constant suffering. Family and personal history good. Present trouble began two years ago, at her last confinement, when midwife told her that she had failed to remove all the placenta, and that a "shred" was left hanging down into the vagina. Since then she has never been well, being constantly troubled with dragging pain in back, profuse vaginal discharge resembling menses, headache, constipation, loss of appetite, and weakness. Lately, too, she had developed a hectic fever, with flushes of heat, chills and sweats alternately. A constant desire to micturate, but no pain accompanying the flow. She had been treated for some time for prolapsus, but without benefit!

Examination.—Vagina packed by a hard, smooth tumor, rather larger than an orange, movable, and pediculated—the pedicle passing up into os uteri, which fitted it like a ring on little finger. Sound passed into uterus beside the pedicle a distance of three and a half inches. Tumor bathed in a sanious, non-fœtid discharge evidently coming from interior of uterus.

Advised removal of tumor, but the usual horror of country-people for an "operation" prevented consent being given, and in the interim I prescribed Fl. Ext. Ergot ♏xx, K. Br. gr. v, t.i.d., and advised carbolized vaginal douches. The effect of this treatment was to lessen the discharge and also the size of the tumor; but this latter, as a result of its starvation, began to slough, and the discharge became so fœtid that she sent for me and indicated her willingness to undergo any operation. By this time she was much emaciated; no appetite; pulse 120; temperature 102°; decidedly septicæmic.

On April 9th, 1887, assisted by Dr. Cameron, I proceeded to remove the tumor, using ether as the anæsthetic, and having patient in dorsal position at edge of bed as for a forceps case of midwifery. Grasping the tumor firmly in vagina with vulsellum forceps, torsion was tried in vain. I then delivered the tumor (a fibro-myoma, weighing 10 ozs., 14 inches in circumference, onion-shaped) as one would a child's head, and pulling on it until the os uteri presented at the rima vulvæ, I ligated the pedicle by transfixion and a double ligature, and then excised it, being careful to retain the other end of it by means of the