character, and the child soon perished from asphyxia. It afforded a mechanical impediment to the descent of the foetus while the os was undilated and the cervical tumor lay over the right half of the brim. When the tetanic contractions were somewhat relaxed by opium, the cervix and lower segment were slowly taken up into the cavity, the os opened and the uterus so to speak piled itself up over the child. The tumor was pulled up along with the cervix, and thus so much displaced from the brim that the wedge-shaped head slipped past it and labor was speedily terminated. There was no hemorrhage during or after labor which points to the cervical origin of the tumor; the presence of the tumor not only did not prevent the firm contractions of the uterus after being emptied of its contents, but even stimulated such contractions.

Diagnosis. A positive diagnosis was impossible. The liquor amnii had been some hours away, the uterus was in a state of tonic contraction moulded about the contour of the child, sensitive to touch, and still more vigorous contractions following any attempt at palpation. The patient was a primipara vagina narrow and long, the undilated os almost out of reach, so that very little information could be gained in that way. As the violent uterine action yielded to opium fluctuation could be felt on the right side quite distinct and separated from the main portion of the uterus. At once this suggested the possibility of a twin pregnancy with two distinct amniotic sacs. One sac remaining unruptured and preventing the descent of the child from the sac which had ruptured and disipating the force of an exhausted and irritated uterus. Pregnancy in the horn of a bicornate uterus or in a double uterus would not explain the absence of any presenting part at the brim. The tumor was too low for an ovarian tumor and seemed too soft and fluctuating for a fibroid.

Treatment. When she entered the maternity weak from want of food, exhausted from want of sleep and continuous violent uterine action for seventeen hours with the liquor amnii away, the os undilated and out of reach and the uterus in a state of tonic contraction, the case seemed very grave. As might be expected the foetal heart sounds could not be heard; such violent uninterrupted uterine action would very soon asphyxiate the foetus. So that in deciding upon a line of treatment the mother's interests only had to be considered. Any attempt to deliver artificially by forceps or version or to reduce the bulk of the child by embryotomy was out of the question, the os being undulated and out of reach. The choice of means lay between Caesarean section and an expectant treatment with full doses of opium and liberal feeding. The patients condition was unfavorable for section, and moreover her child was probably dead. The statistics of section in such cases are very bad owing to the exhausted condition of the patient before the operation can be performed.

Dr. Wm. Gardner then stated that he was called in consultation to the patient referred to by Dr. J. C. Cameron, and after careful examination advised that abdominal section be performed at once. At 7.15 p.m. the patient was ætherized and after the abdomen had been carefully scrubbed, an incision was made six inches long and the abdomen opened. A quantity of peritoneal fluid escaped. The tumor was found to be semi-solid, sessile and incorporated with the uterus and larger than a foetal head in size. It was decided to remove the uterus as the tumor could not be separated from it. The whole mass was then brought out through the wound, which had been enlarged, and a trocar plunged into it, when a quantity of semi-purulent fluid escaped. An Esmarck was then applied to the cervix and a serre noeud was applied over it and tightened, and the whole mass was cut away above the wire. Two pins were then fastened through the stump and the ends covered with a flat piece of metal. The sponges were then removed from the peritoneal cavity and the whole washed out with warm water. The wound was then closed and two glass drainage tubes left in, one in Douglas pouch and the other in the cavity left by the tumor. At 8.45 p.m. the patient was put to bed and hot bottles placed around her. Hypodermics of brandy had been administered during the operation, and an enema of brandy and six ounces of beef tea were given. The patient gradually became conscious, but remained very weak and in a state of shock. She coughed a good deal throughout the evening. At 9.30 the contents of the drainage tube were withdrawn by means of a glass syringe and a rubber tube, amounting to about an ounce bloody fluid altogether. At midnight another beef tea and brandy enema was given which was only partly retained. The patient gradually sank and died at one a.m., the temperature before death rising to 105. The trocar opening was enlarged, and the finger thrust into a large cavity containing thin purulent fluid and a nodular mass could be broken up without much difficulty. This was enucleated as thoroughly as possible, a serre noeud was applied as low as possible around the mass, and a large sized drainage tube inserted into the cavity whence the tumor was enucleated. The transfixing pins were applied and the mass amputated, through the pedicle thus formed projected the end of the glass drainage tube which was thus constructed by the serre noeud. The cavity drained by this tube extended to the floor of the pelvis between the folds of the right broad ligament to point on a level with or perhaps a little lower than the external os uteri. The peritoneal cavity was washed out and the sutures in the abdominal wall being so applied as to surround the stump. A long median incision from umbilicus to pubes being made, and the hand