Haemorrhages due to the presence of uterine tumors.

Myomata. The most common uterine tumors are the myomata. With their various situations and size you are familiar. Doubtless many of you have wondered why in some cases the haemorrhage was very slight or entirely wanting even though the tumor was very large, while on the other hand, although the nodule was small alarming bleeding occurred. The amount of haemorrhage depends almost entirely upon the location of the tumor. If it be subperitoneal or interstitial and does not encroach upon the uterine mucosa, then we will have little bleeding, but if it projects into the uterine cavity, then there will almost certainly be severe haemorrhage—in fact, a submucous myoma not over an inch in diameter is sometimes accompanied by such severe flooding that the patient's life is in jeopardy. While a subperitoneal tumor of sixty pounds' weight may not be accompanied by any bleeding whatsoever and only cause discomfort by its size and by pressing upon the pelvic vessels and nerves. In all cases of myoma with haemorrhage we must remember the possible co-existence of adeno-carcinoma of the body of the uterus as I have noted the combination in a goodly number of cases.

Sarcomatous degeneration of myomata. During the last five years I have paid particular attention to malignant changes in myomata. These are invariably of a sarcomatous nature. Several cases have come under observation. The older writers spoke of recurrent fibroids. In these cases at frequent intervals submucous myomatous looking tumors were expelled. On histological examination it was found that quite a number of them were sarcomatous in character. The sarcomata develop in the myomata. If a myoma be subperitoneal then the malignant process soon extends to the intestines and surrounding structures. If interstitial, then secondary nodules are prone to develop in the uterine wall and may project into the cavity of the uterus. If a sarcoma develops in a submucous myoma, then portions will, from time to time, be forced out of the uterus. Given a myoma that has remained dormant for years and that commences to grow rapidly immediate and total hysterectomy is imperative. In myoma cases with haemorrhage the diagnosis is comparatively easy, as we have an enlarged and usually nodular uterus to give us the clue. We must, however, always remember the possible co-existence of sarcoma or carcinoma.

Sarcoma of the uterus. Sarcoma of the uterus is relatively rare, and cannot, clinically, be easily differentiated from cancer.