

the muscle fibres, with feeble and diffuse straining, with nuclear ghosts and disappearance of the nuclei.

The association of pregnancy with red degeneration has been spoken of, but here pregnancy seems too far removed—17 years previously—to have any significance.

Pain, which was mentioned above, was the most marked feature in the history, whilst tenderness was not elicited on palpation, there was no pyrexia, but some loss of flesh.

Taylor concludes that some local nutritional disturbance in the degenerated fibroid was responsible for its condition. He also stated that in 30 specimens examined thrombosis of the vessels was a rare condition, though found occasionally.

Lastly, he endeavored to ascertain the nature of the coloring matter present by squeezing out the tissue juices in a muscle-press, and, after suitable dilution, examining with the spectroscope.

Taylor found the two-banded spectrum of oxy-hemoglobin—reducible to the one-band by Stoke's fluid and  $(\text{NH}_4)_2\text{S}$ .

Taylor therefore concluded that red degeneration of uterine fibroids was an aseptic necrobiosis of the tumor-cells, accompanied by a diffuse straining of the tissues with hemoglobin due to some local disturbance of nutrition.

Bland Sutton<sup>7</sup>, R.S.M., p. 300, who first became acquainted with the red change in fibroids in 1901, had up till now placed several fibroids in the hands of bacteriologists, hoping to find some organism which might be accounted responsible for "red degeneration," but was unsuccessful until quite recently, when the following case is reported: A primipara, aged 30, two months pregnant, had been in London for the purpose of consulting a doctor, who, after examination, expressed himself as satisfied with her condition. On her return journey she was seized with sudden severe pain that necessitated her leaving the train. A doctor was consulted, who diagnosed ectopic gestation with rupture.

Bland Sutton was called in consultation 24 hours after onset of the symptoms and found a large tumor, probably a fibroid, occupying the right side of the abdomen and reaching to the liver. He considered that some change had taken place in the tumor, consequent on pregnancy; it was also possible that it might be an ovarian cyst with a twisted pedicle. The tumor was very tender—patient's pulse 112, temperature 100° F.

On opening the abdomen the tumor proved to be a large subserous fibroid with a broad stalk. the uterus was gravid, and as it contained several fibroids the size of golf balls it was removed.

On examining the big fibroid in the course of operation an