between the tumor, when it has gained an appreciable size, and the surrounding viscera results in the formation of strong adhesions whereby subsequent surgical procedures will be rendered materially more difficult or even impossible without grave injury to vital structures. This course of argument is largely based on sound principles, and it should be stated at once that probably the vast majority of cases of fibroid tumor will be best treated by early resort to some form of operation. It is recognized, however, by even the most radical of the gynecologists, that circumstances arise when operation should be longer postponed, and a palliative treatment instituted. Such circumstances are the early approach of the menopause, when the tumor is not of excessive size, and has not been productive of urgent symptoms, or when such symptoms are manifestly diminishing in severity with the progressive oncoming of the climacteric; the absolute refusal of the patient to submit to operative interference; and the association of some depressing general disease, as pulmonary tuberculosis, renal inadequacy, or a grave cardiac lesion, whereby any operative procedure would be contraindicated.

Recognizing this truth, we as progressive men, whose main duty it is to consult the health and well-being of our patients, must now add some other indications to those already mentioned. It is at this point that our therapeusis may be radically influenced by the pathology and etiology of the disease. Two very suggestive papers have been published during the past three years, which have been somewhat obscured by the immense amount of literature which is daily appearing in support of surgical removal of the growths. While these papers, as I have said, are strongly suggestive, they have not as yet been fully substantiated by clinical proof and, therefore, cannot be brought forward as authorative in their statements. They do, however, open up new avenues of treatment in those cases in which for obvious reasons more radical measures cannot be adopted. The first of these by Byford,* of Chicago, suggests the microbic origin of fibroid tumors, and recommends a course of treatment tending to the destruction of these irritating agents. He claims that were Cohnheim's theory of neoplastic formation true, fibroid tumors of the cardiac muscle should be exceedingly common, while in point of fact they are exceedingly rare. On the contrary, the uterine muscle, which is not subjected to such constant strain as is the heart-muscle, but is essentially exposed to invasion by bacteria of all kinds, is a very common seat of these new-formations. Arguing from such a basis Byford suggests the following anti-microbic treatment: Curettement, to remove the germs; the application of electricity to still further destroy bacterial action; and the administration of ergot to diminish the vascularity of the parts, and thereby produce an environment less conductive to germ-growth.

The other theory of the formation of the tumors is advanced by A. Aubeau, and is also irritative in nature; it ascribes the growth to an old specific (syphilitic) infection, which, originating in a placental inflammation, gives rise to a tumor-formation upon the placental graft; this

*North American Practitioner, March, 1898