

of retained menstrual fluid, the contents would have been tarry, and not organized; as I believe there is no case on record of retained menstrual fluid ever becoming organized to the slightest extent. On the other hand, this hard fibrous ring reminded one forcibly of the open cervix of the hypertrophied uterus; for in all cases of retention, the continual efforts of the organ to expel these abnormal contents result in a real hypertrophy of its muscular walls. The fact that menstruation had been going on regularly for several months was, of course, against retention, and could only be explained by there being a double uterus, one side of which was closed up and full of menstrual fluid, while the other side fulfilled its functions. The uterus itself could not be felt by any form of examination, so that we were quite in the dark as to whether there was one or two, or whether the contents of this cyst were due to retention or to malignant growth. Against the theory of malignant growth was the fact that she had had no pain in the pelvis or abdomen other than what might be reasonably referred to pressure on the bladder. Against the theory of the tumor being due to disease of either the uterus or ovary was the fact that the rectum was carried forwards and to the right until it occupied the small place between the tumor and the right symphysis pubis: and the finger in the rectum could feel on either side a band which seemed to be the rectal fold of the peritoneum which had been lifted forward with the rectum by the growth developing behind it.

Just before the meeting, Dr. Lafleur informed me that he had succeeded in finding some large round sarcoma cells, which, of course, has now made the diagnosis clear; and it is some consolation to know that in view of the very rapid growth which the tumor had made within two or three weeks, that the patient could not have lived in any case more than a few weeks longer. While, on the other hand, the tumor being so firmly wedged into the pelvis, and possibly growing from the posterior part of it, the result of abdominal section would have been instantly fatal. This displacement of the rectum forwards would seem proof positive that the tumor must have grown from the back of it; but Dr. Gardner, in the case which he will report, and of which he has the specimens, obtained from the post-mortem, proves that the retained menstrual fluid cyst, in developing, had pushed the rectum forwards and to the right in precisely the same way.

*Discussion.* — Dr. Trenholme said that through the courtesy of Dr. Smith he had seen the case some three weeks before death. The girl at that time was in general good health and free from suffering. On examination, found the left and posterior part of cavity of pelvis to about one-third of its surface occupied with a sessile growth, immovably covered by or bound

down to the periosteum or walls of the pelvis. The growth bulged into the cavity and filled nearly half the space; was of round, uniform contour, except where it seemed constricted about half an inch below the brim of the pelvis by a dense fibrous band. The growth was non-fluctuating and extended from the lower margin of the pubis and ischium to a slight distance above the brim. Per vaginam, found the uterus high up and pressed to the right side, but quite free and movable. Both per vaginam and rectum, could feel the mass as far as the crowning part of the growth; could not detect fluctuation; was in doubt as to the exact origin of the growth, but he wrote Dr. Smith that he regarded it as a myomata, and that it should be removed at once. These facts lead him to wholly dissent from the conclusion reached by the reader of the paper and Dr. Gardner, that it was a growth due to retained menses in a double uterus. There never had been any menstrual trouble, which was hardly compatible with that view. The mobility of the uterus and its entire separation from the tumor, together with its rapid growth and still more rapid changes during the two weeks between his examination and that of his friend Dr. Gardner, utterly precluded the thought of a double uterus and retained menstruation. In fact, the exhibition of the pathological specimens would alone suffice to convince him (Dr. T.) that such was the case. It was much to be regretted that no post-mortem examination was obtainable. Dr. T. would have operated by laparotomy had the case fallen into his hands, as he expected it would have when first consulted. He much regretted being absent from the operation.

Dr. Gardner reported a case which had been sent to him from Brockville, the symptoms of which had a similar onset to the case of Dr. Smith. He emptied the cavity and irrigated thoroughly, and felt sure that he had saved the patient as she did well until the seventeenth day, when the drainage tubes came out, and, unfortunately, were not replaced for several hours, the result being that her temperature immediately rose, and she died a few days afterwards from peritonitis. He thought at first that this case of Dr. Smith's was one of retained menstruation, but changed his opinion somewhat on perceiving the organized condition of the contents of the cyst, as in the case of his own, to which he had referred, the contents of which were tarry. However, on learning from the pathologist that no cancerous cells could be found, he was forced to the conclusion that this was a case of double uterus with retention, and with malignant degeneration of the lining membrane of the organ. The subsequent report of the pathologist stating that round sarcoma cells had been found had, of course, considerably shaken his opinion.

Dr. Lafleur said that he could not accept Dr