

such a case, the external os is often recognized as a semi-lunar slit two or three cm. in length.

Where a submucous myoma exists, the cervix will often admit the finger, and the nodule can be felt plugging the cervical canal just above the external os. If the myoma has already partially escaped into the vagina, the finger comes immediately in contact with it, and on skirting it backward the cervical lip is felt as a tense band hugging the outer surface of the growth.

Where the myoma is necrotic and has been sloughing for a long time we may find a tough but soft, slimy mass projecting from the vaginal outlet. Such tissue bears a striking resemblance to raw beef that has been macerated in water for some length of time.

Gentleness should always be exercised while making vaginal examinations. In at least two instances on opening the abdomen I have found that during the examination, just prior to the operation, subperitoneal nodules had been torn from their pedicles, and that from the rent there had been free hemorrhage into the pelvis. In both of these cases several persons had examined the patient and evidently too much force had been used. Where the operation was performed at once, as in these cases, the injury was of little consequence, but should such an accident have occurred during an ordinary routine examination, there would, in all probability, have been a fatal hemorrhage.

TREATMENT OF UTERINE MYOMATA.

The surgeon's first duty is to remove the growth. The second, equally important, is to sacrifice the reproductive organs as little as possible consistent with safety. Prior to opening the abdomen a catheter should be introduced to determine the confines of the bladder. If the *viscus* is high up, the abdominal incision should be commenced near the umbilicus and carefully continued toward the pubes. After having entered the peritoneal cavity and carefully packed off the intestine, the operator should examine the tubes and ovaries, and if these are free from adhesions, the question of a simple myomectomy should be considered.

Myomectomy.—Should the tubes be the seat of an inflammation a hysterectomy should be performed, as there is a possibility of infecting the cavities left in the uterus after the removal of the myomata. Several years ago, over-enthusiastic for conservatism, I did a myomectomy, after having made artificial fimbriated extremities for both tubes. In a few days there were distinct evidences of infection of the uterus. I again opened the abdomen and drained from above and below. The patient lingered for a month and then died. In this case