

tissue removed with the microscope as they were quite characteristic to the naked eye. Uterus was removed per vaginam; silk ligatures were used. Water was kept running over the wound during the performance of the operation, so that sponges were not required. The patient made an uninterrupted recovery.

Case No. 4.—Mrs. G., age fifty. Patient had suffered for some months with a discharge of blood from the uterus. Four years before I saw her the uterus was curetted by the family doctor. Hemorrhage then ceased and, within the past four or five months, a metrorrhagia came on and at times she almost lost her life as a consequence of the flooding. Nothing malignant was found when the interior of the uterus was examined four years before. A similar condition of the endometrium was supposed to exist on the second occasion. I decided to examine the interior of the uterus with my finger. When this was carried out a polypus was found and removed. Other rough nodules were to be felt on the endometrium near the fundus. A microscopical examination of the polypus removed showed that the case was one of malignant adenoma. The uterus was removed in the usual way; ligatures were placed on the broad ligaments. The patient made an uninterrupted recovery.

I might report other cases, but these four are sufficient to bring this subject fully before you.

The specimens presented for your consideration have been carefully preserved, owing to the fact that they demonstrate the different conditions met with. Let us now, for a moment, carefully examine the pathological specimens.

In the first case related the uterus is found to be normal in size, covered by healthy peritoneum, without any evidence of disease beyond the interior of the fundus. The cervix is normal in size and appearance. At one portion of the interior of the cavity of the body of the uterus a nodule is to be noticed slightly harder than the other contents of the cavity, but not as hard as the muscular structure of the organ itself. The remainder of the cavity of the fundus is filled by a soft structure, and it looks friable and loose on its surface, but firmly attached at its base. At another portion of the uterus, imbedded in the muscular wall, a firm nodule is present. This has not, however, extended to the peritoneal surface.

In examining the second specimen the position of the shrunken fibroid can be seen. It is found closely attached to the cervix uteri, towards its right side. The uterus is found to be normal in size, in fact, rather atrophied, as would be expected considering the age of the patient from whom it was removed. She had passed the menopause about four years. The peritoneal surface is intact and there is nothing in the outward appearance of the organ to indicate the gravity of the lesion really existing. On careful inspection of the endometrium the malignant growth can be noticed at the fundus, where it is found to exist in its very earliest infancy.