she lay in bed expecting death, but had eventually convalesced.

She was for a long time unable to hold her water, which continually dribbled away from her. This, however, ceased in time, and she became pregnant with her last child.

I was not able to obtain a post-mortem examination. The diagnosis halted between thrombosis and hæmorrhage—possibly from some undiscovered laceration of the vagina or uterus. The latter was carefully sought for, and if present, would scarcely have escaped observation. The symptoms closely corresponded to the account given by Playfair of thrombosis, and I am inclined to consider that this was the immediate cause of death. The case has many points of interest, which, unfortunately, I am not able satisfactorily to elucidate. What was the cause of the free ante-partum hæmorrhage? Would it have been more scientific to have incised the cicatricial bands instead of allowing them to dilate, and aiding this action by the application of the forceps? In view of the fact that the cicatrix was dilating, and that the forceps did not prevent incisions later if required, I think the course pursued was rational and proper. The cause of the vomiting was obscure. Coming on immediately after recovery from anæsthetisation it was attributed, of course, to the chloroform. But why should it persist? There was no marked elevation of temperature, and no chills, and the pulse not greatly disturbed, nor the appetite interfered with. The symptoms, progress, and mode of death, were not diagnostic of septicæmia.

FIBRO-MYXOMA.

BY WM. OLDRIGHT, M.A., M.D.*

At a time when there is so much research and discussion as to the etiology, pathology, life, and classification of tumours, it has occurred to me that it might be profitable to show and make a few remarks on one which I assisted in removing, and which was placed at my disposal by Dr. Ball, of Toronto, the gentleman who requested my assistance in the case.

History.—Mrs. G., of middle age, had noticed a "lump" growing in the thigh for several years; she could not say definitely how long, but at any rate it was five years or more since she first noticed it. It had caused no pain, but great inconvenience from its weight, size, and situation.

It was situated in the upper and inner aspect of the right thigh; was semi-elastic and lobed. Our diagnosis was that it was either fatty or fibroid.

Its removal was attended with greater loss of blood than I have usually met with in the removal of tumours similarly situated. The blood was dark in colour, and flowed from veins which ramified in the connective tissue which held the lobes of the tumour *in situ*. These lobes were three in number: two of them were partially separated from the third by the adductor brevis, which was found crossing the tumour. Two of the lobes were found to occupy a large cavity below the adductor, and the other a cavity above that muscle. They were connected together by a somewhat organized mass of connective tissue of fibrous character, some of the bands of it being of a yellow colour.

During the operation, we were obliged to stop to arrest hæmorrhage by compression, and plugging the cavity first emptied with cold sponges and maintaining firm pressure for a short time. The cavities alluded to had been formed by the slowly increasing pressure of the lobes of the tumour, and remained quite distinct after these had been enucleated; they were separated by a distinct ridge arising between them. I may remark, *en passant*, that the existence of these cavities prevented any attempt at union by the first intention, and that they necessitated semi-daily washing out by in-

* Read before the Surgical Section of the Dominion Medical Association.