

The abdomen is filled by a hard and somewhat elastic tumor, whose surface is smooth everywhere except at one point, two or three inches below umbilicus, and to the left of median line. Here there is felt a rounded prominence, about half the size of an ordinary pear. Per vaginam, the finger impinges against a large mass, pressing well down into posterior pelvis. This had a similar feel to the tumor in abdomen, and is apparently one with it. Cervix uteri cannot be reached by finger, but sound, passed up just behind pubes, can be carried to a point a little to the inside and below the prominence on tumor above-mentioned. Its end can be distinctly felt by hand on abdomen, apparently close beneath the surface.

*Diagnosis.*—Fibroid of uterus. After clearly stating to the patient the risks of an operation for its removal, she decided that she would rather die than continue to drag out a miserable existence of suffering as at present, and requested me to proceed with it at all hazards.

4.30 p.m.—Operation. Ether given. Assisted by Dr. G. H. Coburn, of Fredericton, N.B., and Messrs. Owens and Sury, my medical students. A long incision, made from near epigastrium to pubes. On opening abdominal cavity, an enlarged Fallopian tube was seen running transversely across tumor from the above mentioned prominence; also another enlarged tube extended from the left of this prominence outwards and downwards. Sound could, with some manipulation, be now passed up into this projecting portion, which was therefore proved to be the fundus and upper portion of body of uterus. Two ligatures were now placed on each side below ovaries, and the vessels between them divided. The tumor was then partly lifted out of abdomen, and two common knitting-needles passed at right angles through its base as low down as possible. A considerable portion of the tumor was, however, bound down firmly in posterior pelvis, completely filling that part of cavity, and thus preventing the application of the rubber cord as low down as was desirable. The diameter of mass pierced by needles was six or seven inches. After winding an ordinary rubber tourniquet two or three times around below the needles, I attempted to secure its ends

in its wooden fastener, but finding them inclined to slip, they were held taut by an assistant, while I proceeded to slice off, in several different portions, the superfluous mass, including, of course, the fundus and body of uterus. After getting well down to needles, I enucleated gradually the part of tumor which adhered to the posterior pelvis, using chiefly the fingers for that purpose, and taking care to keep sliding the rubber tourniquet well down as I proceeded, so as to guard against hemorrhage. Care was also taken during the operation to avoid wounding the ureters or bladder, by occasionally passing a catheter to ascertain more exactly the position of parts. The raw surface at point where I finally amputated was made of such a shape as to permit of the two sides being brought together somewhat after the fashion of a limb stump, just as in Case I. The sutures or ligatures used for this purpose consisted of silk and catgut, and were tightly and firmly tied. Anteriorly, the peritoneum was included in these; but posteriorly, the central portion of peritoneal flap was not long enough for this, on account of the large gap which had been left by the portion of tumor enucleated from the pelvis.

Up to this step of the operation very little blood had been lost, but on now loosening tourniquet a free flow occurred, mostly apparently coming from the free edge of cut peritoneum posteriorly, and from the raw surface left in pelvis region. This was, after a time, controlled by pressure and ligature of the peritoneum.

The symptoms of shock were considerably increased by this hemorrhage, and twenty minims of sulphuric ether were therefore administered hypodermically. Also some brandy was given per rectum.

A glass drainage-tube put in at lower end of abdominal wound, and latter brought together with silver sutures. Usual dressing of carbolic gauze and strapping, with cotton wool and flannel bandage outside.

Operation lasted about three hours, during three-fourths of which time the carbolic spray was used. Tumor weighed 19 lbs.

June 27, 9 a.m.—Rested pretty well during night. Had quarter grain of morphine hypo-