myoma is small, and situated far up in the body and no discharge exists, it will often be advisable to open the abdomen, split the uterus and remove the nodule, sewing up the rent in the uterine mucosa, and then uniting the muscle. If the myoma projects through the cervix where it can be grasped, it is often possible to bring it down, and we can control the pedicle by two or three cat-gut sutures. If it be impracticable to reach the pedicle, the cervix may be split anteriorly until the necessary exposure is obtained. If the nodule is very large and fills the vagina, delivery by obstetrical forceps is at times feasible; but as a preliminary measure it may be necessary to incise the peritoneum to obtain the requisite space.

In a recent case the vagina was completely filled by the growth and the hemorrhages had been very profuse and frequent. I endeavored to build up the patient, but without success. We waited until within a few days of the next period so that she might rally somewhat. On attempting to wash up the vagina the hemorrhage was alarming. I accordingly desisted and opened the abdomen at once, fearing that any more vaginal interference until the uterine vessels were tied would render her pulseless. After all the blood supply had been cut off, the nodule was readily drawn up through the abdominal incision with the accompanying multinodular myomatous uterus.

Where a sloughing submucous myoma exists, the utmost care is necessary. If there be little bleeding, it will be safe to delay operation a few days and frequent douches of a 1 or 2% formalin solution should be given. Where there are no other myomatous nodules and where the offensive discharge has ceased the myoma may be treated as a simple submucous nodule and removed. If, however, the uterus be large and studded with other growths, the cervical lips may be sewn together, the vaginal portion of the growth having been removed some days previous. The vagina is then thoroughly douched with a 2% formalin solution and bichloride and complete abdominal hysterectomy performed. Unless the chances of infection from the uterine cavity be reduced to a minimum, the probability of general peritonitis is great.

When not to Operate in Cases of Uterine Myomata.—It is only after studying many cases and following, as it were, their life history that we can get the true perspective and determine with any degree of accuracy when to operate, or in what cases it would be better surgery to refrain from interference. This is especially the case when considering the treatment of uterine myomata. We all know of patients who have had myomata for many years and yet suffered no inconvenience whatever. Others have experienced some trouble, but not sufficient to