dition of the mucous membrane. We concluded to continue intra-uterine medication, and many applications (through glass canulas) of nitric acid were made to the diseased surface, with the effect of subduing the discharge, for nine weeks, when in consequence of recurrence of hemorrhage, I was again called in and now found our patient much exhausted. The doctor had arrested the bleeding by the tampon. The following day we withdrew it, and examined per speculum—found hyperplasia of cervix much increased, especially the anterior lip; this we punctured freely, as well as incising a portion of the cervix, hoping this might prove sufficient to break the neck of the malady. The patient improved and went on well for another period of eight weeks, when hemorrhage again set in. Considering that hitherto the hypertrophied parts had not been sufficiently incised, the canal was again well dilated, and a long narrow bistoury passed far enough through the inner os to reach the tumoid part of the uterine wall, which was now carefully incised, and the cervix divided on both sides. The acid was freely applied, the vagina securely plugged with cotton-wool, and the usual opiate administered. The patient remained for a week very low and feeble, but at length she satisfactorily recruited, and is now quite hearty and vigorous.

Remarks.—With some of our modern gynecologists, it is quite the fashion (for even gynecology has its fashions) to ascribe the existence of hyperplasia almost solely to imperfect uterine involution, yet it is well known to practical men that there are many other morbid conditions of the uterus which may have the effect of producing hypernutrition of the parenchyma of the uterine walls. Even nulliparous women are not exempt from the disease—with them it is not unfrequently caused by excessive sexual indulgence.

Again, it is too much the fashion to fix hyperplasia in the connective tissue, as it is yet unexplained why that structure should be more prone to overgrowth than the muscular. It is also the fashion of a few modern writers, to assert that such is the overgrowth of the aforesaid connective tissue, that in some cases the muscular is quite pressed out of existence. Now it has been for some time well known by pathologists as well as by many reliable practitioners, who have had opportunities of making microscopical and searching examinations of these diseased structures,—in many cases, that both tissues are about equally increased in volume, that on the whole the overgrowth of the connective prevails over the muscular, in a few cases only.

The disease may extend from the fundus down to the labial end of the cervix, indeed the cervix is occasionally so much tumefied as well as elongated, as to mechanically interfere with defecation. The os tincæ may even be forced down to the pudendum. In those cases of hypertrophy, or rather hyperplasia in which there are frequent hemorrhages, it is supposed by some gynecologists—and with a fair show of reason, that the muscular element prevails in amount, and that it not only gives rise to leuchorrhœa, dysmenorrhœa, excessive menstruation, but also to frequent attacks of interperiodic hemorrhage, and that this miserable condition, unless checked by active measures, may last for months or even years, producing results similar to and almost as disastrous as, the existence of interstitial or submucous fibroid. As the disorder proceeds, the mucous membrane of the uterine cavity becomes granular, and sometimes, though rarely, studded with small vascular fungi; these occurring in the cervix occasionally protrude through the os into the vagina. To practitioners accustomed to the use of the sound, a careful examination of the uterine cavity will generally reveal the nature of the disease. Should any doubt exist, and the cervix be not too dense and tumefied to admit of dilatation by tents, the uterus may be drawn down low enough for a more thorough search, and when hyperplasia, (*id est* non-capsulated fibrous growth of the parenchyma) exists, from its smooth and slightly bulging surface, the surgeon with his well educated finger will be enabled to distinguish it from the regularly defined and capsulated form of the disorder, commonly understood as uterine fibrous tumor.

I think there is sufficient reason to suppose that hyperplasia and uterine fibrous tumor are only two varieties of one and the same disease; their elementary composition is the same, their sequences are similar, and they are alike amenable to the same plan of treatment. In severe cases of the hyperplastic form of the disorder, scarification, puncture, and even incision of the tumoid walls of the cavity, with division of the cervix, may be necessary, after the manner of Baker Brown. It