

toms were such that when lying down she had to be assisted to rise, although, when once on her feet, she had no difficulty in attending to her household duties.

With the continued enlargement of the myoma the abdominal contents will be forced upward against the diaphragm and shortness of breath will naturally follow.

In those cases in which submucous myomata exist, as evidenced by the prolonged menstrual periods or menorrhagia, the hemorrhage usually increases in amount, and between the periods of bleeding there is a purulent or muco-purulent discharge. In some instances, the submucous myoma is forced more and more into the uterine cavity and after a time projects slightly through the external os. At this time, there is often a loss of substance over the most dependent portion of the tumor. Necrosis of the nodule now readily takes place and we have in addition to the hemorrhage a continual watery and most offensive vaginal discharge, in odour and appearance often strongly suggesting that common in cancer. The long drain on the patient's resources saps her strength and she becomes sallow or very anemic in appearance and may have irregular elevations of temperature due to the damming-up in the uterus of purulent fluid, or to a septic focus which has meanwhile developed in the Fallopian tubes or in a neighboring myomatous nodule. The hemoglobin at this stage is often below 30 per cent. There are hemic heart murmurs, and the patient suffers from giddiness and fainting spells. Under such conditions she is now forced to spend most of her time in bed. Such is frequently the clinical history in the severe cases of myoma. In addition to these symptoms, we must remember those occurring where intestinal obstruction or appendicitis supervene or where the development of ovarian cysts or extra-uterine pregnancy add to the complications.

*Vaginal Examination.*—While much may be learned from the clinical history nothing gives such a clear idea as the bimanual examination. In a simple case, the finger in the vagina finds the cervix to be of normal size, while with the abdominal hand one or more hard nodules are to be felt rising up out of the pelvis, and on making pressure upward from the vagina we are able to determine that the mass is directly continuous with the cervix. This also enables us to determine the mobility of the tumor and also sometimes permits us to say with a fair degree of certainty whether the growth is adherent or not. In not a few instances, we find the cervix jammed up against the symphysis pubis, and the posterior vaginal vault bulging downward, due to the choking of the pelvis by the tumor. If the growth be cervical, the cervix has often unfolded itself on the surface of the myoma and is flush with the vaginal vault. In