to fifteen drops of the fluid extract. A writer in the last number of Braithwaite used one minim of the fluid extract of ergot. The dose in the case now under notice was at first one fifth of a grain of Powers and Weightman's ergotine, dissolved in equal parts of glycerine and water; this was increased gradually to one fourth, or, more exactly, eighth thirtieths of a grain. We may consider the vomiting which appeared on the last day of this treatment, and which persisted for upwards of twelve hours, as due to the ergotine; and in this fact we find evidence that the patient's system was fully under the influence of the remedy. Kersch states that in all experiments on fasting animals, ergot produced violent retching, and in most of them vomiting. Dr. Squibb says the commercial preparations of ergotine differ much from each other, the dose of one being put at one sixteenth of a grain, while that of others is as high as two grains.

It is probable that a watery solution is best for hypodermic use. The alcohol and acetic acid, contained in the fluid extract are irritating to the tissues, and should be eliminated as far as possible. "But all solutions," says Squibb, "which well represent ergot, are so loaded with organic matter that they are liable occasionally to cause abscesses." Professor Hildebrandt, in a recent paper on the use of this remedy in the treatment of uterine tumors, says that he uses a solution made with thirteen parts of water, three parts of extract of ergot, and two parts of glycerine; that it causes less pain than a solution in water and glycerine used in equal proportions, and that the glycerine is added to prevent the formation of fungi. He believes the occurrence of phlegmonous inflammation and abscesses is due to "not inserting the needle deep enough." He passes the canula at least two thirds its length, and does not mind injecting the fluid into the muscular tissues.

SUBSEROUS FIBROUS TUMOR OF THE UTERUS.

BY GEORGE CAHILL, M. D. (HARV.), OF LYNN.

Mrs. H., aged thirty-two years, a native of New Hampshire, married, first discovered a swelling in the right side seven years ago. This swelling gradually increased, and in four years the whole abdomen was very large, there being scarcely any fluctuation. The patient now applied to several physicians, one of whom pronounced the disease ovarian, and tapped the tumor with the aspirator, but failed to find any fluid. There was intense pain after the tapping, and morphine had to be used freely. The patient was unwilling to consent to any further operative interference, and drifted about until April, 1875, when I was called to see her in the night. I found her sitting in bed with her feet

in the position of a tailor, and quite œdematous. Her pulse was 95 and feeble, and her respiration was embarrassed in consequence of pressure from the immense abdominal tumor. The superficial veins of the neck were swollen. She was utterly unable to lie on the back, and found ease only in the position above represented. Her abdomen was as large as a barrel, and there was indistinct fluctuation. Indeed, her appearance much resembled that of a half-barrel with a woman sunk into it down to the sternum, and this supported by placing the hands out from each side. I administered a dose of morphine which produced but little effect, and the patient died the following day. This occurred about seven years after the first appearance of the abdominal swelling.

Post mortem, five hours after death. Body warm, with no lividity nor rigor mortis. Below the umbilicus there was a small fistula which appeared to communicate with the peritoneal cavity, and from which, during life, large quantities of fluid occasionally escaped. The abdominal cavity contained five gallons of ascitic fluid; this having been removed, an immense lobulated solid tumor presented, reaching from the pubes to the sternum. It consisted of three large lobes with fifteen smaller ones, apparently springing from the spinal column, but on close examination found to originate from the uterus, which was difficult of recognition because its substance and position were nearly all occupied by tumors. Section of all the lobes showed that the growth was fibrous and slightly cystic. The tumor weighed sixty-five pounds, or, with the five gallons of fluid, ninety-five pounds. The intestines and liver were healthy. The kidneys were of natural size, but soft and very friable. The heart was flabby and rather small, and there was a small patch of inflammation at the base of the right lung. There were extensive adhesions of the growth to the peritoneum. The left ovary was not discovered; the right was of the natural size, and apparently quite healthy. The bladder was small and appeared thickened.

It might be remarked that this woman suffered no pain whatever except when she was tapped with the aspirator, and, notwithstanding this immense burden of nearly one hundred pounds, came from New Hampshire to Lynn in the cars, two months before her death, and a few days before she died had crawled up and down stairs. A post mortem was permitted because the undertaker could not provide a casket large enough for the body before the tumor was removed.