

amputate the uterus supra vaginally through the abdomen. I have seen similar cases in the practice of others, and on two occasions they simulated a pregnancy at full time. In each of these the abdomen was closed, as the operators felt they had made a mistake and that the cases were cases of pregnancy, and in each case a few days later the uterus was removed by a second operation, thus readily demonstrating how such submucous edematous growths can simulate pregnancy. Many of the submucous growths cause alarming hemorrhages and continued illhealth; eventually they may become polypoid and may be extruded from the uterine cavity into the vagina or forced outside the labia. I removed, at intervals covering several years, three such polypi from one patient.

(d) *Other Varieties*.—Those growing in the neighborhood of the cul-de-sac of Douglas, either in front or behind the rectum, become a very serious bar to delivery, and I have performed cesarean section on three occasions, owing to the presence of this condition. Growths growing in the cervix, either in front or behind, may also become a serious menace to delivery; I have, however, seen such large growths gradually compressed and pushed above the pelvic brim and the patient delivered without mishap when we were quite prepared to perform cesarean section. Tumors growing in the anterior lip of the cervix produce serious bladder disturbances; retention of urine being one of the most common of these. The removal of growths situated either in front or behind the cervix or in the cervix itself is necessarily fraught with much danger; in front damage to the ureters, behind damage to the pelvic vessels. On one occasion I was forced to remove a tumor growing in the anterior cervical lip and causing retention of urine, and after the removal there was an opening in the vagina large enough to admit a fist. The patient was prepared for death upon the table, but fortunately rallied from the shock and made a good recovery, contrary to the expectations of all those connected with the case.

*Changes in the Tumor:*

Congestion.

Edema.

Cystic degeneration.

Necrosis with or without suppuration.

Calcareous change.

Malignant disease.

(a) Myxomatous degeneration.

(b) Sarcomatous degeneration.

*Congestion*.—No matter where situated in the pelvis, fibroid