slightly increased action at the apices, these influences must be considerably favored by their indoor life and want of suitable exercise.

In concluding these remarks, I sincerely hope that the efforts of the profession will succeed in raising up a barrier against the inroads of this disease, and that a therapeutic agent will be found to stem the advance of a virus which has proved the bane of the human race.

A CASE OF LABOR COMPLICATED WITH UTERINE FIBRO-MYOMA.*

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Uterine myomata are common enough in the non-pregnant, and the attention of gynæcologists has been prominently directed to the symptoms, diagnosis and treatment of these tumors by the Apostoli-Tait controversy. Obstetricians do not so frequently meet with such tumors, and it is quite rare for labor to be seriously impeded or obstructed by a uterine myoma.

In pregnancy the injurious influence of a myoma depends mainly upon its size and situation. If subperitoneal, small, and located near the fundus, it does not usually affect the course of gestation and labor to any appreciable extent. It grows as the uterus grows, and involutes as it involutes. If it is interstitial and located in the fundus or body, it is apt to cause abortion or predispose to hemorrhage and rupture of the uterine wall. If it is cervical, there is usually more danger. In about half of the cases cervical myomata are pedunculated, and may be either removed or pushed out of the way during labor; but when they are interstitial and of large size, they not only offer a mechanical impediment to the advance of the child, but are themselves so much injured and compressed that they are apt to slough or break down after labor, thereby subjecting the mother to the risks of septic absorption.

The case I submit to you this evening is one of interstitial fibro myoma of the cervix, seriously delaying and impeding

* Read before the Montreal Medico-Chirurgical Society.