

rally proceed from the superior part of the uterus ; sometimes from the front, or back, or any other part of it, and is immediately covered by peritoneum, hence called *superitoneal*. A portion of the tumor is contained within the walls of the organ, the two commingling by degrees that render it difficult to say where one structure ceases and the other begins. When the tumor is largely developed between it and its peritoneum, numerous broad veins are seen on the surface, leading inexperienced spectators of an operation to exclaim, " what large *varicose* veins." These veins are not in a varicose state, not having their parieties thickened or hypertrophied ; but are only expanded laterally ; they are nearly flat, and their parieties are thin like ordinary veins, and being flat contain little blood, since, like all flattened tubes, their area is much less than those which are cylindrical, a form of the greatest capacity. The arteries that lead into the tumor are few in number ; but, within the new structure, they become numerous, though of small calibre ; yet, their united areas much exceed that of the afferent vessels. Hence it is that fibrous tumors that ulcerate within the womb, or are wounded, pour out blood abundantly, because their vessels are, to some extent, held patent by the inelastic fibrous body in which they course, and in this way draw upon the afferent vessels, more than these furnish when the tumor is in its integrity, and its vessels simply filled. The structure of the tumor is distinctly homogenous and fibrous throughout, as seen in a very large one that I extirpated (and in many others), composed of inextricable fibres, yellowish, dense, resembling boiled cow's udder, capable of being cut into slices without collapsing. This kind of tumor progresses very slowly ; taking ten or more years to reach the size of a man's head ; but, at last, takes on activity, and then grows rapidly, to the sure destruction of the patient, if it be not extirpated. While slowly increasing in size during many years, it does not disturb the health or even the comfort of the patient, giving no pain until of large size, and then only such as is due to unequally distributed distention of the abdominal parieties, more so when its shape is irregular, or its surface is bosselated by outgrowths from its own surface.

As long as the case is not troublesome to the patient, and its growth is slow, it had better not be meddled with ; for such cases can go on for many years, and possibly the patient die from some intercurrent malady or accident in the interim, before the tumor shall put on activity and become dangerous. Besides, the longer a patient endures a disease curable by surgical means, the less is the danger that follows an operation. And the more the abdomen becomes stretched, within bearable limits, the more safely it may be cut into with less apprehension of subsequent