

about two inches in length and half an inch in diameter, it was an unchanged fibrous production

3rd. I was sent for by a practitioner to see a lady who, he feared, was suffering from inversion. A dense heavy slightly elastic mass completely filled the vagina, the os uteri could be felt compressing the tumour and the sound passed fully up five inches within the uterus. The chain of an ecraseur with careful manoeuvring was passed up as high as possible, and the ratchet worked until it began to cut, after a few minutes the mass severed from its attachment near the fundus, and by steady traction with strong polypus forceps, it was delivered through the vulva. This tumour was fully as large as a foetal head at the seventh month, a small portion was undergoing fatty degeneration. Strong solution of persulphate of iron was applied to the place where the pedicle had been crushed off, and both uterus and vagina were tamponed with cotton soaked in a weaker solution; a good recovery ensued.

The fibrous tumour will attain an enormous size when, although submucous, it is also in a certain degree parietal.

4th. In this case the woman about 45 years of age sent for me to consult with her attending physician, when reduced to an extremely low state. Within the cervix about two inches from the os uteri could be discovered by conjoined palpation, a large submucous fibrous mass. A sponge tent which had been introduced by the attending physician having failed to dilate sufficiently, I divided the cervix freely with a pair of scissors, the tumour being then steadily drawn down by strong forceps, I made out a narrowing portion, and I could feel its attachment from below the fundus to about two inches from the os, upon the right side. It certainly was not a pedicle, yet I considered that the surface left exposed would not prove to be too extensive. The wire cord of Braxton Hicks' instrument was placed as high up as possible, but broke upon tightening, the chain of the ecraseur was then made to crush off a large segment, and several smaller pieces having been detached by the nails and torn away by the volsellum, or strong serrated forceps, the ecraseur was again employed, and another large piece removed. As the patient had been upon the table nearly four hours, and as much more than three-fourths of the growth had been removed, it was thought prudent to desist; styptics were applied and she convalesced without any bad symptoms. The growth appeared to be intermediate between the submucous and the parietal tumour.