

I always feel suspicious of the malignancy of an edematous fibro-myoma. In the cases in which I have seen the disease return in the form of pseudo myxoma, in the peritoneum there is nothing to indicate that the tumor was malignant at the time of its removal. A microscopical examination should be made of all edematous fibro-myomata removed. Enormous edematous fibro-myomatous tumors may entirely disappear, or almost entirely, subsequent to the onset of the menopause. I have a distinct recollection of two patients who had such edematous tumors. One of them declined to submit to surgical measures until after the marriage of her daughter. She was confined to the house for about two years with terribly swollen limbs and enormously distended abdomen; she subsequently recovered perfect health, and it is not long since I met her, a very active woman for her age. The other woman was an invalid for several years, and the tumor in her case similarly disappeared and she was restored to health. Of course it is a terrible penalty to pay and we do not always have such a favorable termination, but these patients were seen before the days when supra vaginal amputation of the uterus had such a small mortality as at the present time, and surgeon and patient alike dreaded operative interference.

*Cystic Degeneration.*—The cystic degeneration of these tumors is not a true cystic degeneration originating in glandular structure. Small hemorrhages take place here and there into the substance of the tumor and these hemorrhages are followed by the formation of cysts. There seems to be a difference between ordinary cystic degeneration of fibro-myomatous tumors and the true fibro-cystic tumors of the uterus. Cystic tumors of the uterus are very rarely met with, whereas cystic degeneration of fibroid tumors is not infrequent; in either case these growths require to be removed, as they have a tendency to increase in size or to undergo necrotic change. I have seen but two cases of marked fibro-cystic tumors of the uterus, and we have not a single specimen in our Pathological Museum. I removed one such tumor from a negress in one of the hospitals in Pittsburg some years ago, and the other tumor I saw removed by Mr. Lawson Tait.

*Necrosis With or Without Suppuration.*—This is a very serious condition and imperils life. The first case of necrosis of a fibroid tumor I met with was one into which a hand and arm had to be introduced through the vagina and up into the tumor to dislodge the broken down tissue. The patient made a very slow but excellent recovery. Necrosis occurs as a consequence of