

returned in ten months. One miscarriage, thirteen years ago, at six weeks.

Menses irregular until marriage, with profuse flow and some pain; periods regular after marriage. Last spring the menses began to decrease gradually, the pain also became less. The last period occurred in June, 1893 (menopause?). After the cessation of the flow in June, 1893, the patient felt very well. In August, 1893, she had a slight flow at about the menstrual period, and at this time commenced to feel weak and to have a profuse yellowish leucorrhœal discharge. Since November, 1893, she has had constant hemorrhages.

**Examination.**—Douglas' cul-de-sac is filled with a hard, immovable mass, from which the uterus cannot be differentiated.

**Operation.** Feb. 10, 1894. Dilatation and curettage. Double salpingo-oöphorectomy. Hystero-myomectomy. Uterus dilated and curetted with removal of a large quantity of mushy endometrial tissue. Retroflexed adherent myomatous uterus removed.

Maximum temperature 100.8° F. on eleventh day. Varied between 98.6° and 100.5° F. for over three weeks. Recovery.

**Gyn.-Path. No. 163.**—The specimen consists of the uterus, tubes, and ovaries. The uterus is uniformly enlarged, being 8 cm. in length, 7 in breadth, and about 7.5 in its antero-posterior diameter. It is smooth and glistening, but situated on the posterior surface are two small, hard nodules about 5 mm. in diameter. These are myomata. The anterior uterine wall varies from 2 to 3 cm. in thickness. Its muscular tissue is rather coarse, especially in its inner half, and scattered throughout it are numerous myomata, some reaching 1.5 cm. in diameter. The posterior uterine wall varies from 2 to 3.5 cm. in thickness. Its muscular tissue near the uterine cavity is coarse in texture. Scattered throughout it are several small myomata. Some of these encroach to a slight extent on the uterine cavity. The uterine cavity is 7 cm. in length and 7.5 cm. in breadth at the fundus. A description of the mucosa can