

Mrs. Bender, aged 47, mother of thirteen children, five years previously complained of uneasiness in the hypogastric region. Menstruation became irregular about two years ago, when she supposed that she was pregnant, then she had metrorrhagia, then a suppression for three months, followed by an excessive flow for six months, another intermission and then a metrorrhagia, which has continued for nearly three months, up to the time of this report, March 1st, 1871. Mrs. B., first consulted me for what she supposed to be dropsy. She stated that the abdominal enlargement had commenced about three months before, and that it gave her great distress, she had previously suffered from pain in the right iliac region, which was now more urgent in the mesial line with bearing down and bloody discharges from the vagina. External examination shewed the abdomen to be greatly distended by fluid, dull on percussion, no wave to be detected. The uterus was enlarged and eroded at the os; but no tumor could be discovered upon exploring through Douglass' cul de sac. Urine normal in quantity and character, appetite failing. The symptom most complained of was the abdominal distension; the limbs were not anasarcaous. Diagnosed an ovarian tumor (cystic) and ascites. She was treated with constitutional remedies to improve the general health, and upon the 18th of March, her friends insisting upon an operation, after all the dangers being fully explained to them, she was completely anesthetized, by Dr. Alexander and assisted by Drs. Goodman, Sullivan, Gille, Comfort, and my brother, an exploratory incision was made. Upon opening the peritoneum, a thin sac filled with fluid immediately protruded through the incision, which it followed as it was enlarged. Upon introducing the hand, it was evident that the cyst was not ovarian, a trocar was introduced and about two gallons of a straw colored thin serum was evacuated, and the sac drawn out, when it was found to be attached to the fundus uteri and to contain a fibrous tumor at the bottom, about the size of a cocoa-nut, united by a pedicle to the top of the womb anteriorly. The upper surface of the tumor viewed from within the sac was purple colored, with several small cysts rising from it. After some hesitation I decided to remove the tumor and cyst, for the following reasons—Firstly, the examination had extended far beyond the limits of an ordinary exploration with abdominal incision. Secondly, to cut off the cyst and secure it externally was impracticable from the tenuity of its texture, to return it, and unite the wound would seem very likely to produce a number of evil con-