Smith's view of the case as one of double uterus with retention. He regretted that Dr. Smith had accepted as final the evidence of the first examination, which was hasty and necessarily imperfect from the condition of the specimen. The history of the case and the subsequent microscopic examination of the fragments removed pointed conclusively to a rapidly-growing periosteal sarcoma. The specimen showed large round cells embedded in a granular matrix enclosing large and numerous blood-channels. In places the vessels had ruptured, and their contents were mixed with the sarcomatous tissue. A few spicules of bone were detected. Such sarcomas were very prone to soften and degenerate, producing cavities filled with bloodclot and shreds of the new growth. The firmness and resistance of the outer portion of the growth were due to a secondary inflammatory action, which was a frequent concomitant of rapidly growing tumors.

Dr. Roddick thought it was a sarcoma, and that Dr. Lafleur's explanation was satisfactory. He could not see that there was sufficient evidence to enable one to establish a diagnosis of uterus duplex.

Dr. Hingston said that as Dr. Trenholme had made out a freely movable uterus displaced upwards at an early examination, and had been able to pass his finger between the uterus and the growth, these observations, together with the forward displacement of the rectum, left no reasonable doubt but that Dr. Smith had to deal with a rapidly-growing tumor arising from the bone behind or partially behind the rectum. He could not see how it was possible for a tumor in front of the rectum to displace it to the right and towards the pubis.

Dr. Ruttan said the evidence derived from the nature of the cyst contents was against its being a retained menstrual fluid. Extravasated blood could not be pent up for a prolonged period in such a cavity without its pigment becoming more or less completely changed into methæmoglobin and becoming of a dark or tarry appearance.

Dr. Shepherd said it was evidently a case of sarcoma and not of uterus duplex.

Dr. Wilkins referred to a sarcomatous tumor which had been sent to Dr. Fenwick, where the tumor contents were exactly similar to the specimens shown to-night by Dr. Lafleur. The tumor was the size of a child's head and of very rapid growth. Such tumors are prone to become highly vascular, and the contents to become friable and give rise to very serious hemorrhages.

Dr. Cameron agreed with the previous speakers as to the nature of the disease, and thought that Dr. Trenholme's observations made before the pelvis became blocked by the rapid growth completely negatived the diagnosis of double uterus.

Dr. Smith, in reply, expressed his regret at not having been able to obtain a post-mortem, although he had made many repeated and strenuous efforts to do so. This would, of course, have cleared up the obscurity. Neither was he allowed to resort to abdominal section during life, as the patient felt convinced that nothing could save her, and she wished to die peacefully. He admitted that Dr. Hingston's point was very well taken, as it had struck him at the time of his first examination that it required something behind the rectum to push it forward. If he had known that there were sarcoma cells in the specimen he would not have so much entertained the theory of the double uterus. He was glad, however, that his paper had elicited such general discussion, and he begged to tender his grateful thanks to Drs. Trenholme and Gardner for their kindness in asssisting him with this very serious and difficult case.

Stated Meeting, Dec. 14th, 1888.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Ovarian Tumor.—Dr. Lafleur exhibited the tumor for Dr. Wm. Gardner. It was multilocular, and contained a large quantity of yellowish, somewhat viscid, fluid which resembled pus. On examination, this was found to be due to extensive fatty degeneration of the cellular elements of the fluid, which were present in great abundance. There was no inflammatory reaction such as would occur in a suppurating cyst. The part of the tumor nearest the pedicle was solid, and on opening the largest cyst was found to be composed of a convex mass of papillary processes, very vascular, and covered with viscid mucus. In places the papillary projection had undergone fatty degeneration. This was particularly marked in some of the smaller cyst cavities. The surface of the tumor presented two patches, each about one inch in diameter, of a greyish-black color, which appeared to be necrosed. There was nothing to account for this change, as far as could be made out. A small piece clipped from the solid part of the tumor showed branching club-shaped papillæ covered with numerous layers of epithelial cells, the uppermost layer being cylindrical in shape.

Abortion at the Fourth Month.—Dr. Alloway exhibited fragments of a fœtus removed from the uterus at the fourth month of gestation. Symptoms of threatened abortion had for some weeks existed. Suddenly the patient had a chill, with rise of temperature, and the operation was performed a few hours afterwards. Under ether the cervix was dilated with Goodell's powerful steel dilator to its full extent (1½ inches), and the contents of the uterus removed in fragments as rapidly as possible and the walls of the uterus curetted. The patient was up about a week afterwards, and has had no more trouble. Dr.