

Shaw the thrombosis was a secondary condition and not the primary cause of the "red degeneration."

Mr. E. H. Tweedy<sup>4</sup>, *Lancet*, 1909, Vol. 1, page 1756, reported a case before the Royal Academy of Medicine in Ireland; the woman had been sent to him six months pregnant and with a large myoma; no other history was given; he kept her over two months in the hospital, and induced labor at term—the child was dead. On the fourth day her temperature rose to 103° F. and the abdomen became very tender. Sir William Smyley saw her in consultation and advised postponement of operation; she gradually got better and the tumor was removed by supra-vaginal hysterectomy. It showed in a very characteristic manner red degeneration, which was a disease Mr. Tweedy thinks rarely occurs save in pregnancy. He considered high temperature characteristic, and thought it might be due to absorption of toxic matter from the tumors, apart from germ invasion; the temperature is probably secondary. It has been stated that almost all fibroids associated with pregnancy show this change, but Keen (Keen's *Srg.*, Vol. 1, 773) and Fairbairn<sup>5</sup> deny this.

Again, it has been suggested that in pregnancy the entire uterine tissue is in a highly vascular condition, and something interfering with the blood supply, causing stasis in the veins might cause a diffusion of the blood-pigment.

Taylor<sup>6</sup> (*Proc. Roy. Soc. Med. Sec. Obs. and Gyne.*, 1908-09, Vol. 11, Pt. 2, p. 180) reports a case of a woman aged 45, married 21 years, 3 children, the last 17 years ago.

The patient had been ailing since November, 1906, when she had a severe attack of pain in the lower abdomen, which confined her to her bed for three weeks; since then there has been gradual and progressive enlargement of the abdomen; menstruation irregular.

In spite of the constant abdominal pain the patient kept about until recently, when she was again confined to bed for about two weeks on account of severe abdominal pain; also some bearing-down pain. On Jan. 8, 1909, patient was admitted in Chelsea Hospital for Women—under care of Dr. Giles—complaining of pain and swelling. Jan. 11—Supra-vaginal hysterectomy was performed. The specimen removed consisted of the body of the uterus enlarged by fibroids; it weighed 4½ lbs.

In the posterior wall of the uterus was a globular fibromyoma, 4 inches in diameter, encapsuled, softish, and a uniform mahogany-red color. In the anterior wall of the uterus was a globular fibro-myoma 4 inches in diameter, encapsuled, hard, white-whorled and free from any sign of degeneration.

Histologically the red fibroid showed loss of the outlines of