ART. VI.—*Pan-Hysterectomy for Uterine Myoma.* By R. J. KINKEAD, M.D., Dub., L.R.C.S.I.; Professor of Obstetrics, Queen's College, Galway; Physician and Gynæcologist to the Galway Hospital.

A LADY, aged forty-one, unmarried, was placed under my care in the Galway Hospital by my colleague, Professor Lynham. She had been under his care for dysmenorrhœa and menorrhagia.

On palpation a tumour was felt in right iliac region: smooth, hard, about the size of the foetal head, its upper end, an inch below the level of the umbilicus, its lower could not be felt: it could be grasped easily, was freely movable, and could be pushed a little beyond the middle line.

On vaginal examination, the uterus was found, enlarged and depressed in the pelvis, the cervix taken up into the myomatous growth, and the os represented by a crescentic slit: the pelvic mass was fairly firmly fixed, it was very little affected by movement of the abdominal tumour: when the abdominal tumour was rolled freely about, the pelvic portion, stirred only slightly, even when the pressure was directed downwards.

Diagnosis—Myomatous uterus with sub-peritoneal pedunculated tumour.

As the patient suffered great pain, lost much blood, at each period, and was becoming anæmic, she was anxious to have the tumour removed.

She came into hospital for operation on July 13, 1901. The urine was examined and found to be free from albumen—and sugar: on the 14th she got a bath and aperient and the abdomen was scrubbed with turpentine: on the 15th the pubes were shaved, vulva well washed, vagina irrigated, a 1 in 40 carbolic compress placed on abdomen; a dose of calomel was administered at bed time and an enema was given early next morning.

Assisted by Professors Lynham and Brereton I operated at 10 30 a.m. on the 16th. Ether was administered by Dr. Waters, House Surgeon. Dr. Robert Allen, F.R.C.S.I., of Belfast, was also present.

The abdominal wall was very thick, coated with fat, which added to the difficulty of the operation and made it necessary to prolong the incision to an inch above the umbilicus.

On opening the peritoneum the tumour was seen lying obliquely to the right side, there was some difficulty in dislodging it from

the pelvis, when I found there was only one elongated tumour with rounded ends, involving the entire uterus from os to fundus—it was free from adhesions.

The ovarian vessels and round ligaments were first tied, clamped and cut on both sides, I then made an incision from the insertion of one round ligament to that of the other, and dissected off, and pushed down, the peritoneum, completely separating the bladder from the uterus and upper part of the vagina, I then isolated, picked up, tied and cut the uterine arteries.

The myomatous growth had invaded the cervix and its bulk was such as to have entirely obliterated the vaginal fornices, I had therefore to open the vagina two inches below its cervical attachment.

The vaginal walls were thick, dense, and yellow, like yellow elastic tissue, and had to be cut through all round with scissors; there was no bleeding from the cut edges.

The pelvis and abdomen were irrigated with hot normal saline—the cut margins of the broad ligaments were sewn together by a continuous suture of fine catgut, the vagina was loosely plugged with gauze, and the peritoneal flap, dissected off the uterus, dropped over it, but not sutured, so as to allow of drainage.

The omentum having been drawn down over the intestines, the peritoneum was closed by continuous catgut, and the rest of the abdominal wall, by silkworm-gut interrupted sutures.

The operation occupied an hour, the shock was severe.

During the operation, a hypodermic of $\frac{1}{60}$ gr. strychnin was administered: while the abdominal wound was being closed an enema of hot normal saline, beef tea and brandy, was thrown up the rectum, and another $\frac{1}{60}$ gr. strychnin injected: a third was given, and another enema, after patient was placed in bed—hot bottles were disposed about body and limbs; and the foot of the bed elevated on blocks nine inches high.

At 5 p.m. as she was in considerable pain $\frac{1}{100}$ gr. strychnin and $\frac{1}{4}$ gr. morphia was injected, at 10 p.m. she was comfortable and 8 oz. urine had been drawn off. On the 18th she was able to dispense with the catheter, passed flatus at intervals during day, got 1 oz. white mixture every 2 hours and her bowels were comfortably moved during the night. On 19th vaginal plug was removed, and there was nice drainage.

I had to leave, to attend the Tuberculosis Congress in London, and did not see her again until the 28th. I find from the notes

of Professor Lynham who kindly took my duty, that she suffered from a sharp attack of diarrhoea, from the 22nd to the 27th : that the wound was dressed and one suture removed on the 25th and again on the 27th when 4 sutures were taken away.

She sat up on 6th and 7th August, but had to keep her bed on the 8th, a stitch abscess having formed. Prior to and after the operation the urine was free from albumen. On the 8th a slight amount was detected which increased in quantity, but not to any considerable amount till the 16th when the urine became bloody.

The hæmaturia continued unaffected by treatment till the 23rd when I washed out the bladder with a solution of sodium benzoate, the bleeding at once diminished, and the washing out being continued ceased on the 25th. There was only a trace of albumen on the 26th and none on the 27th, from which date convalescence was uneventful.

The cause of the bleeding is obscure—before it began the vaginal wound had healed and all discharge therefrom had ceased, yet to make assurance doubly sure I drew off for examination the bloody urine with a catheter.

The bladder was not injured during the operation, there was no vesical trouble, no irritability of bladder or difficulty in retaining or passing water, no mucus or pain—but after a few days there was a heavy smell.

There was no evidence of kidney mischief—the urine had been examined regularly and was found normal until the 8th of August, twenty-three days after the operation, and with the cessation of the bleeding, the albumen rapidly disappeared—microscopic examination showed only blood cells and a few epithelial scales, neither tube casts, renal corpuscles nor pus cells.

Professor Lynham suggests it was vicarious menstruation, in favour of which might be urged the time of occurrence, being about the date of her menstrual period, the absence of other appreciable cause, the odour, and the failure of drugs to check it.

I have to confess to an error in diagnosis : prior to opening the abdomen, I was satisfied I had to deal not merely with a myomatous uterus requiring removal, but with a pedunculated fibroid as well : in extenuation I may plead, the unusual thickness of the abdominal wall and the great mobility of the abdominal, together with the very slight mobility of the pelvic, portion of the tumour.

The upper end moved as freely as if it was attached to the uterus by a pedicle and there was not more motion in the vaginal part than if such had been the case. The shape of the mass explains this—elongated cylindrical with rounded ends : the lower end with the limited motion of a ball and socket joint—while the thick abdominal wall prevented the body of the tumour being felt and gave an exaggerated size to its upper end.

The following short pathological report was kindly furnished by Dr. W. Sandys, Lecturer on Pathology for Session 1901 and 1902 in the Queen's College, Galway :—

“ The tumour consists of two roughly spherical portions, one involving the fundus, the other, the larger, involving the cervix, and descending along the vaginal wall for about two inches. This latter portion seems to have taken its origin from the muscular fibres of the vaginal wall and to a small extent from the cervix. The length of the whole mass is $9\frac{1}{4}$ inches and weighs 2 lbs. $9\frac{1}{2}$ ozs.; the width is, through the vaginal portion, $6\frac{1}{4}$ inches; that through the fundal portion being $4\frac{1}{2}$ inches. Microscopical examination shows the structure of both portions to be fibro-myoma.”

I have been informed within the last few days that the lady enjoys excellent health and is able to discharge her domestic duties.

ART. VII.—*Colles's Fracture*.^a By JOHN KNOTT, M.A., M.D., Ch.B., and Dip. Stat. Med. (Univ. Dub.); M.R.C.P.I.; M.R.I.A.; &c., &c.

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GOYRAND had arrived at, or confirmed, many of his own special views on the fracture by experiments on the cadaver. M. Bouchut, in a thesis on the same subject—published in 1834—gave the result of a larger series of experiments in the same line of research. The example would appear to have become infectious, for a host of other investigators followed the same path; each of whom threw, or believed that he threw, some additional rays of light on

^a Read before the Pathological Section in the Royal Academy of Medicine in Ireland, on Friday, March 21st, 1902.