

than in the right, much resembling the buttocks of an eight months foetus. The right iliac region was hard and solid-like. The uterus was pushed forward and packed up-against the pubic arch somewhat to the right side. The os which was found close behind the pubes was normal in size, mobility, and consistency. The sound acutely antiflexed readily entered the canal for a distance of three inches, turning to the right on its way to the fundus. When the abdomen was opened, a tense fluctuating tumor presented, from which ten pints of straw-colored fluid was removed. The sac was drawn out, but no pedicle could be found. The abdominal wound was enlarged and a large mass, about the size of a foetal head at full term, was withdrawn, which proved to be a fibroid uterus. Hysterectomy, with amputation at the cervix was performed as rapidly as possible, and up to to-day, more than three weeks after operation, there has been no rise of temperature or pulse of any moment. Examination of the tumor showed it to be a fibro-cystic tumor of the uterus. The large cyst occupied the left posterior wall, and there was a small cyst in the right posterior wall. The rest of the uterus was composed of interstitial multiple fibro-miomata, and weighed, after the evacuation of the fluid, nearly seven pounds.

These four cases, all of which have occurred in the service of the Doran Wing of the Kingston General Hospital, within a very short period of each other, are fairly typical of the large pelvic tumors found, and I think it will be admitted that they all presented misleading symptoms. Case No. 1 did not represent the typical symptoms of a pelvic hæmatocele, and if it did, case No. 2 did also. In case No. 3 the position of the uterus and the inability to pass the sound pointed to the uterus being implicated, possibly fibromyomatous, whereas in case No. 4 the position of the uterus and its apparently almost normal length, together with the abdominal fluctuation was strongly suggestive of its being ovarian.

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