

to the distance of four and a half inches. The uterine mass was movable and free from tenderness, nor was there any history of attacks of acute pain with fever, such as would suggest local peritonitis with formation of adhesions.

A diagnosis of uterine fibroma was made, and the patient was put upon medicinal treatment of different kinds, including ergot, potassium iodide, arsenic, diuretics, laxatives, etc. As the result of treatment, combined with the rest she was able to get at home, there was some improvement in the general health, an increased flow of urine and more regular action of the bowels. The thyroid swelling also diminished considerably, but the uterine growth continued to enlarge, so that when I presented her to the Society in January of 1897 the uterine diameter had increased from  $4\frac{1}{2}$ " to  $5\frac{1}{2}$ ", with a corresponding increase in general bulk. At this time the enlargement did not appear to be quite so uniform as it was when I first examined her, and by means of the sound, together with external palpation, it could be determined that the growth was confined mostly to the left and slightly to the front of the uterus. The general opinion of the members of the Society, who then saw her, was that it would be wisest to pursue medicinal treatment for a longer time before resorting to eradication by surgical means. From this time onwards, with very little change in the general symptoms excepting the onset of some vesical tenesmus and occasional metrorrhagia, the tumor continued to steadily grow, until in December last the growth reached nearly to the umbilicus and the uterine diameter was about  $7\frac{1}{2}$ ".

For some months it had been noticed by the patient that the enlargement was considerably greater just before menstruating, and measurement of the uterine diameter before and after menstruation showed a difference of from  $\frac{1}{2}$  inch to 1 inch. After consultation an operation was decided on, and for this purpose the patient was taken to the Stratford Hospital. The operation was performed on the seventh of January, 1898, there being present Dr. Robertson, of Stratford, who administered the anæsthetic, Drs. Fraser and Deacon, of Stratford, Dr. Wood, of Mitchell, and myself. Chloroform was used throughout most of the operation, ether being substituted for a time. The aseptic and antiseptic precautions in vogue at the hospital were strictly followed. The abdomen, vagina and neighboring parts of the patient were thoroughly scrubbed with ethereal antiseptic soap, and this was followed by the free use of solutions of permanganate of potassium, oxalic acid, perchloride of mercury and sterilized water. The uterine cervical canal was curetted and swabbed with carbolic acid. After the bladder was emptied the abdominal wall was opened in the median line by an incision extending from the umbilicus to within half an inch of the pubic bone. After the abdominal wall was opened a hand was passed around the uterine mass and it was found to be free from adhesions. The tumor was then drawn out as far as possible by combined traction and pressure. The surface was dark red in color and scattered over with numerous veins. It felt very elastic and almost fluctuating, insomuch so that an attempt was made to diminish its volume by aspiration, but only a small quantity of bloody serum was withdrawn. The uterine mass was then drawn to one side and the left ovarian vessels were divided between two ligatures of stout catgut passed by means of a blunt pointed pedicle needle. The artery and veins were tied together. The remaining portion of the broad ligament, together with the round ligament, was divided between clamp forceps, care being taken to keep close to the uterine mass. The neck of the uterus was reached and no particular difficulty was encountered in securing the uterine artery which was divided between two ligatures. A peritoneal flap was reflected from the anterior surface of the lower part of the growth, and this, together with the bladder, was pushed well forwards. The