latter broke down readily under the examining finger, accompanied by considerable hemorrhage. A tampon was introduced into the vagina and left for twenty-four hours. Six days later a digital examination was made, and the os was felt to be contracted. No more hemorrhage had occurred in the meantime. The tissue removed at the time of the hemorrhage was composed chiefly of long finger-like processes, with here and there nodules of blood clot. The projections were very soft and friable. The diagnosis of cancer was made from the clinical history and gross appearances, and this was confirmed by microscopic examination. On the 21st of November a vaginal hysterectomy was performed by Dr. Ross.

The uterus was opened immediately after the operation by an anterior longitudinal incision. The cervix was found to be much dilated, and from its walls in the region of the internal os and from the lower posterior portion of the cavity of the uterus, a mass of finger-like processes projected into the canal of the dilated cervix. Many of these processes were nearly an inch long, and of equal diameter throughout. They resembled exactly the processes removed in the scrapings. Higher up in the wall of the uterus was an interstitial myoma about one centimetre in diameter. On the mucous membrane of the cavity of the uterus, high up near the fundus, was a slightly raised area which was thought might be a secondary growth. On cutting into the cervical wall the outer border of the new growth could easily be seen at a depth of about three centimetres. Portions of tissue were taken from the cervix, from the myoma, and also from the area on the mucous membrane near the fundus and hardened for sectioning.

The sections of uterine scrapings show the characteristic processes, but no glands. The epithelium covering them is several layers deep. It is, I believe, clearly not squamous in character. Most of the cells are polygonal, but here and there they are columnar. In the centre of the processes are large, thin-walled vessels supported by a small amount of stroma. In the stroma can be seen, here and there, small numbers of small round cells.

The section of the cervical wall shows carcinomatous glands, and in one corner normal glands. The cancer cells are polygonal or columnar, very irregular in size, particularly in certain localities, stain faintly, and are arranged from one to many layers deep. Alveoli lie against each other, with no dividing stroma. There are no processes to be seen, these having been destroyed in the preparation.

The section of the small raised area on the mucous membrane of the fundus is not successful, as most of the membrane has been destroyed in sectioning. There are, however, one or two suspicious places.