have a tendency to take on malignant degenerative changes.

The removal of a fibroid should not be deferred because it appears, or is first observed, at or near the menopause, for it is not infrequent for such a tumor to continue to develop long after the occurrence of that period, and it may assume all the phases and present all the untoward results that are attendant on one that has had an earlier beginning. A nodular fibroid of a slower growth should not be regarded with unconcern, for the pressure that may be exerted on the uterus or other parts may be productive of most serious results. Uterine myomata in all their various stages call for removal; this should be effected as early as possible.

In certain cases the curette can be advantageously employed; if this mode of treatment proves unsuccessful, total hysterectomy should be the next surgical expedient. The author makes mention of a case of multilocular fibroid which was not cured until hysterectomy was tried, though Hegar's method for removal of the uterine appendages had been resorted to. Total hysterectomy offers the best advantage for the permanent relief of uterine adenoma. The malignant nature and unfavorable tendencies of uterine sarcoma are unquestioned. The presence of such a growth calls for speedy action.

As in the early stages of cancerous disease, before the para-metrian tissue has become involved, so in sarcomatous developments partial removal of the organ by a supra vaginal method will prove inaquedate; nothing less than total ablation of the uterine tissue will be sufficient for a cure. Carcinomata and sarcomata in all of their various forms call for immediate and thorough removal; this should be done as soon as the diagnosis of the condition can be made. Total hysterectomy is absolutely necessary for uncontrollable prolapse after anterior and posterior colporrhaphy and other plastic operations have been repeatedly tried but have failed to produce permanent relief. In such cases the vaginal method is the operation to be preferred. Total hysterectomy is the only safe surgical expedient to be adopted in cases of hæmorrhagic polypi, which present suspicious microscopic appearances after removal, and which leave as a result an enlarged uterus, as may be determined by palpation or by the sound.

Total hysterectomy is called for in ectopic pregnancy; in such cases the hæmorrhage can be more safely controlled, and the patient is enabled to make a more rapid recovery than when other methods of procedure have been adopted. This method of treatment should be undertaken in ovarian abscess, in pyosalpinx, in old inflammation of the appendages, in a post-clinical severed uterus which has been productive of pain, and has been a source of disablement. The operation should be resorted to in all suspicious diseases of the adnexa, and in cases of large cysts as well as in papillomatous developments, in otherwise irremoveable cysts, and in intra-ligamentous fibroids and tumors of the broad ligament. Late experiences show that total hysterectomy can be accomplished with as little danger as may be attendant on many other important surgical measures. When properly performed, there is often but little [redacted]derness left about the vicinity of the broad ligaments. When done in ectopic pregnancy, in ovarian abscess, in pyosalpinx and in purulent liquifaction of a uterine fibroid, better drainage can be established. On the other hand, when the uterus or a portion of it is left, the condition resulting is liable to be followed with many complications,—with uterine catarrh, malignant degeneration, certain neuroses, and with other sequelæ of a painful or of a clinically depressing nature. Another advantage total hysterectomy insures is that the posterior and anterior folds of the