

by Gebhart, who compares the change to that which takes place in a macerated foetus which has died in utero and has not been attacked by germs. He says that the growth becomes softened and, as a result of breaking down of the red blood corpuscles and consequent spreading of their pigment, becomes pink or flesh coloured and, later on, brownish or greenish.

The differentiation of fibroids into the hard and soft varieties should cease, as the latter are merely the hard tumours which have undergone degenerative changes. The rapidity of growth and their tendency to increase after the menopause is a clinical indication of degeneration and is a strong argument against the expectant treatment of such tumours.

These tumours are usually interstitial and do not reach a large size. Out of 19 specimens recorded by the writer, 17 were interstitial (two being also partly sub-mucous), and two were sub-peritoneal. The largest measured 7 x 6 x 6 inches, and in none was there any evidence of twisting of the pedicles.

The mass usually has a stale smell which may change to a distinctly fishy odour, which is probably due to the presence of some of the amine resulting from the breaking down of the proteids of the tumour. The process begins in the centre of the tumour and advances towards its periphery and bacteriological examination yields a negative result.

Histologically, the tissue of the tumour is seen to have undergone degenerative changes, some of the muscle bands having become granular or even hyaline and the nuclei either being absent or else responding very poorly to the staining reagents. In some places, the nuclei may be seen lying in the middle of vacuolated spaces, especially where the muscle bundles are cut transversely.

These tumours do not occur with great frequency. Out of 88 fibromyomata which were removed in five years in St. Thomas's Hospital, nearly 8 per cent. were found to have undergone this change. The age at which they occur most often is the same as for ordinary fibroids, viz., between 30 and 40. In regard to the relation between pregnancy and necrobiosis, it is worthy of note that in fifteen out of the author's nineteen cases the patients had been pregnant either at the time of or before operation. The etiology of this condition is obscure, none of the theories which have so far been advanced as to the condition having proved satisfactory.

The clinical manifestations are pain and rapidity of growth, but are not sufficiently well marked to be pathognomonic. For example, Vautrin's patient had been affected with fibroids for some years and yet the onset of pain only dated from a few months previous to