the normal course of pregnancy. So, too, when the tumour occupies such a position that delivery cannot be effected *per vias naturales*, operation must be undertaken, though some pelvic tumours with a long pedicle can be displaced upwards into the abdomen, where they no longer menace the safe continuation of pregnancy and delivery. If, however, the patient has gone almost to full term with a myofibroma, which would, if left, require removal at a subsequent operation, it is better to effect delivery by Caesarean section, and then proceed to the removal of the myofibromatous uterus.

These, then, are the various considerations which should guide you in the selection of cases for operation. If operation is decided on, the best time is about a week before the expected "period," but in all cases it is desirable that the patient should be brought into the best possible condition before any operation is undertaken.

Myomectomy is the operation of choice in young women, provided that the general condition is fairly satisfactory, that the tumour does not extend much above the umbilicus, and that there are no important complications such as severe inflammatory disease of the tubes and ovaries or advanced anaemia. Within proper limits the operation of shelling out the tumour should always be adopted, as by this means the functional activity of the uterus is unimpaired.

In cases where myomectomy is undesirable I prefer the operation of retroperitoneal hysteromyomectomy rather than the so-called panhysteromyomectomy. When the myofibroma is associated with malignant disease, nothing short of the removal of the whole uterus and tumour would be desirable, whereas in ordinary uncomplicated cases there is no *prima facie* reason for the removal of any more of the uterus than is included in the supravaginal operation of retroperitoneal hysteromyomectomy; but though we may regard the last-mentioned operation as the method of election, it would be foolish to insist on a slavish adherence to it under all circumstances.

These various procedures are of such severity that they should not be undertaken if any grave organic mischief in other organs coexists. Advanced disease of the heart, lungs, or kidneys should certainly be regarded as contraindications to operation.

REFERENCE.

1 BRITISH MEDICAL JOURNAL, 1904, i, 354.

A TUBAL PREGNANCY OF SOME YEARS' (?) DURATION.

SAC CONTAINING MACERATED FETUS: FISTULAE BETWEEN SAC AND BOWEL AND BETWEEN SAC AND BLADDER:

LAPAROTOMY: DEATH.

By E. HURRY FENWICK,
Surgeon, London Hospital.

THE following case seems worthy of publication, if only for criticism. I was asked to see a patient, aged 45, who had a large abdominal tumour, faecal urine, pneumaturia, hectic temperature of long duration, and great emaciation and cachexia. I received the following notes from a gynaecologist:

Breasts do not look active; right nipple retracted; children all suckled at left breast.

Abdomen.—Central swelling reaching within two fingerbreadths above umbilicus. Skin over abdomen takes impression of stethoscope readily.

Auscultation.—Crackling sounds heard over swelling.

Percussion.—Resonance over swelling.

Abdomen is distended as a whole, though not very large.

Per Vaginem.—Uterus fixed. Vaginal cervix small and not soft. Hard mass (fixed) in front of uterus continuous with swelling felt by abdomen; felt more to the left than right.

Catheter passed. A few drops of yellow, purulent, offensive fluid withdrawn (patient had previously micturated). Sound passed rather less than normal distance into uterus.

On cystoscopy the bladder was comparatively healthy, but I noticed it was bulging forwards, and under the prominence was a fistulous opening. I diagnosed suppurating ovarian dermoid, and cut into the tumour above the pubes. It was evidently intraperitoneal, but adherent to the abdominal wall, so that the peritoneal cavity was not opened. Pus, faeces, and gas escaped in large quantities. After a thorough irriga-

tion a bare fetal femur appeared at the incision, and then a humerus. I now felt a macerated fetus lying in a puddle of faeces, pus, and liquid rottenness, and gradually enucleated it piece by piece. Parts of the skull bones were adherent to the walls of the sac, and had to be peeled off with some force. I then tried to open the peritoneal cavity at the sides, in order to dissect out the wall of the sac in which the fetus had been, but the bowels were not only adherent to it, but so greatly softened, that I desisted. Finally, I was forced to pack the

Fig. 1.—Tubal pregnancy of some (?) years' duration breaking into bladder and sigmoid bowel.

big cavity of the sac. The patient rallied, and died in a few hours.

Before she died I was able to obtain a history from her, but it is open to doubt as regards the accuracy of the time.

She stated that eight (?) years before she came under my care she became pregnant, and when she was decidedly big she made arrangements for her confinement. The various symptoms of pregnancy, however, gradually disappeared, and her abdominal swelling subsided slightly, but for the last seven (?) years she has had a "large lump" in her right side, which remained after her belly had gone down. Three months ago she received a severe blow on this lump, and two days later she had great pain in her belly, and sickness. Since then she has been ill.

On *post-mortem* examination it was evident I had been dealing with a left tubal pregnancy, which had suppurred, become adherent in every direction, and perforated into the bladder and the sigmoid bowel. The sac which had contained the fetus could not be dissected away from the hollow viscera which surrounded it. The bones of the fetus were examined by an expert, and stated to be about the fifth month.

THE PHILADELPHIA COLLEGE OF PHYSICIANS.—Plans have been adopted for the erection of a new building for the College of Physicians at Philadelphia. The estimated cost is £48,000. The building will comprise a library with shelves for 30,000 volumes, a floor for museum exhibits, a large lecture and assembly room, with other rooms and modern conveniences. The College has at its disposal, including cash and real estate, about £74,000.