

must have been, and why the patient almost invariably died, until the modern operation of hysterectomy became practised. In the first place, it was often impossible to reach the cervix; or, having done so, to so dilate its canal as to permit the removal of the dead foetus. The consequence too often was that operative measures, when they did not fail completely, often increased the danger of sepsis and the patient rapidly succumbed. The specimen shown in this illustration (Fig. 1) was removed from a patient, aged 39, who had been married for seventeen years, but had never been

beginning septicæmia. The foetus was evidently struggling to develop in the almost stony cavern in which it lay, and, as shown by the photograph, its future development in such a position was impossible. I therefore advised and performed hysterectomy, and she rapidly and completely recovered; but the photograph shows a typical condition of the impossibility of any other treatment being effectual to save the patient's life.

The third group is also important, and in some ways more difficult. A good illustration of these cases was shown by a patient aged thirty-



FIG. 1.—The mass on the right was cut away from the front of the specimen to show the foetus, twisted and crushed, in the uterine cavity.

pregnant. When she was sent to me, menstruation had ceased for three months, and I had no hesitation in deciding that she was pregnant. But the whole abdomen was enormously distended by fibroid masses growing from every part of the uterus and completely enveloping its canal. It was almost impossible to feel the cervix—drawn high up behind the pubes—and its canal was so contracted, twisted, and rigid that, after the operation, it was impossible even to pass the finest probe through it. She was suffering from increasing pain and

six, who had been known to suffer for many years from a fibroid tumour. She had been married about five years and childless, but when she was sent to me, her doctor suspected pregnancy, and I was able to confirm the diagnosis. It will be observed from the photograph (Fig. 2) that the fibroid tumour in this case partly extended downwards into the pelvis where the growth filled, and was fixed in, the cavity, and partly upwards and to the right side of the uterus. The patient was four months pregnant, and was suffering from very great

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