Difficulty of Diagnosing—It is exceedingly difficult to accurately diagnose fibro-cystic tumors of the uterus from cystic tumors of the ovary. At a recent meeting of the British Gynæcological Society no less experienced an operator than Dr. Bantock reported a case in which he said he had diagnosed fibroid of the uterus, and even after opening the uterus this view was confirmed by appearances; but on pressing it with the finger he found it fluctuating, and on tapping it he withdrew seven and a half ounces of fluid. On removal it turned out to be a fibro-cystic tumor of the ovary, having no connection with the uterus whatever.' The patient was a cook, single, and 35 years of age. This case is exactly similar to the one which I reported at the meeting before last which was successfully removed by Dr. Perrigo, and which we nearly all thought was a fibro-cystic tumor of the uterus. Dr. Werder, of Pittsburg, at a recent meeting of the Allegheny Medical Society, reported a case of fibro-cystic tumor of the uterus, which he had successfully removed, but which he was so sure was an ovarian cyst that he made no preparations for treating the uterine stump and had to improvise a clamp on the spot "Several physicians of ability," he said, "who had examined the case before I did, had already made the same diagnosis."

Gusserow, in his book on Fibroids of the Uterus, says: "The diagnosis of these tumors has only been made in the most exceptional cases, and even then has been the result of accident rather than of correct appreciation of the symptoms. Fibro-cysts so closely resemble multilocular ovarian cysts, particularly in their fluctuation and in their location, that the frequency with which they have been mistaken for ovarian tumors is not astonishing."

Then as regards the operation, Dr. Lapthorn Smith was exceedingly well pleased with the method adopted by Dr. Trenholme. He had seen Martin, of Berlin, operate several times with intra-peritoneal treatment of the stump, but he much preferred the extra-peritoneal treatment. This operation was very easy; the tumor presented in the abdominal incision, and on plunging Tait's trochar into it about 8 ounces of straw colored fluid escaped. The tumor and uterus were then dragged through the incision and the tubes and ovaries were removed in the usual way. A serre nœud in which the wire was replaced by a dozen strands of shoemaker's thread soaked in pure carbolic acid was then thrown around the uterus as low down as possible, which was about the middle of the body, and gradually tightened. The tumor was then cut away about half an inch above the serre nœud, and the stump was sewed to the abdominal incision. A drainage tube was then introduced to the bottom of Douglas' cul de sac. No pins were used. The patient made a rapid recovery, the only contretemps being a severe hysterical attack, which occurred about three weeks after the operation, when she sat up too long and the stump seemed to have given away and sunk into the abdomen.

The A. C. E. mixture was used, and there was no nausea or vomiting afterwards.

The patient suffered a good deal from wind, which was relieved promptly by the use of salines and turpentine enemata, but no morphia was used. Three months after the operation she was doing well. An examination of the specimen revealed the cause of what was supposed to have been a prolonged menstrual period, but what was really due to the end of the platinum sound having perforated a small uterine vein. This was also the probable cause of the sharp attack of local peritonitis over a surface as large as a ten cent piece, resulting in a small band of adhesion between the tumor and the pelvic brim. This accident can be avoided by covering the tip of the sound with shellac.

Dr. Trenholme then read the paper of the evening entitled "Nine Cases of Abdominal Hysterectomy for Fibroids," which appears on another page.

Dr. Lapthorn Smith congratulated Dr. Trenholme on his courage in reporting these nine cases with five deaths. He hoped that others would follow his example. We wanted more of the failures reported and fewer of the successes, so that the younger men might not be misled by the *couleur de rose* reports which we sometimes heard.

Dr. Gardner said the diagnosis between cystic myoma and ovarian cyst was sometimes extremely difficult. The more one knows about these cases the more likely is he to be in doubt. The best thing is to be prepared for anything. He congratulated Dr. Trenholme in abandoning the intra-peritonieal method which in Schroeder's hands had given a mortality of 30 per cent. He