

it in places. These adhesions were easily broken down with the finger. Directions were given to get Dr. White to separate any such that might re-form, a few days after getting home.

My patient was so much improved by the operation, that two or three years afterwards she ventured once more upon the sea of matrimony and became Mrs. D. She got along very comfortably until about a year ago, when she began to suffer from a nasty filthy discharge, accompanied by the feeling of something in the vagina. She has also had some irritability of the bladder. Her general condition however has been good. On examination I found a tumor filling the upper three-fourths of the vagina, and attached broadly and firmly to the latter at its posterior and lateral surfaces. I could not well get at the attachment to the cervix uteri on account of the size of the tumor and its extensive adhesions. The fundus of the uterus could be felt through the abdominal walls in the right hypogastric region, reaching nearly to the umbilicus.

April 12th, 1883. Operation.—Chloroform was administered, assisted by Dr. Coburn, of Fredericton. I first cut a slice from one side of tumor as before, in order to reach its uterine attachment, which I now found to be only about $1\frac{1}{4}$ inches in diameter. This was first severed, then by dint of traction with forceps, cutting with scissors and knife, previously described, and tearing away with the fingers, the whole mass was slowly detached from the walls of the vagina and removed.

Great care was needed during this procedure to avoid penetration of the thinned recto-vaginal septum. The operation lasted about three hours, and I was ably assisted by Dr. Coburn in its successful accomplishment. Although the loss of blood was comparatively slight, yet the patient suffered considerably from the shock, as after the first operation. Her general condition, however, was better on this occasion previous to operating, and she rallied in a short time. The vagina was tamponed lightly with some pledgets of salicylic silk wrapped in carbolized gauze. The amount of tumor removed was about equal in size to a foetal head at full term.

April 13.—9 a.m. Doing well, had $\frac{1}{4}$ gr. of morphine last night. Some vomiting, P. 76, T. 99°. Tampon removed. Vagina to be washed out three or four times a day with warm carbolized water.

April 14.—P. and T. as yesterday.

April 15.—Less discharge since operation than before. Some looseness of bowels, attributed to her taking some beef-tea yesterday. She states that she is always easily upset by changes of diet. P. 88, T. 99.5°. Purgative in drachm doses pro re nata for the diarrhoea. Also to have dry farinaceous food.

April 16.—Bowels better. P. 84, T. 98.8°.

April 19.—Discharge is very slight. P. 80, T. 98.8°. May sit up a little, and can have a boiled egg and a potato every day.

April 24.—Catamenia came on to-day, being the regular period for them. P. and T. normal. Sits up several hours every day.

April 29.—Has been going about the house for two days. Menses have ceased. On examination the cervix felt large and expanded, the whole uterus also seemed heavier than normal. No trace of tumor found anywhere, unless it might be two or three small hard prominences at the upper and posterior part of the vagina, of the size of split marbles. Some purulent matter was also found in the vagina. The carbolic injections to be continued two or three times daily. Asks to go home to her family. May do so tomorrow. December, 1884, I received a note from the patient stating that she seemed perfectly well and entirely rid of the old trouble.

CASE II.—May 29, 1880. Mrs. H. æt 39, multipara. The youngest child is six years old. Generally healthy till eighteen months ago, when she began to have menorrhagia, and the intervals between her periods became shorter than usual. During the last six months a colored discharge has been present about half the time.

Present condition. Countenance pale, rather thin in flesh, complains a good deal of back-ache, pulse weak. On examination, a small, firm polypus was felt in the cervical canal, about the size of a large hazel-nut. The uterine cavity measured $3\frac{1}{2}$ inches.

Operation. Chloroform was given because the patient was very nervous. The polypus was removed by the scissors, and a piece of cotton wool wet with carbolic acid and glycerine passed into the cervix, and one or two dry pledgets applied over it.

May 30.—Cotton wool removed. Warm carbolized injections to be used three or four times a day.

June 21.—Patient did perfectly well for a week