

the sharp edges of the latter, reiterated efforts enabled me to introduce the end of my index finger, when I detected clearly and unmistakeably that the tumour did not hang loosely from a pedicle, but that it was partially attached to the sides of the uterus by intermediate adherent filaments, to break through which was the next object. Owing to the extreme rigidity of the parts, I could not reach the fundus of the uterus with my finger, but I found a ready and most applicable and useful agent in my female catheter (one of the modern shape). By carrying this round between the tumour and the walls of the uterus, I succeeded in breaking down several of the filaments, when I had to desist, from copious hemorrhage. The patient would not consent to any other attempts being made until the next catamenial return, by which time the tumour had grown considerably, and protruded further through the uterus. I finished on this occasion what I had began with my catheter, getting it without much difficulty to the pedicle of the tumour. Then bending a silver director I passed it through the base, using it like the handle of a corkscrew. I did not stop until I had the extreme gratification of showing the tumours to the attendants. Very considerable hemorrhage supervened, which was arrested by plugging the passage with shreds of linen and ice water. The plug came out the next morning during micturition. A sanious discharge continued for some six or eight days, since which the patient has progressed rapidly, and is regaining her original healthy colour.

Ottawa, July 20, 1861.

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ART. XLII.—*A case of Keloid Tumour*, reported by DAVID L. PHILIP, M. D.

Martha McRiley, aged eighteen, unmarried, was admitted to the Montreal General Hospital on the 14th January, 1861, under the care of Dr. McCallum. Her family history is good, as she has not inherited any scorbutic or hereditary disease. She states that the present tumour commenced about four and a half years ago in the form of a small boil, the cicatrix left by it beginning to spread gradually. It was removed by a Medical man in Montreal about two years ago, but almost immediately began to grow again, and becoming painful she made her appearance at this hospital at which time it presented the following appearance: It is of a quadrilateral shape, situated in the right presternal region; length, five inches, breadth four and a quarter. It is elevated above the surrounding skin about three lines, and more at the circumference than in the centre. On a first examination it looks like the cicatrix of a burn, the only difference being the elevation above the skin. Its color is light pink, lighter in the centre than at the circumference and is marked on the surface by a coarse net-work of prominent white lines or ridges, the direction of which correspond to the long diameter of the Kelis and demonstrates the mode of growth.

From the white centre the redness proceeds in rays, and is like so many roots shooting into the substance of the unaffected skin. The surface of the Kelis presents a smooth polish like the cicatrix of a burn, and a sort of semitransparency; several vessels are also observable on the surface, apparently veins.