

THE

# Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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TORONTO, APRIL, 1885.

## Original Communications.

### ABDOMINAL SECTION FOR FIBROMYOMA OF THE BROAD LIGAMENT.

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Mrs. —, who consulted me on the 29th of October last, by request of Dr. Pattullo, of Brampton, was 24 years of age, married, and the mother of three children. She had miscarried eighteen months before, at the sixth month of gestation. Had been ill nine months when she came to me. Menstruation had been regular but excessive up to within one month, when it ceased; always had severe pain the first day or two. Had been suffering from nausea for one month. Complained of constant pain in the right side and back and all over the bowels. The bowels "felt in motion all the time as if he had taken physic." Headache and pain in the sides kept her from sleeping. Nine months ago, she noticed in the abdomen a lump, which continued to grow till it attained the size of an adult head. It was quite movable and very elastic or fluctuating. The edge of the hand could be placed between the tumour and the uterus, which appeared considerably enlarged. From the right side of the uterus a broad thick band, which could be made tense by pushing up the tumour, extended up to it; the edge of this band presented to the median line.

On vaginal examination the os was found large, with thick lips, and pointing far backwards. The fundus was also enlarged and pointing to the left of the pubes, apparently unconnected with the tumor, except by the band just mentioned.

The sound was not used owing to the probability of pregnancy. My diagnosis was probably an ovarian tumour with pregnancy, and as she was not much inconvenienced by its size, I advised her to go home and report again in two or three months. She went home, but owing to peculiar domestic circumstances, she determined in a few days to have the tumour removed at once, if possible, and accordingly returned to the city in about a week and entered the Toronto General Hospital under my care.

A consultation of the hospital staff was held, when the diagnosis was concurred in, and an operation advised. On the 5th of November, in the presence of several members of the hospital staff and students, and assisted by Dr. W. T. Aikins and others, I did the operation under full antiseptic precautions. On exposing the tumour, it was found to be quite solid, free from adhesions, and attached to the right side of the uterus by a very broad and thick pedicle about one inch long. There was barely room to place the cautery clamp between the tumour and uterus. The tumour was separated and the cautery applied to the pedicle, but owing to the proximity of the thick angle of the uterus, the pedicle split when the clamp was removed, and I then applied a strong silk ligature, tying it in three or four sections, using