

during the separation of the adhesions, allowing shreds of the wall to remain attached to the wall of the pelvis. These shreds were scraped away as thoroughly as possible.

The tumor measured 16 x 14 x 9 inches. Its surface was irregularly lobulated and had the tube passing over it. On section it was pale, showing firm and softened areas. Sections showed in line. To the left of this again a mass the size of a golf-ball, which was firm, rounded and painless, could be felt. The cervix was small, soft and pushed to the front. An ovoid mass, the size of a large hen's egg was felt through the posterior fornix. This came down to within $1\frac{1}{2}$ inches of the vaginal orifice, was continuous with the uterus and of varied consistence. The fundus was small, anteflexed and slightly mobile in a vertical direction. On inspection, this vaginal mass was seen to be of a purplish color and to have three perforations on its surface through which material resembling blood-clot protruded into the passage. In fact, this mass strongly resembled the appearance of a vaginal nodule in chorioepithelioma.

On the 17th of January, the abdomen was opened but everything was found to be so matted together that it was closed without making any attempt to removing anything except a few clippings for the pathologist, their examination revealing fatty tissue and round sarcoma cells.

In the following March, she was readmitted with signs of pulmonary involvement, but these cleared up in a short time and she was again discharged. She died in a few weeks at her own home and no autopsy was permitted.

Case 5, M. G., æt. 26, single, was sent to the Montreal General Hospital by Dr. Fraser, of Georgeville, P.Q., complaining of "stomach trouble" and a growth in the abdomen. This had started on December 20th, 1907, the stomach being irritable and bowels very constipated. She was compelled to take to her bed in a few days and only left it to come to the hospital. There was no pain, however, at any time.

Her menstrual history was negative, she being regular every month with pain for the two days before the onset of the period. She was quite emaciated and anæmic.

Examination of the lower abdomen revealed a fullness in that region but no rigidity. A hard, nodular mass could be felt rising out of the pelvis as high as the umbilicus. It was firm, tender and inclined slightly to the left of the median line. The tumor did not fluctuate nor was there any evidence of fluid in the abdomen. The hymen was lacerated and cervix soft. The fundus was small, lying to the front and tender, and attached to it posteriorly was a mass the size of a cocoanut which extended into the abdomen as above described. The whole mass was ovoid and slightly mobile.