

been irregular for some months. Leucorrhœa was profuse. The patient's history was entirely negative as regards the source of any local irritation, unless we can look upon the irritating leucorrhœa as a possible factor. She had never worn a pessary, her husband had always been healthy and there was no history of cancer ever having occurred in her family.

Upon making a vaginal examination, a growth the size and shape of a large walnut was to be felt protruding from the post vaginal wall at the level of the junction of the upper and middle thirds. The free surface was convex, uneven and spongy. This mass was attached to the vagina by a broad flat pedicle, which could not be felt at first owing to the manner in which the cauliflower-like growth overlapped it. The finger could be passed with ease between the cervix and tumour and no connection between the two could be felt, although this was very carefully sought for. The growth was fairly movable as though it had not implicated the peritoneum but felt as if it slid over this structure.

The cervix and uterus were practically normal, the former being quite soft and not imparting to the finger the sensation which would be produced by a carcinoma.

On inspecting the parts through the speculum, the above mentioned mass was seen to have greyish gangrenous looking patches here and there on the surface, which, in other places was red and angry-looking and bled on drawing the vaginal forceps over it.

The cervix was not torn but was red and inflamed around the os, owing probably to the action of the discharge produced by the growth, but it did not look at all like a cervix which is the seat of malignant disease. The inguinal glands were not involved.

On February 22nd, the patient was anæsthetised and placed in the lithotomy position and the parts very carefully sterilized. After thoroughly exposing the growth an incision was made into the vaginal wall about a quarter of an inch below it. By working carefully with the finger and scissors, the peritoneum of the pouch of Douglas was exposed and the finger was passed up so as to completely separate it from the base of the tumour. The ease with which this was effected convinced me that the growth had not implicated the peritoneum, so it was decided not to perforate it if possible. By exerting traction upon the tumour and using the thermocautery knife, the whole mass was removed, the line of incision being in healthy tissue. The cavity thus made was packed with iodoform gauze and left to granulate. The patient made an uneventful recovery and left hospital on the 10th day after operation. At that time, the wound was contracting nicely but there were some granulations which bled upon pressure.