INTRALIGAMENTOUS FIBRO-MYOMA STRANGULATED BY PROTUSION THROUGH INGUINAL CANAL.

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ON February 6th Surgeon M'Ardle sent for me. When I arrived at the theatre, St. Vincent's Hospital, he demonstrated to me a large hernial opening, and on his making pressure over the pubis, a liver-coloured tumour the size of a large orange came down through the opening ; it returned quite easily. I introduced my finger, and found the tumour connected with the uterus. The history of pregnancy, the appearance of the tumour, and its elastic feel gave the impression that we had to deal with an ectopic gestation, probably in the cornu of a bicornis uterus.

Accordingly, through the kindness of Surgeon M'Ardle, I made an abdominal incision in the median line, between the umbilicus and symphysis pubis, and retracted the abdominal walls to see the exact nature of the tumour and define its limits. The liver-coloured appearance, and the elasticity of the tumour, were most remarkable, and extremely like a tubal pregnancy cyst greatly distended with blood, and I noticed that the handling of the tumour did not cause any rhythmic contractions. On closer inspection I found that I could differentiate two masses—one was more or less pedunculated, and was evidently the portion that had descended into the hernial sac, and the other filled the right side of the cavity of the pelvis, and was firmly wedged there ; the two masses were united together by a broad base. I formed an artificial pedicle close to the uterus, and placed around it a stout silk ligature with a large Tait's needle. Having tightened this provisional ligature I incised the capsule to determine the nature of the contents, and found it was not a cyst but a soft oedematous tumour, the tissue of which tore easy with the finger. My course was then clear. I removed the pedunculated lobe, and rapidly enucleated the

remaining portion out of the folds of the broad ligament. The pedicle stump was so large I removed a wedge-shaped slice from its centre, and brought the surfaces together with deep interrupted silk sutures.

Professor McWeeney kindly examined the specimen. His reports as follows :—

“The specimen consists of two good-sized pieces of tumour tissue, the larger of which is made up of two parts as big as good-sized oranges ; these are covered with a shiny membrane resembling peritoneum. The other piece of tumour has adherent to it the ovary and Fallopian tube, and from the nature of the relations it seems to have lain between the layers of the broad ligament.

“*Microscopically* the appearances are what might have been expected from the naked-eye appearance, which was grey and gelatinous, with fibrous bands running in all directions. Fibrous tissue and unstriped muscle are imbedded in a matrix, which has undergone extensive mucoid change. Of sarcoma there is no obvious trace. Hence the diagnosis would be intraligamentous fibro-myoma undergoing mucoid degeneration.”

The case is, I think, remarkable for the following reasons :—

1st. The difficulty in diagnosing the nature of the tumour.

2nd. The presence of an intraligamentous uterine fibro-myoma in an inguinal hernial sac.

After an exhaustive search I cannot find recorded a similar case.

The patient's recovery was rapid and uneventful.