been accompanied by a great deal of pain and loss of blood. On 7th September the flow appeared with much suffering, the knife was again freely used with relief. Ten days after this (17th), when the patient had regained some strength, assisted by my friend, Dr. Kennedy, the patient being anæsthetized, the neck of the uterus was entirely divided with a sharp-pointed bis-

oury, cutting toward the canal. The surface of the tumor was also freely divided to the depth of $\frac{3}{4}$ of an inch and 3 inches long. The index and middle fingers were then forcibly introduced into the cavity of the uterus, to ascertain the position of the tumor, and, if possible, enucleate or extract it. Extraction was impossible, as the tumour was not encapsuled. Caustic potash was freely applied to the cut and separated surfaces. This operation was followed by considerable shock. The next day the patient was restless and had amnesia, followed by epileptoid convulsions. There were cerebral irritation, and contraction of the pupil of the right eye. Both Dr. Kennedy and myself felt assured that the shock and danger were greater than might be expected after ovariectomy. A good deal had been risked with the hope of securing enucleation and removal of the fibroid, and as all that could be done for the present had been done, the patient was placed upon ergot, and returned to her home.

This operation, like all the preceding ones, failed in affording permanent relief, and the patient returned once more to my care.

December 20th.—Menses commenced with slight pain, which became so severe the following three days as to require the knife once more. The prostration following the flow was great, and her return to health much impeded by an attack of dumb ague with severe neuralgic pains in head and face.

Being satisfied that my patient could not live much longer unless relieved, I determined, at her request, to excise both ovaries as soon as her health would warrant the operation.

I decided upon this operation as more safe than excision of the uterus, and hoped that, by removal of the ovaries the monthly flow would cease, and the tumor remain quiescent, as they often do, when patients reach the age of forty-five. I desired to make my thirty-two year old patient forty-five years of age, without waiting for father time to accomplish it.

Operation.—Although the patient was feeble, the near approach of the next menstrual period decided me to operate on 13th January, 1876, when I was ably assisted by my friend Dr. Wm. Fuller, when the patient was put under the influence of chloroform, and the anesthesia continued by ether.

The abdomen was opened to the extent of about 5 inches in the median line between the pubes and the umbilicus. The ovaries were deep down, and had not risen, as expected, into cavity of abdomen with the uterus and tumor. After some trouble the ovaries and fallopian tubes were successively brought