

Cruveilhier says that the venous system suffices for the simple nutrition of these productions of a low order of vitality, this circulation flows from sinuses or conduits devoid of regular coats in the fibro-cellular tissue, to a net work of veins surrounding the circumference of the tumour, and communicating with the circulation of the womb. Under the microscope, smooth organic muscular fibres are more or less present, nuclei are strewn through the substance, but often we find rather a fibrous appearance than a fibrous structure.

Among the results of degeneration of this morbid structure, two of the most remarkable are the formation of cysts and calcification. The cystic change after an œdematous condition, results in development of multilocular cysts, or a single cyst in the periphery of the tumour. This metamorphosis arises from obliteration of the blood vessels creating an infiltration of fluid which, re-uniting at certain points, becomes encysted; sometimes the wall is formed like a geode from the fibrous tissue itself. The fluid varies in colour and consistence very much, being clear straw-coloured and serous, or thickly viscid and dark, or like synovia, sometimes containing more or less cholesterine. Calcification may be compared to the crystallization of saline fluids obstructed in their current and causing the anatomical alteration of the production by the infiltration of calcareous matter due to the obstruction of its nutrition.

Suppuration and gangrene likewise terminate the life of a fibrous tumour occasionally, and under favourable circumstances they are "consummations devoutly to be hoped for." In a few cases a more favourable issue yet takes place, namely,—atrophy.

As to the origin of fibrous tumours it must be confessed that we are at a loss for a satisfactory theory, one thing only appears definite, that they are not hypertrophies of the normal uterine fibrous parenchyma, but independent morbid growths not continuous with the substance of the organ but surrounded by their peculiar cellular atmosphere, they are not exclusively incident to either celibacy or the married state, and are seldom found before the age of twenty-five.

A diagnostic point with reference to carcinomatous diseases is that they are more frequent in the upper segment of the womb than in the cervix.

As the scope of all communications to this society is intended to be eminently practical, I think I shall subserve this design best by the description of a few typical cases selected from memory chiefly. When the fibrous tumour grows into the pelvis submucously it gene-