

before and after delivery. When it occurs before the delivery of the patient the condition is particularly dangerous. These patients are liable to become pyæmic and to lose their lives. If delivery has taken place, there is then a chance that the contents of the sloughing tumor may be extruded, and that the sloughing tumor may be reached by the surgeon. The treatment under such conditions should consist in as thorough a cleansing of the parts as possible, and a removal of as much of the necrotic tissue as possible. The antiseptic that is perhaps most serviceable is bichloride of mercury. This should be used as a douche into the uterine cavity once or twice a day, and perhaps it may be considered advisable to pack the uterine cavity with iodoform gauze. A hysterectomy under such circumstances is not to be thought of. To open up by incision a large area necessary in performing this operation, in the presence of a fetid and extremely poisonous gangrene, is very unwise. When, during pregnancy, a tumor becomes necrotic, an abdominal hysterectomy will give the best results and is then indicated. Operation must not be long delayed if we hope to save the patient. Necrosis in such cases is generally indicated by a sudden tenderness over the tumor, accompanied by high elevation of temperature, and in all probability with chills, together with increased pulse rate and sudden rapid increase in the size of the growth. The necrosis of fibro-myomatous tumors is liable to occur after the removal of ovaries and tubes, or, in other words, after the operation of oophorectomy for fibroid; sometimes the tumor becomes inflamed under such circumstances, but does not become completely necrosed. After the removal of a fibroid tumor I have been surprised on a number of occasions to find evidence of old necrotic changes. When polypi are extruded from the cervix or from the vagina, they are liable to become gangrenous. In the early stages of such gangrene, the tumor simulates very closely malignant growth, and it is necessary for the surgeon to discriminate between the two. In either case, there is a very considerable malodorous discharge, frequently tinged with blood, poured out from ulcerated areas. When such tumors have been removed the differential diagnosis can readily be made by making an incision into the tumor substance, and by examining a section of the tumor under the microscope. These polypi can be very readily removed, as the thrombosis of the vessels at the pedicle prevents hæmorrhage, provided the pedicle is separated below the upper limit of the occlusion of the vessels. I have seen such black tumors as large as a man's head, between the thighs, entirely outside the labia. The so-called red