

The frequent hæmorrhages in these tumors are caused most probably by the rupture of the veins between the fibres in the cellular tissue. A lady aged 30, sterile, came to me from one of the south-western States, to be cured of what she considered to be "incessant menstruation." Upon dilatation of the cervix, I found near the fundus a hard irregular submucous growth, with a broad base, around which I managed to get the wire of an *ecraseur*, and I easily crushed off a mass about the size and shape of a cow's teat, this tumor was gritty with calcareous matter and pieces of what resembled bone, with fibrous fasciculi and fat. After one year the tumor returned, when I again removed by torsion and evulsion with a forceps a much smaller fibrous mass, and a month or two subsequently I used a curette freely, and after a couple of weeks more, applied acid nitrate of mercury to the lining membrane of the uterus. It is now nearly eight years since the treatment and the lady has enjoyed excellent health.

An illustration of a parietal fibrous tumor occurred in a lady who came under my care for metrorrhagia and leucorrhœa, she was about 22 years of age, married, but childless. The tumor rose up above the pubes, and appeared to occupy the anterior half of the body of the uterus. The cervix was divided bilaterally as high up as possible, with great relief, after several weeks an incision was carefully made into the fibrous mass. Two or three months after her return home an immense evacuation of pus took place *per vaginam*, and the tumor diminished greatly, about a year after this occurrence she became a mother. Under this treatment, I have seen atrophy of the production on a few occasions, and almost invariably great relief to the hæmorrhagic symptoms. In enucleation, or incision, or electrolysis, or cauterization of these parietal fibrous growths, I believe the danger to be chiefly from septicæmia.

I am sorry to say that there is only one little manœuvre, that of pushing the tumor above the brim when it has increased in size so as nearly to fill the pelvis, which can afford to the poor sufferer any relief when the fibrous growth is subperitoneal. When cysts are developed the fibro-cyst may be evacuated with benefit.

Mrs. —, of Gowanda, New York, consulted me for an abdominal tumor. For many reasons I diagnosed a cyst attached to the uterus and not ovarian; I evacuated the cyst *per rectum* and secured a drainage tube within it upon removing the trocar. This woman appeared temporarily much relieved, and I lost sight of her.