

complicates myoma; so that in practically 2 per cent. of all uterine myomata a malignant growth also develops at one period or another.

*The Operative Results in Myoma Cases.* It is not many years since the mortality in simple myoma cases was excessive. To attempt removal of a large and adherent myomatous uterus was rarely undertaken. But during the last decade the technique has been so perfected that in some clinics the mortality in simple cases is not over 3 per cent., and in Naples last fall, Professor Spinelli informed me that he had just operated upon 100 cases with a mortality of not over 1 per cent.

With such advances in surgery, bringing with them so marked a decrease in the mortality of these cases, have we the right to advise against operative interference with the possibility of hæmorrhage, loss of health, pressure symptoms, septic infections, intestinal obstructions staring us in the face and even the remote likelihood of sarcomatous degeneration or of carcinoma? And this is not all. When giving our verdict in this or that case, it is on the assumption that our diagnosis has been correct. Unfortunately, we are not infallible. Less than seven weeks ago, I saw in consultation a patient complaining of slight hæmorrhage and with a uterus about twice the natural size, rather firm and feeling exactly like a small uterus containing a nodule the size of a small apple. To clinch the diagnosis were two small nodules, each about 2 cm. in diameter, one on the posterior surface of the uterus, the other at the right cornu. She asked if it were cancer and I informed her that it was without doubt a myoma. On account of bleeding, I advised hysterectomy, and to my surprise the growth proved to be an adeno-carcinoma of the body of the uterus, while the two supposed small myomata were situated at points at which the cancer had extended entirely through the uterine walls, forming secondary growths on the surface of the organ. They were already adherent to the small intestines. With my eyes closed, and that uterus in my hand, I should undoubtedly have diagnosed the case as one of myoma.

Nor are these cases by any means rare. I removed a uterus, the size of a four-months' pregnancy, two years ago and to my surprise on opening it I found it the seat of an extensive nodular carcinoma, no myoma being present. Two weeks ago one of my colleagues removed a uterus about the size of a four-months' pregnancy. Pregnancy, however, was absolutely excluded and the specimen was sent to the laboratory with the supposition that the growth was a myoma. On opening the organ, we found a cancer just above the internal os. This had blocked the cervical canal, and the uterus was distended by fully 500 cc. of blood. On three different occasions I have opened the abdomen expecting to find