

tumors are affected by the presence of an intra or an extra uterine pregnancy and by menstruation; in either of these conditions the capsule of the tumor carrying the blood supply becomes much congested, and, as a consequence, for the time being, the tumors increase in size; owing to the fact that pregnancy is continued over a period of nine months the congestion remains continuous and the growth of the tumors is much greater; the menstrual congestion coming on but for a short time and ceasing does not add so rapidly to the size. In cases of pregnancy I have often considered that it is a race between the fetus and the growth as to which can grow the fastest. It is well to remember that ovarian tumors frequently cause a temporary cessation of menstruation, and that when such a temporary cessation of menstruation occurs in the presence of a fibroid tumor before the menopause, it is always due to pregnancy; this is an important point, as under such circumstances the uterine sound should not be used; it is oftentimes the unexpected that happens, and a woman with a fibroid tumor may go for years without becoming pregnant, and may then suddenly miss a menstrual period. When examination is made the tumor will be found softened and considerably enlarged.

*Edema.*—The edema of fibro-myomatous tumors is an extraordinary condition not seen anywhere else in the body; fluid is poured out in the meshes of the myomatous tissue and a separation of the long involuntary muscle fibres takes place; the tumor looks as if waterlogged, and on the surface has a sense of false fluctuation; this sense of fluctuation so closely simulates genuine fluctuation that the presence of disseminated and not encysted fluid can oftentimes only be made out by an incision into the tumor. The cause of this edema outside of that form that accompanies myxomatous degeneration is not very well understood, unless it is due to an obstruction of the blood supply or a damming back of the venous circulation. I have seen one such tumor 60 pounds in weight; I saw another enormous tumor removed from a woman in England, where it seemed as if the woman was peeled away from the tumor, and I have myself removed a tumor of upwards of 40 pounds in weight. We do not see these edematous tumors as frequently now as we did a few years ago, owing to the fact, as already stated, that hysterectomy and ablation of the growth is not fraught with such a high mortality; the mortality having now been reduced, in skilled hands, to equal that of ovariectomy. It is extremely difficult to say when the edematous tumors are myxomatous and malignant and when they are simply myxomatous and innocent.