

intramural, and submucous. We have also myomatous tumors, growing from the myomatous structures about the cul-de-sac of Douglas, in the broad ligament and in front towards the bladder. We have also fibroid tumors, growing in either the anterior or posterior lip of the cervix.

(a) *Sub-peritoneal Tumors*.—Sub-peritoneal tumors seem to have certain characteristics not met with as frequently as in the others; they have a tendency to become pedunculated, and may often be found roughened on the surface owing to calcareous degeneration, and, as a consequence of this, they may produce intraperitoneal dropsy that simulates the dropsy found accompanying malignant disease in the peritoneal cavity; they may become fixed to other organs, and may eventually derive their blood supply through the adhesions in the new situation; they may become twisted and gangrenous, or gangrenous owing to thrombosis of the vessels.

(b) *Intramural Tumors*.—Intramural tumors frequently give rise to menstrual pains and increased menstrual flow before they can be made out by the examining finger. When the uterus of a young unmarried woman is found somewhat enlarged, and when this enlargement is accompanied by menstrual pain and increased flow, we must suspect the presence of an intramural fibroid. The ultimate destiny of the intramural variety is generally subperitoneal or submucous, as the constant contraction during menstruation, producing the pain already spoken of, tends to force the little nodule outwards or inwards.

(c) *Submucous Tumors*.—The submucous variety may be very small, or may be large enough to simulate pregnancy at the fourth or fifth months, or even later. I have on two occasions been forced to dilate the cervix and introduce my finger into the uterus to satisfy my mind that the case was one of large submucous fibroid, filling the uterine cavity, before proceeding to amputate the uterus supravaginally through the abdomen. I have seen similar cases in the practice of others, and on two occasions they simulated a pregnancy at full time. In each of these the abdomen was closed, as the operators felt they had made a mistake, and that the cases were cases of pregnancy; and in each case, a few days later, the uterus was removed by a second operation, thus readily demonstrating how such submucous oedematous growths can simulate pregnancy. Many of the submucous growths cause alarming hæmorrhages and continued ill-health; eventually they may become polypoid, and may be extruded from the uterine cavity into the vagina, or forced