Mrs. M., aged fifty-six years, was seen in consultation with Dr. McCurdy, December 20, 1909. She was exceedingly thin, pale and emaciated. Before her illness, which dated back several months, she had weighed 120 pounds. At the time I saw her she weighed 85 pounds.

On pelvic examination I found what appeared to be a myomatous uterus, which was firmly plastered to the left side of the pelvis and which almost completely filled it. As the patient gave a history of having flattened stools, occasionally associated with diarrhea, we bore in mind the possibility of a malignant intestinal growth.

Operation. The patient was removed to the Johns Hopkins Hospital, where she was operated upon on December 28, 1909. On opening the abdomen we immediately found what appeared to be a mesenteric growth. Plastered over the surface were loops of small intestines and a considerable area of large bowel. The fundus of the uterus was firmly adherent to the tumor, and the appendix was also involved in the growth. Realizing the weak condition of the patient, and the extensive operation necessary to even attempt complete removal of the growth, I hestiated, but on being told by Dr. McCurdy that the patient could not live over a few days in her present condition, I accepted the responsibility and commenced the operation. After determining definitely that no secondary growths were visible, and finding that the original tumor was somewhat movable, and that it did not implicate the larger abdominal vessels, we started its removal. The key to the situation consisted in first freeing the uterus. I therefore did a supravaginal hysterectomy, taking away the uterus, tubes, and ovaries. No attempt was made, however, to separate the pelvic structures from the intestinal growth, but they were turned up on the surface of the tumor and the empty pelvis was then packed with gauze. The appendix was found intimately attached to the tumor mass. It was likewise cut off, covered with gauze to prevent infection, and turned up on the surface of the tumor;