

The peritoneum was speedily reached ; on passing the hand round the tumour it was found to be free from adhesions. The uterine tumour had so developed as to bring the left ovary forwards and upwards as high as the umbilicus, thereby producing great tension on the left broad ligament. The incision was gradually increased by one-quarter inch at a time, upwards, until the tumour could be pushed through. It was then found that the tumour had a very short pedicle ; round this was passed a Tait's clamp, which was securely tightened. The tumour was now cut off, about an inch above the clamp ; the hemorrhage was found to be completely arrested by the clamp. The edges of the incision were now brought together by deep and superficial stitches. The superfluous tissue of the pedicle was cut off by scissors and the stump dressed by being freely dusted over by a mixture of equal parts of bismuth and iodoform. The rest of the wound was covered by a layer of protective lint. The woman was then put to bed and had a brandy enema administered. The patient made an excellent recovery. The highest temperature reached was 99° F. She passed wind on the third day, and the bowels were moved on the eighth day after castor oil had been given. The deep stitches were removed on the seventh day, the clamp on the 30th of April. The tumour weighed eight pounds.

*Remarks.*—In this case also the operation was required on account of the bulk and rapid growth of the tumour. It was found to be developed in the posterior uterine wall, the body of the uterus being stretched over its anterior surface. In this case also, removal of the right ovary which lay behind the tumour low down would have been impossible. There were several considerable cavities developed in this tumour, indicating its tendency to fibro-cystic changes. It is also to be noted that the pressure of the tumour appeared to have caused the renal disturbance noted on admission. At any rate when the patient came in there was scanty urine containing blood, casts and albumen. Rest and appropriate treatment speedily rendered the urine both plentiful and healthy. The pedicle in this case was exceedingly short, and as the patient's abdominal walls were very thickly covered with adipose tissue, the clamp sunk deeply into it, and on the left and right side caused a certain amount of ulceration, but on the removal of the clamp

these symptoms rapidly improved. The difficulties connected with the external method makes us sigh for a valuable internal method in this operation ; but the risks of bleeding and of infection are so great that I have not seen it advisable to attempt the internal method ably practised by Schroeder.

CASE III.—M. A. B. æt. 51, admitted January 9, 1884, complaining of enlargement of the abdomen. Patient has menstruated during the last seven years, but her abdomen has been gradually increasing in size. Appears in good health apart from the inconvenience of the tumour.

*Condition on admission.*—The abdomen is occupied by a more or less rounded, moveable, resistant, hard tumor. Abdomen widest girth measures 39½ inches. Percussion absolutely dull up to 1½ inches below umbilicus, in both flanks note clear. Auscultation gives negative results.

*Examination per Vaginam.*—The posterior part of the pelvis at its upper end, and a great part of the inlet is occupied by a large tumour, soft anteriorly, hard posteriorly. Arching in a semilunar manner in front of the anterior part of the tumour is a thin, valve-like tissue, which seems to be the thinned anterior lip of the cervix. Using this as a guide, the sound passes up and towards the right 3½ inches. This case admitted of no surgical treatment, more especially as there was no hemorrhage to complain of, and she was dismissed on 24th Jan., 1884, in *statu quo*.

CASE IV.—J. D., æt 43, admitted Feb. 15, 1884, complaining of a tumour in her abdomen. Patient first noticed the tumour four years ago; it has grown slowly and has not been uneasy lately. Menstruation was profuse, but is not so much now as it was nine months ago.

*Condition on admission.*—The lower part of the abdomen is projected by a tumour of uneven outline, which extends as high as the umbilicus. It is firm, not tender, and freely moveable. On the lower parts of the tumour a bruit synchronous with the heart sound is audible. The girth round the most projecting part of the tumour is 34 inches. Vaginal examination reveals a rounded tumour occupying the posterior part of the inlet continuous with the tumour in the abdomen and moving with it. In front of the os there is also projecting into the anterior part of the pelvis a rounded mass similarly related to the tumour. Sound en-