

system. Then, again, in quite a number of cases, we found that a tumor which at thirty was distinctly fibroid, and presented no evidence of malignity, became transformed at forty to fifty into a distinctly malignant growth, very often breaking down in the centre, suppurating, and causing septic infection. The writer has seen one or more of all these accidents occurring among the two hundred and odd cases of fibroid tumor which have passed through his hands, so that he now looks upon a fibroid tumor the size of a fetal head not merely as a solid tumor of that size, but as an object with immense possibilities, far beyond its size, for endangering the life of its possessor; and he now feels it his duty to urge his medical friends to look for these cases, by examining every patient with any of the above mentioned symptoms, and if any decided enlargement of the uterus is found, not due to pregnancy, to have her case further investigated, so that if a fibroid tumor, even the size of an orange, is discovered, steps may be at once taken to enucleate it if it is subperitoneal or submucous, or to remove the uterus with the ovaries and tubes without delay if it is interstitial.

This brings up another point for consideration: Why not leave the tubes and ovaries? The answer is very simple. Careful examination of these organs in many hundreds of cases after the uterus had been removed for fibroid tumors has shown, almost without exception, that the ovaries and tubes were diseased; in many of them there being dense adhesions, while in others there have been hydrosalpinx, pyosalpinx, ovarian cysts, etc., so that on account of the ovaries and tubes alone, one is, in most cases, justified in operating.

Another great advantage in earlier operating is the almost total absence of mortality, if the uterus is removed before it has attained the size of a cocoanut, and the arteries can be tied so effectually, before being cut, that the operation is practically a bloodless one, only from one-half to two ounces of blood being lost from the patient. Secondly, the operation is very quick, twenty to thirty minutes sufficing in an ordinary case, if one has good assistants; and it is well known that the mortality runs pretty closely in proportion to the number of minutes during which the patient is under the anesthetic. The general practitioner who discovers a fibroid tumor early, and urges its immediate removal before it has become adherent to the surrounding organs, and before it has had time to exhaust the woman by a hemorrhage, or to ruin her kidneys, thereby renders the mortality of the operation almost nil, while if the tumor is allowed to grow large and the patient to run down, a longer time will be required for its removal, and the risk of anesthesia will be much greater; also there will be more hemorrhage, so that a small death-rate will be impossible, even for the best operator.