to nurse two months after she became pregnant. Altogether apart from the polyp, she was a most likely subject for secondary hæmorrhage or subinvolution. With the history given, we may readily suppose how easy it was, with an original abnormality, for the tumour to develope.

THE DIFFERENTIAL DIAGNOSIS is very interesting, as, if my view is correct, we have here a combination of sub-involution, secondary hæmorrhage from irregular or imperfect thrombosis, and a polypoid tumour of placental origin. The early diagnosis pointed to secondary hæmorrhage, as the early puerperium was one of evidently good involution; the lochia lost colour on the 4th day; she was permitted to rise on the 9th day; and it was only after unusual exertion on the 11th day that bleeding began. Yet despite the foregoing observations, there must have been sub-involution, as it was possible to introduce two fingers within the os on the 11th day; the bleeding could not have caused such relaxation; had involution been normal, the os would have been almost closed; my experience agrees with authority that the os is normally closed on the 12th day. The uterus, prior to the removal of clots, was as large as a fœtal head; now it seems likely that the faint was most important in arresting the hemorrhage, not the occlusion of the os by a clot; so that we may believe that this bleeding was extremely rapid as well as severe. Several cloths were used on the following day, but only two or three on June 11th; next day there was no discharge. On the evening of 13th bleeding was profuse; the os was still patulous, but the uterus much less in size. The probable cause of this attack was, she had been sitting up in bed, and had neglected her medicine. The subsequent account of slight flow on June 15th and 16th, a little more on the 17th, and its gradual disappearance afterwards indicated involution. The bleeding which was so alarmingly profuse on the 26th, was clearly due to the new source of danger, the partially loosened growth. On this occasion the uterus was not felt in the hypo-gastrium except by bi-manual examination. Such irregular bleedings are met with in chronic inversion, but in acute post-partum inversion the history is different; this condition supervenes suddenly and with it we have hemorrhage and collapse. Partial inversion might occasion similar bleedings, but the organic condition would be explanatory, when the polypus was forced into the cervix it had much the feel of an inverted uterus. I was strongly reminded of one case I saw some years ago, with Dr. Nellis of Fraserburgh and the late Dr. Fiddes of Aberdeen, of chronic partial inversion; in many respects there was much similitude. The pain in handling an inverted uterus is much more marked; the roughness, said to pertain to inversion as distinct from polypus, was in the foregoing case of little help; the tumour by no means felt smooth; but the encircling band of uterine tissue was more symmetrically circular, and the relations of the vaginal parietes to the cervix more perfectly defined. However it was not until I had cautiously passed a sound 2½ inches within the uterus, that I felt justified in removal of the tumour. It is all very well to write in one's study of the "clear differences," but in this case at least there was nothing to prove that the body was not an inversion, which had been gradually formed and was eventually protruded, until the sound was used. From prolapsus the tumour was distinct, it occupied the neck, and the neck could be felt. With prolapsus there can be little risk of confusion, even although there should be an opening in the polyp, unless the latter occupies the vagina very fully. I am aware of the possibility of complications of polypus with prolapse and inversion; but there seems here no need of further reference. Nor do I think the "book" differences of polypus from vaginal hernias, cystoceles, or malignant affections require discussion. In chronic cases it is doubtless valuable to bear these in mind, but not with a narration like the above. The intra-uterine situation of the growth obscured diagnosis. Montgomery, fully thirty years ago, wrote "fibrous tumours formed in the substance of the uterus may thence descend, pass through the os, and form an ordinary pediculated polypus in the vagina." To him also we owe the fact that a "large polypus may make its first appearance immediately after delivery. Even with the additional facilities for diagnosis and knowledge we now possess, I think most will agree that until interference is clearly indicated, the policy of non-intervention is wisest. I fancy few would care to dilate and explore a recently paturient uterus, which had ceased bleeding, and judging from the discharges was undergoing involution. Had the polyp not appeared when it did, I would then have explored the uterus more thoroughly. I well know