A *post-mortem* examination was obtained, and it was then discovered that the ureters were dilated to a diameter of half an inch, and the kidneys and their pelves were also enlarged. All the other organs appeared healthy, but anaemic. The remaining portion of the new growth was removed. This part was very narrow—not more than an inch in diameter—and it was held firmly against the anterior portion of the left side of the pelvic brim. There was no difficulty in separating it from any hollow viscus, or from the bone and muscles external to it, but it was adherent to, and apparently continuous with, the fascial structures which covered these muscles and which seemed to hold it in position. Its removal laid bare the ascending ramus of the pubic bone and the obturator vessels and nerve.

The parts removed at the operation, after much fluid had drained from them, weighed 39½ lb. All the solid parts consisted of a soft, very cellular fibroid tissue, and Mr. Shattock discovered some unstriated muscle fibres in parts of the lower growth. The vaginal tumour has been preserved in the Royal College of Surgeons. It is solid, and has shrunk very much. The larger external mass had a solid area about 4 in. thick below the cystic part, and this—a portion of which was exhibited—lay on the table as a flat piece of tissue pliable in any direction. This solid part was clearly an expansion of some portion of the floor of the pelvis, and it was continuous with the inner capsule mentioned in describing the removal of the tumour, which undoubtedly was the greatly thickened pelvic floor expanded over the cystic portion of the growth.

It is not easy to form an opinion as to the site from which this remarkable tumour arose. A soft solid or cystic growth behind the uterus and another beside the vagina existed six years before the patient was first seen by me, and it would appear that the paravaginal growth rapidly escaped through the cicatricial tissue formed after an incision was made into it from the vagina. Probably these were the first parts to develop. The anterior abdominal and the larger external masses seem to have consisted of an extension of new growth along the fascial planes upwards and downwards. The large cystic portion was attached to the upper surface of the new growth which developed along the fasciae of the pelvic floor and apparently invaded the muscular tissues also. Probably the cystic portion was dragged or pushed down out of the pelvis and abdomen during the straining excited by the attack of diarrhoea in August, 1910. The pouch of Douglas and its contents were necessarily displaced as the pelvic floor descended. In the lower abdomen and about the brim of the pelvis the muscular structures forming the abdominal and pelvic wall were completely laid bare by the removal of the growth. Chiefly for this reason I would hazard the conjecture that the tumours grew from fascial tissue.

They showed no sign of malignancy except the obvious tendency to continuous growth, and the fact that the patient remained so comparatively well arose from the absence of pressure upon any important organ except the urinary tract. The urethra appears to have been first pressed upon, but the pressure seemed rather to diminish than otherwise as the growth enlarged. At any rate the need for catheterization ceased.

The great danger of the operation was due to the long delay in operating, which allowed the abnormal renal condition to develop with a consequent anaemia and depreciation of resisting power in the body, and which necessitated an excessive manipulation in removing the growths.

When I saw the patient she was convinced that surgical interference offered the only hope of recovery. At an early stage of the illness this was not so obvious, and it was most unfortunate that she did not afford the fullest opportunities for considering her case to one of the surgeons whom she consulted in 1905 and 1906, or to some other surgeon at an earlier date. When these tumours were of moderate size it would, in my opinion, have been sound practice to have examined them from within the abdomen, and this procedure would in all probability have been followed by their removal and by a complete cure of the patient.

CONGENITAL DIAPHRAGMATIC HERNIA ASSOCIATED WITH EMBRYONIC ORGANS.

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THE following case is, I think, of interest not only from the fact that a diaphragmatic hernia was present, but also that the various organs were under-developed.

A. F., a multipara, was delivered of a full term male child after a protracted labour. She was attended by a nurse, who gave the following history: For three days previous to the birth of the child the mother had been "feeling queer," but no definite labour pains had occurred, and "the waters had broken" twenty-four hours before the child was born. On questioning her as to the baby's general appearance at birth, she told me he was "very white," and she was twenty minutes before she could "get life into him." The child had not cried, but had been moaning all the time as though in pain, and would not take the breast, nor had he passed any meconium. I saw the child the same day, and to outward appearances he was normal, though pale; he was still moaning, but lay very still, with legs fully extended, and there was no

further symptom to guide one in localizing the seat of pain, if pain it was. Respirations appeared normal and regular, and the pulse was also quite regular, but small. Very little haemorrhage had occurred on cutting and tying the cord.

Actual size of heart and left lung.

I left instructions that the baby was to be kept warm, and the mother should try and get him to take the breast. On arrival at the house next morning I was told the baby was dead, having lived only twenty hours.

Necropsy.

The following condition was found *post mortem*: The right lung was small, measuring about 3 in. by 1 in., the greater part of that side of the chest being empty. The left lung was extremely small, and resembled a large raisin, the whole organ being about the size of a half-penny; filling the remainder of the left side of the chest was the stomach and the whole of the small and large intestine, with the exception of the descending colon and rectum. The small intestine was empty and massed together; the large bowel contained meconium, which could be expressed per anum. The greater curvature of the stomach was directed upwards with the posterior surface of the organ lying anteriorly, so that the whole viscus was "upside down." The appendix was normal, and measured 1½ in.

The heart was small and pushed over to the right side, although lying in close apposition to the left lung. The liver was normal in size and position. The pancreas and left kidney were bound down together in the left renal region. Both kidneys resembled a small walnut in size, and presented a rough, fissured surface.

There was a large opening in the centre of the left side of the diaphragm (with a smooth rounded edge), which would admit three fingers quite easily.

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