Case Reports.

TWO CASES OF MYOMECTOMY: ONE DURING PREGNANCY.*

BI

A. LAPTHORN SMITH, B. A., M. D., M. R. C. S. ENGLAND

Fellow of the British and American Gynæcological Societies; Surgeon in Chief of the Samaritan Hospital for Women; Gynæcologist to the Montreal Dispensary; Surgeon to the Western General Hospital; Professor of Clinical Gynæcology in Bishop's University, Montreal, Canada.

Case 1. Removal of a Fibroid Tumour from the Pregnant Uterus.— Recovery.—Normal Delivery.

Some ten months ago I showed to the Society a fibroid tumour, rather larger than a large orange and weighing over a pound, which I had removed from a Mrs. B., who at the time was two and a-half months pregnant. Her physician, Dr. MacNamara, gave me the following history:-She began to menstruate at the age of twelve, her periods being always painful and scanty. She was married at the age of twenty-four and became pregnant fifteen days later, but miscarried at seven weeks, in December 1897. After this miscarriage she felt a lump in her right side which at that time did not trouble her very much. She became pregnant again on 12th January 1898, and almost immediately afterwards the lump in her side began to pain her and by the time she was two months pregnant she could hardly bear it. The tumour could now be seen and felt projecting under the thin abdominal wall. She sent for Dr. MacNamara, who diagnosed a fibroid tumour with pregnancy, and during two months he tried to relieve her pain by medicine but at the end of that time he felt convinced that something more radical would have to be done and for this purpose he called me in. Myomectomy was determined on, she then being two and a-half months pregnant. I operated at her own home, (on my portable table which only weighs eighteen pounds.) The abdomen was opened by a long incision, the tumour was grasped and drawn out and as it was evident that a good deal of sewing would be needed, the pregnant uterus was also brought out of the abdomen and laid on a sterilized towel. The uterus appeared exceedingly vascular so two pairs of clamps were placed on the uterine wall at the base of the tumour. The latter was then excised so as to form a sort of V-shaped stump, the large vessels of which were temporarily controlled by the clamps, while I was sewing the flaps firmly together with interrupted sutures. So far, hardly a drachm of blood had

^{*}Read before the Montreal Medico-Chirurgical Society, April 10th, 1899.