Kingsville. Examination revealed an irregular uterine fibroid, the uterus filling the pelvis and extending above the umbilicus. There were symptoms of pregnancy, but the most urgent distress arose from pressure symptoms.

On opening the abdomen great difficulty was experienced in getting the mass out of the pelvic cavity sufficiently to secure the uterine vessels; and it was only by employing pressure from below upwards, through the vagina, traction being made at the same time from above by means of volsellum forceps, that this was accomplished. After complete hysteromyomectomy had been performed, examination of the uterus revealed a four months' fetus.

There was considerable shock for a few hours, but she rallied well under the influence of saline transfusion and made an excellent recovery.

The next case was referred to me by Doctor Davis, of Kent Bridge. She was a young woman of healthy appearance, married only a few months. After missing one menstrual period by about fourteen days, she was attacked with pain and flowing, and soon after there was discharged what was thought to be decidual membrane. These symptoms continued for a couple of weeks, when there appeared, in addition, a slight rise of temperature and great nausea.

Examination revealed a solid mass behind and to the right of the uterus; and the cervix was pushed to the left and upwards behind the pubes. A diagnosis of extra-uterine pregnancy was made, and she readily consented to an operation, which was performed as soon as complete preparation could be made.

On opening the abdomen there were found, in the walls of the uterus, seven fibroids, varying in size from a walnut to a large orange, when it was at once decided to remove the whole organ.

On dividing the cervix a portion of soft bloody tissue was caught in a piece of gauze and the wound thus protected from infection. After removal the uterine canal was split open and the fetal mass found partly in the right tube, and partly interstitial, occupying the adjacent wall of the uterine body. Recovery was satisfactory in every way.

The sixth patient was referred to me by Doctor Hanks, of Blenheim. She was thirty-four years of age, had been married about a year, and was thought to be pregnant about four months. She first consulted Doctor Hanks on account of sudden severe pain in the pelvic region, closely resembling the pain and faintness so commonly observed in partial rupture of the sac in tubal gestation. Doctor Hanks, on examination, discovered a tumor in the right iliac fossa and decided that the