[91] citic fluid with the presence of uterine myomata is most exceptional. In this case it was probably due to the twisting of the omental vessels by the freely movable myomatous growth.

CASE 4.—*Removal of a large interstitial and partly submucous myoma. Subsequent sloughing of inner layers of uterine walls removal of necrotic tissue followed by recovery.*

The patient, who was 38 years of age, was admitted to the Hebrew Hospital on July 14, 1902. She had noted a pelvic tumor for some years, but it gave her little concern until pressure symptoms manifested themselves and she came complaining of swollen legs which were dark purple in color. The urine showed a considerable quantity of albumin. We removed a large interstitial and partially submucous myoma nearly the size of an adult head. The uterine cavity was opened in several places. After operation she did well for several days, then her temperature rose two or three degrees and she had some headache and much nausea. The urine contained quantities of epithelial and blood casts. At the end of fifteen days there was a most offensive vaginal discharge. We examined under anæsthesia and found pus oozing from the cervix. The posterior lip of the cervix was then split to obtain free drainage and we removed fully a large handful of necrotic tissue from the interior of the uterus. Its removal did not occasion any hæmorrhage and the necrotic material was evidently sloughing uterine tissue. In this case we had stitched the uterus to the anterior abdominal wall. Consequently the line of incision was protected. Otherwise we would undoubtedly have had separation of the muscular walls with escape of purulent material into the abdominal cavity. The necrotic process apparently occupied both the anterior and posterior walls.

This is a most rare complication and the first that we have seen.

I saw this patient a few days ago and she is in good health.