

forming a good firm support for the vaginal vault, still in not a few instances the complete operation is clearly indicated. For example, where a large cervical myoma exists there is often no normal cervix left and the growth has so encroached on the vagina that a small cuff of this must also be removed. In these cases, after tying the uterine arteries low down near the ureter it is not very difficult to free the mass on all sides until the vagina is exposed. In every case, however, where there is great danger of injury to the ureters these should be carefully outlined to see that they are intact.*

In all cases in which we suspect adeno-carcinoma, or development of sarcoma in a myoma, splitting of the uterus should never be performed, as we run the risk of not only implanting cancer and sarcoma cells upon healthy tissue, but also of setting up a general peritonitis, as in these cases virulent pus organisms are very liable to be present. Knowing that we may at any time encounter malignant growths in the uterus, when we are operating for myoma, I have made it a rule where the uterus has been amputated at the cervix to always have the organ opened at once, so that, if perchance, a malignant growth exists, the cervix may also be removed before the abdomen is closed.

Treatment of Myoma Complicating Pregnancy.—If pregnancy occurs when the uterus is studded by large and small myomata, which apparently encroach on the uterine cavity to such an extent that they almost preclude the possibility of the pregnancy advancing over a few months, hysterectomy should undoubtedly be performed, irrespective of the ovum. In other cases in which the myoma is cervical, and so plugs the pelvis that labor through the normal passages is impossible, the question should be laid squarely before the family, and the alternative of complete hysterectomy at once, or Cæsarian section at term, followed by hysterectomy at a later period discussed. The uterus might possibly be removed immediately after the Cæsarian section, but the parts are so vascular in the pelvic floor, and a large cervical myoma is often so difficult of removal that no fixed rule can be laid down, and the surgeon must use his own discretion in the individual case. Recently I saw a patient who was eight months' pregnant, who had a myoma as large as a child's head, situated in the anterior uterine wall. Three surgeons were sure that Cæsarian section would be necessary; two considered normal labor possible. All preparation was made for operative interference, but the patient fortunately had a normal labor.

Treatment of Submucous Myomata.—Where the submucous

* Doyen's operation where Douglas's sac is opened, the cervix firmly grasped and drawn backward and upward and then freed from the vagina on all sides and the uterine vessels are clamped and cut, is also a method of complete hysterectomy to be strongly recommended.