

subperitoneal nodules are continually rubbing against neighboring structures and frequently become attached to them. As a rule they become adherent to the omentum, the omental vessels soon furnishing a part of the blood supply and the original attachment to the uterus becoming less and less, until it is finally lost and the nodule apparently springs from the omentum and from it receives its entire nourishment.

Recently I operated upon a patient giving a clinical history almost typical of an ovarian cyst, but on opening the abdomen I found a myoma about the size of a fetal head. This was attached to the uterus by a very delicate pedicle, while all the omental vessel plunged into its upper portion and supplied nearly all its nourishment. Associated with this partially parasitic myoma was an accumulation of fifty-two litres of ascitic fluid.

A few months ago, while performing a hysteromyomectomy, I saw a nodule as large as a baseball situated at the brim of the pelvis. It lay directly over the ureter as the latter crossed the pelvic brim. Its nourishment came from the mesenteric vessels, and it had absolutely no connection with the uterus. This nodule in all probability had originated in the uterus, but becoming adherent to the pelvic brim had gradually changed its source of nourishment until all trace of its former attachment was lost.

*Simple Degeneration in Myomata.*—Myomata, no matter where situated, often undergo softening. In the first place the tissue changes in color from the characteristic whitish-pink to a white or yellowish-white. Such areas are sharply circumscribed and occupy a varying portion of the myoma. This whitish tissue gradually disintegrates, and the spaces thus resulting are usually filled with a clear serous fluid. Sometimes, however, the material is oily in nature, resembling melted butter. As a result of the continual breaking-down of this altered tissue we have large cavities traversed by delicate trabeculae. On histological examination the degeneration is seen to be hyaline in character, and this hyaline tissue gradually melts or fades away, leaving the spaces filled usually with serum, but occasionally with the butterlike material. This fluid on histological examination is found to contain large quantities of fat droplets and cholesterol in crystals. In these degenerated myomata there is usually not the slightest inflammatory reaction and no evidence of infection. This is fortunate since, if perchance we should accidentally rupture such myoma during its removal, we should have little to fear if some of its contents escaped into the abdomen cavity.

*Suppurating Myomata.*—Occasionally subperitoneal and intra-ligamentary myomata become infected, probably as the