

remove the child alone by Cæsarean section? Shall we remove the child by Cæsarean section, and also the ovaries, to prevent subsequent fecundation? Or shall we remove partially, or entirely, the uterus with ovaries and tubes? I would now prefer total extirpation of the uterus, having perfected the technique of total hysterectomy. The presence of the fibroid after the uterus has been emptied must always be a menace to the patient whether the ovaries and tubes are present or not.

Fibroid tumors are met with in the vagina growing from the cervix uteri. One reads of what appears to be a brilliant result of an operation performed by one who, perhaps, considers himself a very brilliant operator. As a consequence of his audacity, such an operator will attack a fibroid tumor whether it is situated in the cervix of a pregnant uterus or growing from its wall into the abdominal cavity. The tumor is removed and the pregnancy is allowed to go on to full term, if nature permits it. In many cases nature objects, and the woman miscarries and dies. The accounts of such operations would be better unpublished. Of fifteen cases of removal of fibroid tumors during pregnancy five died, a mortality of  $33\frac{1}{3}$  per cent. Why such operations should be undertaken in these modern days I cannot understand.

It has occasionally happened that these fibroid tumors, growing from the cervix, contrary to the expectation of those in attendance, have been drawn up during the progress of delivery, and the fœtus has been permitted to pass into the vaginal canal. Enucleation of such a fibroid at the time of labor must greatly increase the danger to the patient, and should not be undertaken when abdominal delivery can be carried out with so little risk.

#### OVARIAN CYST AND PREGNANCY.

After delivery the abdomen may not diminish in size, and the doctor is somewhat puzzled. On careful examination he finds the uterus reduced and empty, and a mass lying to either one side or the other in the abdominal cavity. The patient has completed her pregnancy, and been successfully delivered, while carrying an ovarian tumor. It is fortunate for some of them that the ovarian tumor is not discovered until after delivery. With the modern craze to do abdominal surgery, ovarian cysts have very short shrift. From my own observations I am satisfied that it is safer to leave such ovarian cysts untouched until after delivery has been accomplished, unless the life of the patient is seriously threatened by their presence. It is not often that the life of the patient is seriously threatened by the presence of such an ovarian cyst.

It is sometimes a matter of marvel to find an abdomen enormously distended and the patient but slightly inconvenienced. We have all seen ovarian cysts containing many gallons of fluid. Patients may live for