

approach nearer the serous or mucous surfaces. They may attain any size from the smallest nodule to many pounds (195 the largest on record), and they may be the seat of any form of degeneration. They may arise from any part of the uterus, though the body of the organ is the most frequent site. Adhesions are met with in the larger tumors, and sometimes cause great trouble during their removal.

Rapidity of growth is marked in some of the cases, whilst in others the growth and symptoms are both slow and unimportant. In one case (the patient's age fifty two), where I removed the growth by hysterectomy, there was a history of the tumor having been recognized eighteen years before, and during most of that time very little trouble had been felt, but at last rapid growth, pain and pressure symptoms incapacitated the patient, and she obtained relief by submitting to radical surgical measures, and is now well. Pain is severe in some of the cases, and perhaps it is well that it is so, for these are the ones that seek early relief at the hands of the surgeon.

Pressure symptoms occur when the growth becomes large enough to obstruct the flow of blood to other organs, or to interfere with the functions of bladder, ureters, kidneys, bowels, etc., but of all the symptoms, repeated hemorrhages are the ones that give rise to the most serious condition, for by these the patient is reduced in health and strength and rendered unfit for her life-work or for operation. The occurrence of the menopause may retard the growth of the tumor, and produce a favorable influence upon the course of the disease, but not always, and indeed in these cases the advent of the "change of life" is usually postponed. Waiting for the menopause to arrive is slow and unsatisfactory. Skene Keith in his work on abdominal surgery (1894), fol. 530, says that: "The operation of removal of the ovaries for the purpose of bringing about an artificial menopause, and in this way curing the symptoms caused by the presence of a uterine fibroid, was first performed by Dr. Trenholm, of Montreal." However glad we might be to give all credit to our countryman, we cannot but recognize the fact that it was Lawson Tait who insisted upon the necessity of removing not only the ovaries, but also the tubes, the latter of which he tied off as close to the corona of the uterus as possible.

At first it was thought that the ovaries controlled menstruation, and that their removal would stop the flow; now it is known that though ovulation and menstruation are closely associated, they are not dependent one upon the other, and that menstruation may occur, though the ovaries have been removed, and that in order to procure the best results, the tubes must be tied off close up to the uterus, so as to cut