degeneration is nothing more nor less than the early stage of necrotic change; the tissue has the appearance of being acutely inflamed, and hence looks red.

Calcareous Degeneration.—Calcareous degeneration is more frequently found in the sub-peritoneal variety of fibro-myomatous growths. These growths become roughened on the surface, and, owing to the presence of intraperitoneal fluid, they are liable to simulate malignant disease. They may be found bobbing about in the fluid, and may, as a consequence, feel much like fœtal parts. I have several times operated on such growths when a diagnosis of probable malignancy had been made, and we were afraid that operative interference would be useless. Under such circumstances it is always wiser to open the abdomen. When the tumors are removed, often by means of ligatures around the pedicle, the peritoneal dropsy disappears and the patients resume a normal condition.

Malignant Change.—Myxomatous degeneration in fibro-myomatous tumors is, in my experience, fairly common in proportion to the number of cases that undergo malignant change. I have never seen any other malignant change than myxomatous degeneration and sarcomatous degeneration. Myxomatous degeneration is particularly prone to recur after removal of the tumor. This recurrence presents some interesting features: the peritoneal surface of the intestines and the parietal walls appear as if injected with gelatine; the bowels become stiffened and partly rigid as a consequence of this thickening of the coats; the disease has been called pseudo-myxoma-peritonei. The patients gradually become weaker and weaker, and finally die with some of the symptoms of intestinal obstruction. When sarcomatous degeneration occurs in the tumor, the tumor becomes rapidly enlarged; there may be some elevation of temperature, the patient's general health is not particularly affected, and there are no other changes to be noted; it is only after the tumor has been removed, and has been cut into, that the sarcomatous change is determined; the microscope then completes the diagnosis. After the removal of the tumor the patients may be free from recurrence for a considerable time, or the disease may recur at an early date. I have never seen carcinomatous degeneration of a fibroid tumor, but feel satisfied that when carcinomatous disease is met with in the presence of a fibroid tumor it is merely a coincidence, and has nothing to do with the presence of the fibroid. I have always found the carcinomatous growth growing definitely from the glandular structures of the endometrium.