

to almost a white color. At the present time the uterine canal measures six inches, and the mass weighs $2\frac{3}{4}$ pounds. At the time of removal the uterine diameter was $7\frac{1}{2}$ inches. The weight was not taken at that time, but was probably between four and five pounds. After removal an incision was made into the growth and a considerable quantity of bloody serum escaped. The growth is intramural and made up of bundles of fibro-myomatous tissue, interlacing with one another in such a loose manner as to leave spaces which were filled with bloody serum. These spaces are probably not cysts in the proper sense of the word, and instead of calling the tumor a fibro-cyst it would probably be better to style it an œdematous intramural fibro-myoma. Microscopical examination shows it to be made up of interlacing bundles of loosely connected fibres. The right ovary is slightly enlarged and cystic.

Probably a few further remarks concerning the operation would not be out of place. First, as to the advisability of surgical interference. In spite of persistent medication with the remedies ordinarily used the tumor kept steadily growing; at no time had the patient any very severe pain, and she enjoyed a moderately comfortable existence as long as she did not have to work. Had she been ten or fifteen years older it might have been wise to temporise in order to see what effect the menopause would have on the growth. The patient, however, was young—had probably ten or fifteen years of menstrual life before her, and if the tumor kept growing as it had been doing, no doubt it would have been only a year or two longer until she would be a helpless invalid. Moreover, some authorities teach that these œdematous myomata have not the same tendency to become self-limited and cease growing at the menopause as have the firmer varieties. Treatment of these growths by electrolysis is strongly advocated by some authorities. I have no personal acquaintance with this method, but judging by what I could learn of the matter by reading, I did not think the prospects of cure by the use of electricity were sufficient to warrant me in advising the patient to incur the risk and expense of the experiment. Of surgical procedures choice had to be made of the following: (1) Enucleation of the growth alone; (2) Removal of the ovaries and appendages in order to bring on artificially the menopause; (3) Amputation of the uterus, leaving behind the whole or portion of the cervix; (4) The method which was adopted, viz., complete removal of the uterus with the appendages, or as it is styled by some, pan-hysterectomy.

Regarding the removal of the growth alone this would certainly have been the most desirable operation had it been practicable, but the base of the tumor was so intimately incorporated with the substance of the uterine wall and extended so closely to the mucous surface, that it appeared that it would be extremely difficult and hazardous to the patient to undertake any such procedure. Removal of the ovaries would probably have stopped the menorrhagia, and in course of time might have caused the growth to disappear. After removal of the ovaries, however, there is no very good reason for leaving the uterus in a case of this kind. If on opening the abdominal wall it were found that the ovaries were within easy reach and the growth and uterus were bound to important organs by strong adhesions, it might possibly be wise to remove the appendages alone. Amputation of the uterus, leaving the cervix or a portion of it, would have been difficult in this case owing to the amount of the cervix which was involved in the growth. At the time of the operation it appeared that it would be easier to remove the entire uterus. Another reason for performing complete extirpation was that the appearance of the growth strongly suggested that it might be sarcomatous.

The principal points to be observed in the performance of this operation are prevention of sepsis, control of hæmorrhage, and avoidance of the ureters