

[89] omentum. This, however, was deep red in color and would soon have become necrotic. The large tumor filling the abdomen and pelvis proved to be a myoma. The main tumor was liberated with little difficulty, but projecting from the posterior surface of the myoma was a large secondary myomatous growth which filled the pelvis completely and was molded to the pelvis. It was impossible to liberate this growth until the uterus had been completely freed from its cervical attachment. The patient made an uninterrupted recovery. When I saw her on November 3 she was in excellent health.

This specimen is particularly interesting from the subperitoneal myoma conforming so definitely to the outline of the pelvis.

CASE 2.—*Myomatous uterus, very large pedunculated submucous myoma filling vagina, also with a large subperitoneal nodule adherent to the right ureter and blood-vessels at the pelvic brim. Complete hysteromyomectomy with great difficulty in delivering the submucous myoma per abdomen. Accidental temporary ligation of the right ureter. Recovery.*

Miss R., seen in consultation with Dr. F. Gavin on October 24. The patient was 46 years of age. She menstruated at 13 and has always been regular. For the last five years the [90] menstrual periods have been prolonged and profuse and there has been some leucorrhœa. About this time she felt a small nodule the size of a walnut in the lower abdomen. At present she is very anæmic, constipation which has always troubled her has been more severe during the last year and for three years there has been frequently painful micturition. On abdominal examination distinct bosses can be felt rising to the pelvic brim and on vaginal examination a large mass, the exact dimensions of which cannot be determined, fills the vagina. This mass appears to be about the size of a cocoonut.

Operation October 25: A median abdominal incision was made, extending almost from the umbilicus to the pubes. A myomatous uterus was found. The greater part of the