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HYSTERECTOMY FOR LARGE FIBROCYSTIC TUMOR.

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Mrs. M., widow. Youngest child 11 years old. Consulted me for the first time on August 27th, 1886. She was 49 years of age, and had usually enjoyed good health till the beginning of the present trouble three years ago. Menstruation had always been free, and since the appearance of the tumor has been much more copious, with the exception of the last two periods, when it was scanty. During the first year, after it was noticed, the tumor grew very rapidly, and at the end of that time had attained nearly its present size. During the last two years she had been much troubled with swelling of the legs, with which she was at one time confined to bed for several weeks.

Present condition: Marked emaciation; pulse 90; feeble; a large, softish, solid tumor fills the abdominal cavity, most prominent above the umbilicus and thrusting outwards the thoracic walls; dull on percussion all over front and right side; no distinct sense of fluctuation anywhere; superficial veins somewhat enlarged, and some œdema in hypogastric region; circumference of abdomen, 45 inches. *Per vaginam*: Vaginal walls somewhat œdematous;

cervix in normal position, widens out above into the tumor; sound passes five inches, somewhat backwards and to the right.

Treatment: Advised to try ergotine for the present, and wait for menopause.

Nov. 23. Menstruation continues regular. Measurement around abdomen, 40 inches; treatment continued as before.

May 20, 1887. No menstrual flow from November to April; then reappeared.

August, 1888. Has not varied much in size during the last fifteen months; menses irregular both in time and quantity.

August 10, 1889. Has been increasing in measurement again since last year; only one slight flow of blood during last six months; now girls from 46 to 48 inches; some œdema of genitals of late; also œdema of lower abdominal wall is greater than formerly, and there is distinct superficial fluctuation in flanks and epigastric region; sound enters $4\frac{3}{4}$ inches, somewhat to right side.

Patient is becoming more emaciated; pulse 92; feeble; complains of being unable to take much food because of a feeling of fulness; is troubled much with flatulence; during the last day or two she has suffered a good deal from pain about right ilium and groin, for which I was called to see her.

Operation advised and agreed to.

August 21. After careful preparation of the room and patient, the following operation was done, assistance being rendered by Drs. Burns,