

wards to the tumour, a distance measured by the sound of between two and three inches. Nov. 23, 1883, Dr. Macdonald opened the abdomen; there were no adhesions whatever. Before the tumour could be removed the incision had to be extended gradually from the symphysis pubis to  $1\frac{1}{2}$ -2 inches above the umbilicus. Both ovaries were high up and placed the left anteriorly and the right posteriorly on the tumour. There was a marked twist from left to right forwards; the amount of rotation was quite a quarter of a circle. The neck was elongated and formed a fairly good pedicle. This was embraced by Tait's clamp and secured. The tumour was now cut off about an inch above the clamp. There was very free hemorrhage from the tumour during the operation. The end of the stump did not bleed at all. A further portion of the stump was removed by scissors. The abdominal wound was now secured by thirteen deep and numerous superficial sutures. A quantity of salicylic wool was placed over the wound, a bandage applied and the patient put to bed, and attended to in the usual manner. The whole operation took sixty minutes, and the tumour weighed ten pounds. The patient made an uninterrupted recovery; the highest temperature registered during the convalescence was 99.4 which occurred at 11 a.m. on Nov. 24; pulse averaged 65. Over the stump a little powdered iodoform was sprinkled. No opium was administered. The bowels were moved with castor oil for the first time on 1st December. The deep stitches were removed on the 9th day when complete union by first intention was found throughout. The superficial stitches were taken out on the eleventh day. The clamp separated on Dec. 16th, 1883. January 24, 1884, wound quite healed. The end of the vagina could not be reached; patient discharged.

*Remarks*—The operation in this case was necessitated by the pain occasioned by the rapid growth of the tumour. There was no trouble from bleeding. The medical attendant who sent the patient reported that the tumour appeared to him to double its size in the course of two months. The bulk of the tumour was made up of degeneration of the anterior wall of the uterus, the body of the organ being round its posterior surface. The marked twist in the tumour is of importance in its bearing upon the treatment of removal of the ovaries for the purpose of arresting the growth of

fibroid tumours. Whilst the left ovary could have been easily removed it would have been completely impossible to reach the right. Before proceeding to operate we had made out clearly that the tumour was clear of the pelvis and had an elongated cervix, two points of the greatest importance in facilitating the operation. The loss of time which occurred in sewing up the abdominal wound arose from the efforts made to secure as completely as possible the lower angle of the wound below the pedicle. In attempting to do this the needle broke and led to considerable delay.

CASE II.—M. B. æt. 54, admitted Feb. 21, 1884, complaining of a swelling in her abdomen and of pain in the swelling. Patient first noticed a lump in her abdomen eight years ago, since that time the lump has gradually increased in size, and during the three weeks previous to her admission it has rapidly grown much larger and feels harder and more pain is present. Patient also states that for two or three weeks before admission she has passed less water than previously, and there has been a disagreeable pain in her back.

*Condition on admission*—Abdomen is occupied by a large tumour distended to the size of full-term pregnancy. Tumour is hard, moveable, rounded, smooth and oval in shape. Friction is heard anteriorly, soft bruit is audible, synchronous with first sound immediately above pubis in mesial line. Measurement round most prominent part ( $3\frac{1}{2}$  inches below umbilicus) =  $47\frac{1}{2}$  inches. From right ant. sup. spine of ilium to umbilicus  $8\frac{1}{2}$  inches, from left ditto 9 inches. From umbilicus to pubis 9 inches, from umbilicus to ensiform cartilage 9 inches. All over surface of tumour percussion is dull, flanks clear, also clear between ensiform cartilage and upper border of tumour. Vagina rather narrow and elongated, cervix can be felt with extreme difficulty at its upper part, at a level with the upper edge of the symphysis; no part of the tumour can be felt per vaginam, but only one finger can be passed. Sound enters upwards and towards right side, three inches. Urine passed in 24 hours was 24 oz., containing albumen, blood, pus, renal epithelium and blood casts. Patient was put on milk diet, the quantity of urine increased to 50 oz. during the 24 hours, and the week before she was operated on only a trace of blood and albumen could be detected. On the 4th of April Dr. Macdonald performed laparotomy.