occurs, while rarely suppuration and gangrene of the tumor are met with. During pregnancy there is a general tendency for pelvic fibroids to rise up out of the pelvis, but at times this does not occur and in such cases obstruction to delivery is very likely to be present. With regard to the influence of fibroid tumors upon pregnancy, in many cases they do not in any way interfere with the normal course of the gestation. Occasionally, however, accidents of considerable gravity occur. Among these are incarceration of the retroverted gravid uterus, especially likely to take place at the fourth month, and very frequent with an intraligamentous fibroid. When the tumor either by its weight or its position exercises pressure on the walls of the bony pelvis pressure symptoms are liable to supervene. These may take the form of pain due to compression of the nerves, dysuria, retention of urine, albuminuria, pyelonephritis, constipation, or distension from pressure on the intestines. In some cases attacks of pelvic peritonitis are set up and may require immediate operative procedures being undertaken. In some very rare instances torsion of the pedicle, or even of the whole uterus, may be met with, with acute symptoms simulating those seen in cases of torsion of the pedicle of an ovarian cyst. Further effects of the fibroid on the pregnancy are noted in the occasional occurrence of antepartum hemorrhage, abortion, death of the fetus, and its retention in utero. The diagnosis of a fibroid complicating pregnancy may be simple or very difficult. Three conditions may arise: the medical attendant may be aware that his patient has a fibroid and may find evidence of the occurrence of pregnancy, or he may know nothing of the patient and may find a fibroid with symptoms and physical signs indicating the presence of a pregnancy as well. In other cases, again, the signs of a pregnancy may be evident, but there may be others less certain pointing to the presence of a fibroid. In such a case the diagnosis may present serious difficulties, and the case is very likely to be regarded as one of extra-uterine gestation. In the great majority of patients the pregnancy runs its normal course, even when a fibroid is present and no interference of any kind is required. Any operative interference is only permissible during pregnancy when some grave complication supervenes, such as marked pressure symptoms, vomiting, severe pain, or peritonitis. In any case, even when it is certain that the presence of the fibroid will not permit of a natural confinement, it is necessary to await the arrival of full term and then to practise Cesarean section. In cases where the obstetrician is compelled to intervene in the course of the pregnancy the best treatment is to perform, whenever pos-