are not in a condition that would justify abdominal section for either hysterectomy or oöphorectomy with or without salpingotomy. Other subjects, when candidly informed of the discouraging statistics of the one, and of the mutilation and barrenness of the others, absolutely refuse to submit to these operations, or withhold their consent until the period of even the forlorn hope they offer has passed; and yet another class with tumors of varying size, location and histology, are of an age to regard the hope offered by the approach of the menopause as a promise of ultimate relief in the decadence of vascular and trophic activity so universally recognized as an attendant on post-menstrual life.

These later cases, as may be seen in the following quotations from Keith, have good ground and encouragement for resisting both hysterectomy and oöphorectomy as well as salpingotomy, any of which operations indeed, in my own opinion, are seldom justifiable at that age, though this as it seems to me, appears to be the only period of life at which the two latter procedures have been able to claim any marked success in arresting the menstrual nisus and flow.

"To the woman with a fibroid uterus," says Dr. Keith, "who has passed the best of her years in weariness and pain, middle age brings relief, and old age may be spent in peace. Hence the difficulty in knowing how far we are justified in advising interference for a disease that troubles for a time, though it rarely kills. It is often said that the operation for the removal of uterine fibroids is in much the same position now that ovariotomy was five and twenty years ago. It is not so. It never will be so. The history of these two diseases is entirely different. As a rule, ovarian disease is a merciless one; it goes on and kills. As a rule, the active existence of an uterine fibroid is limited; it rarely interferes directly with life. When menstruation ceases, the troubles of the patient soon begin to pass away, while the tumor itself, after a time becomes smaller, and in a few years little or no trace of it may be found. The patient gets along, lives more or less comfortably, generally not even aware of its existence, and dies of something else. * * * * They have not much to gain by chancing a dangerous operation, and they may lose much, having much to lose.

"Till of late years, uterine tumors were let lie undisturbed unless when they were mistaken for ovarian cysts; but the restless surgery of to-day will let nothing alone; it has no patience for the menopause, and would attack all and sundry in some way or other, till one almost begins to think that individual responsibility has become old-fashioned and gone out of date. So far as operations for the cure of this disease have yet gone, the mortality is out of all proportion to the benefits received by the few. * * * *

"Dr. Bigelow, of Washington, has lately collected all the cases placed on record up to March, 1884. At best, this must be an imperfect list, and can only show the least bad side of the operation. Of 359 operations there were only 227 recoveries and 132 deaths, or a greater mortality than one out of every three operated on. * * * The sum of misery in the 359 operations to the subjects of them, and to their friends, is something simply incalculable. So far as hysterectomy has thus gone, it has done more harm than good, and it would have been better that it had never been."

Though I have thus quoted from Dr. Keith, as one of the highest, and perhaps the latest authority on uterine tumors, such principles as are in accordance with my own views and the objects of the present paper, it would be injustice to him to leave the impression that hysterectomy is banished from his surgery. On the contrary, though he so strongly condemns the operation in cases offering the possible chance of relief, by the limitation of the menstrul life of the subject, his record in cases forlorn of this hope—and these are his only admitted ones—has been marked by successes the most brilliant, and sometimes wonderful to contemplate. Unquestionably then, the menopause must be regarded as the great crisis in the life, activity and growth of the great majority of pelvic tumors, but especially of the uterine fibromata, and of the softer non-malignant growths of this organ. Whatever methods of management have been found to sustain the life of the patient, and in any measure to lessen the exhausting hemorrhage, or to retard the growth of the abnormity until the advent of this period of reprieve, are certainly worthy of our careful consideration. All the several classes of cases just mentioned, viz., those which cannot, those which will not, and those which ought not to be operated on by abdominal section are known—many of them—besides the burthen of the growth, to be subjected also to the most profuse, alarming and exhausting hemorrhages. Their pale and œdematous faces, their dropsical limbs, their oppressed and gasping respiration, and the tumultuous action of the feeble heart tell us, at a glance, of a stage of exsanguination almost incompatible with continued existence. In profound interest, not unmixed with alarm, we debate in our minds the momentous question: "Can she hold out, to reach the longed-for goal of her relief?" Wide observation in regard to many subjects even in the extreme condition here represented, endorses the answer given by Keith: "Even in the worst of them, the chances are that they will live on—not in comfort, certainly, some perhaps in misery—but still they will live, and not die."

Few women with uterine non-malignant and pelvic growths have applied to me in the past thirty years, and more especially where bleeding