illness, she discovered that she had an abdominal tumour, and consulted me. I noted "small uterine fibroid, no troublesome symptoms, no bleeding." The period was regular, appearing every twenty-eight days. In the course of the year, after I examined the tumour, the show became more frequent, and small clots passed. In January, 1899, I found that the tumour was much enlarged, a lobule bulged into Douglas's pouch, and another into the right fornix. The upper limits of the tumour lay 3 in. above the umbilicus, the lower part occupied Douglas's pouch; the posterior lip of the cervix was involved in the growth, the anterior being drawn upwards nearly to the level of the pubic arch. I operated on February 21st, 1899. I enucleated part of the tumour out of the left broad ligament and sigmoid mesocolon and another lobe out of the right broad ligament. The bladder was drawn up on the anterior surface of the main tumour, but there were no adhesions. Both ovaries were removed. Nevertheless, the period persisted, though it became irregular for two years; at the same time the patient was troubled with flushings. Abel⁴ would attribute the continuance of the period to the presence of some endometrium, the uterus being amputated about half an inch above the os internum. After the cessation of the period there were no more flushings, and when I saw the patient last July—six years after the operation—she was in perfect health.

CASE III.

J. H., age when the operation was performed 43. The abdomen began to enlarge a year or more before I operated on Case I. In August, 1898, she came over from Holland and consulted me, declaring that the swelling had been stationary for some time. I detected a typical fibroid deeply lobulated, reaching about 3 in. above the umbilicus, but it did not extend downwards below the level of the pelvic brim. I advised her to see me from time to time, and for five years I found from my notes that it tended rather to diminish in bulk than to increase, and it certainly became harder. But in 1904 it began to grow again, and a lobe extended down into Douglas's pouch. I advised operation, which the patient postponed for a year, by which time the abdominal enlargement had become very unsightly. The catamenia, quite unaffected by the tumour, were regular, appearing every twenty-six days, and the show was always moderate.

In June, 1905, I noted "solid, elastic tumour, consisting of several distinct lobes, one reaching epigastrium, another passing deeply into Douglas's pouch." The cervix was drawn up very high under the pubes. I operated on July 6th, 1905, removing a lobulated tumour weighing 8 lb. 2 oz. There was no difficulty as in the other cases, for the broad ligaments were not opened up; on pulling the mass out of Douglas's pouch, the cervix was rotated backwards, it was rather elongated, and contained two very hard interstitial fibroids of the size of cob-nuts, which I dissected out, but I amputated the uterus above the os internum, removing the left ovary only. The patient made a good recovery.

OBSERVATIONS.

The fibromyoma of the uterus was of the same type in all three cases. The growths were interstitial, subserous and submucous in all, the first type prevailing, least marked in Case I, and most in Case III, where there was a large pedunculated lobe. In all, the cervix was involved and displaced. None of the cases was of the typical "bleeding fibroid" type; the catamenia were quite unaffected by the tumour in Cases I and III, although there was a submucous growth of some size in Case III. There was, it is true, distinct menorrhagia in Case II, but it was quite trifling compared with the growth of the tumour, and caused no anaemia. The fibroids in all cases grew slowly at first and quickly afterwards. Case III remained stationary for some time. Their history shows the importance of closely watching all cases of fibroid when for any reason operation is postponed. All the patients, being single women, desired operation mainly on account of the unsightly abdominal enlargement, and all were in an ideal general condition for a surgical operation when hysterectomy was performed, being free from obesity, alcoholism, and visceral disease.

REFERENCES.

¹ Remarks on Five Successful Hysterectomies for Fibroid Disease in One Family, BRITISH MEDICAL JOURNAL vol. i, p. 357. ² In one of these cases an ovarian cyst was removed as well. ³ In all three cases I amputated the uterus about half an inch above the level of the os internum. ⁴ Referate über die Behandlung der Myome, Zentralbl. f. Gynäk., 1899, p. 616.

PAROVARIAN CYST WITH TWISTED PEDICLE.

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THIS case is interesting, since so far as I can ascertain, it is unique. I removed the cyst from a married woman, aged 23, who had never conceived. She first menstruated when 15 years old, and this function though regular was accompanied by dysmenorrhoea and latterly menorrhagia. The patient was admitted into the Chelsea Hospital for Women complaining of a dull aching pain in the left lower abdomen, dyspareunia, and painful micturition with difficulty of control.

On examination the uterus was found retroflexed and a round cystic swelling was detected lying on its anterior surface.

On opening the abdominal cavity the appearance first sug-

gested a supernumerary ovary, but a closer examination proved that the Fallopian tube as the result of the cyst's axial rotation had invested the ovary and cut it nearly in half. Its removal was quite simple and the recovery was normal.

I showed the cyst at a meeting of the Obstetrical Society, and the following is the report of its Pathological Committee:

This cyst was removed from the right side of the body. The pedicle, consisting of Fallopian tube, mesosalpinx, and including the ovary and its ligament, has been twisted upon itself by rotation in the antero-posterior direction. In the twist the Fallopian tube has invested the ovary and by pressure atrophy has divided the gland nearly completely into two portions. There is, however, a part of the ovary which has escaped division and which still unites the two segments by a narrow band of ovarian tissue in the neighbourhood of the hilum. The portion of the tube engaged in the strangulation has been completely divided.

The pedicle was untwisted for illustrative purposes so that a plainer representation could be made of the divided ovary.

COLLOID CARCINOMA AT TWELVE YEARS OF AGE.

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THE following case appears to me to be unusual, not only in the occurrence of colloid carcinoma at so early an age, but also in the unusual type of symptoms manifested:

The patient, A. C., aged 12 years, first complained of abdominal pain about 7 a.m. on August 10th. The temperature was 97° F., and soon afterwards the bowels acted and he vomited once. He was given castor-oil.

No particulars about his previous health could be obtained, beyond the fact that he appeared to be in his usual health on the previous day, though never very bright.

By noon he had passed four or five motions, which were, it was said, not offensive nor blood-stained, but simply loose.