of age, had been married twenty-three years and had had six children, the oldest of whom was twenty years of age and the youngest six years. She had had one abortion before the birth of the first child. Her menstruation, which had begun at the age of fourteen, had continued normal, although for the past year it had been quite scanty. There had always been more or less leucorrhœal discharge complained of, but this symptom had nearly disappeared of late. Her general health had never been robust. No malignant disease in her family. Her labors had all been natural. She had been feeling "badly" for more than a year, and thought she had not felt as well since the birth of her youngest child as before that time. She was unable to be on her feet any length of time without suffering from pain across the lower abdomen of a bearing-down character.

Examination under ether on November 24th, showed the presence of a nodule mass to the left of the uterus, which extended quite around behind that organ. The first impression conveyed to the touch was that this mass was immovable in its position, but by placing her in an exaggerated Sims's position, it could be dislodged into the upper pelvis without changing the position of the uterus. The diagnosis which seemed most probable at that time was of a distended tube of the left side, filled with inspissated pus. The end, being trumpeted out, was lying behind the uterus, the nodular feel being given by the convolutions of the tube.

The operation of *coeliotomy*¹ was advised, and subsequently performed (January 5, 1891). The only point of interest at the time of operation was the similarity in size and general appearance of the ovaries, so much so that when the second was brought through the abdominal incision, I turned almost instinctively, to be sure that its fellow had really been removed. The pedicles were thoroughly seared with the thermocautery. Over the surface of the peritoneum covering the uterus and forming the broad ligaments, and to some extent over that membrane reflected on the abdominal parietes, were to be felt small elevations like those found in tubercular deposits. After several times flooding the peritoneal cavity with hot water, the incision was closed. The recovery was uneventful.

The ovaries were referred to Dr. W. F. Whitney for examination, who returned me the following report:

"The specimens received from you yesterday represent both ovaries and Fallopian tubes. The latter are of normal size and pervious, although the fimbriated extremity of one is partly bound down to the ovary. The ovaries are enlarged to about the size of a small apple, the surface is coarsely nodular. Section shows a firm, rather fibrous looking surface, quite uniform and slightly white. Microscopic examination shows this to be made up of fibrous tissue with bundle of large spindle-shaped cells, and here and there bands of what appear to be large, flat, endothelial-looking cells. The diagnosis is *fibro-sarcoma*; and from what you say, and also from the small nodules in the fold between the ovary and tubes I fear that it has already infected the peritoneum."

The population of Boston, according to the figures of the Census Office as finally revised, is 448,477.

¹ A name given by Dr. Harris, of Philadelphia, as a substitute for *laparotomy*.

HYPERTROPHY OF ANTERIOR LIP OF CERVIX AS A POSSIBLE BAR TO PREGNANCY.¹

BY EDWARD J. FORSTER, M.D.

M. W., twenty-six years of age, married, born in Germany, entered the City Hospital December 15, 1890, for treatment for sterility, dilatation of cervix if found necessary. Patient had never had a child, but one year ago had miscarried at third month, during which occurrence she continued up and about, performing her household duties.

Examination found the parts normal, excepting a very long hypertrophy of the anterior lip of the cervix, of which the accompanying cut gives a better idea than any description by words. The hypertrophied lip was soft and easily movable, and upon coition was probably forced backward, and thus occluded the os.

A Peaslee sound was easily passed, so that stenosis of the os could not have been a factor in causing the sterility for which the patient entered the hospital, and any dilatation of the os was of course unnecessary.

Under ether the enlarged lip was removed, and the specimen sent to Dr. F. H. Sears, who returned the following report:

"Small, tongue-shaped piece of tissue, covered with apparently normal epidermis. On section, fairly translucent, with few opaque, white lines running longitudinally. Microscope showed *hypertrophy* of normal tissue, with some dilated vessels and lymph spaces. Diagnosis: *hypertrophied cervix*."

Whether the hypertrophy was congenital or not, cannot be stated positively. The parts operated upon united by first intention, and the patient was discharged with a possible bar to a future pregnancy removed.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

THIRTIETH Annual Meeting, January 10, 1891.

DRS. GREEN and HAVEN presented

A REPORT OF SIX MONTHS' WORK IN THE OUTPATIENT DEPARTMENT FOR THE DISEASES OF WOMEN AT THE BOSTON CITY HOSPITAL.¹

DR. BAKER was much pleased with the paper, which he hoped would be published in full, and he could testify to the absolute soundness of the methods of treatment employed. The full classification was particularly interesting and well arranged. In his experience

¹ See page 329 of the Journal.

² Read before the Obstetrical Society of Boston, January 10, 1891.