

Digestive system. The appetite is very poor. She is troubled with flatulence and constipation.

Urinary system. The urine is scanty and high colored and deposits urates in abundance. It is free from albumen, etc.

The *circulatory, respiratory, and nervous* systems are normal.

Locomotion is seriously interfered with on account of, (1) tumor, (2) œdema of lower extremities. She is compelled to sleep in the semi-recumbent position.

June 25th '78. During the last three months the tumor has been rapidly increasing in size, as will be seen from the measurements taken to-day,* as compared with those taken formerly.

From right ant. sup. spine to umbilicus	13½ in.
" left do.	13 "
" umbilicus to pubes	12½ "
" " ensiform cartilage	8½ "
Circumference at umbilicus	46½ "
" two inches below umbilicus	48½ "

The upper border of the dulness now reaches four and one-half inches above the umbilicus. A small quantity of free peritoneal fluid can be detected along the superior border. The uterus is now entirely beyond the reach of both finger and speculum.

Diagnosis. The diagnosis arrived at was that we had a fibroid tumor, springing from the uterus, to deal with. Our reasons for coming to this conclusion were: 1. The solid and firm character of the enlargement. 2. The uterus being drawn entirely out of reach. 3. The absence of fluctuation and of fluid. 4. The heaving pulsation communicated to the tumor by the abdominal aorta.

Prognosis. The increase in size of the tumor has been so rapid of late, and the deterioration of the general health so great, that it will be impossible for her to live over two months. She is urgent that something should be done for her, and adds that she does not fear the result, for her life is a "terribly miserable one."

Preparations for the operation. The 19th day of July was chosen for the operation. On account of the warm weather we would liked to have put it off until later in the season, but on account of

her extreme state delay would be dangerous. Four days previous to operating we had her removed to the room she was to occupy. This room was 40 x 30. with a ceiling 15 feet in height. It was freshly plastered and thoroughly cleaned.

Operation. The patient being laid on the table, Dr. Graham of Brussels administered chloroform. At 12.30 P.M., the operation was commenced with the assistance of Drs. Dunsmore of Mitchell, Worthington, Taylor, McDonagh and Young, and several medical students. An exploratory incision of six inches in length, commencing an inch below the umbilicus and extending to within two inches of the pubes, was made through the skin and cellular tissue. The deep tissues down to the peritoneum were then divided separately on a director. After all bleeding points were secured, and when all oozing had completely ceased, the peritoneum was pinched up and divided on a director to the full extent of the incision. The smooth, pearly, and glistening aspect of the tumor was now seen. The uterus was found three inches to the right of the median line; its upper border was an inch and a-half below the level of the umbilicus. The tumor was tightly grasped by the left broad ligament, which passed in an oblique direction across it from right to left. The left ovary which was the seat of a multilocular cyst about the size of a hen's egg, was situated three inches to the left of the median line, and four inches below the level of the umbilicus. Before proceeding any further it was found necessary to divide this constricting band. This was done by passing two strong hempen ligatures around it about half an inch apart and dividing between them. Several trocars of different sizes were now introduced into the tumor in different places, but no fluid escaped. A slight incision was now cautiously made into it; this was followed by a considerable amount of hæmorrhage. All bleeding points were now secured, and the incision was extended upwards to about three and one-half inches above the umbilicus, and downwards to within one inch of the pubes. Search was then made for parietal and intestinal adhesions, but none being found, the tumor was with considerable difficulty turned out. The pelvic connections of the tumor were now found to be extensive and firm, the adhesions to the bladder being particularly so. An attempt was now made to enucleate the tumor from the thin shell of uterine tissue which

* The above measurements were taken after the patient had rested in bed nearly 24 hours. This was done in order that the œdema of the abdominal walls would have time to subside. Our first measurements were taken without using this important precaution.