

formerly met with, and furthermore we do not have such extensive adhesions to deal with. As a consequence of the great success of the modern operations I fear the pendulum has swung rather too far to the other extreme, and that now young women are practically unsexed and are denied the opportunities of motherhood owing to the rather ruthless use of the knife on fibroid tumors as soon as they make their appearance. As fibroid tumors have vagarious ways it is desirable that we should be fully aware of these peculiar changes, in order that we may deal with these cases more intelligently. Let us take up the question systematically.

*Position.*—Fibroid tumors have been named according to their position. The classification adopted has been sub-peritoneal, intramural and submucous; we have also myomatous tumors growing from the myomatous structures about the cul-de-sac of Douglas in the broad ligament and in front towards the bladder; we have also fibroid tumors growing in either the anterior or posterior lip of the cervix.

(a) *Sub-peritoneal Tumors.*—Sub-peritoneal tumors seem to have certain characteristics not met with as frequently in the others; they have a tendency to become pedunculated and may often be found roughened on the surface owing to calcareous degeneration, and as a consequence of this they may produce intraperitoneal dropsy that simulates the dropsy found accompanying malignant disease in the peritoneal cavity; they may become fixed to other organs and may eventually derive their blood supply through the adhesions in the new situation; they may become twisted and gangrenous or gangrenous owing to thrombosis of the vessels.

(b) *Intramural Tumors.*—Intramural tumors frequently give rise to menstrual pains and increased menstrual flow before they can be made out by the examining finger. When the uterus of a young unmarried woman is found somewhat enlarged and when this enlargement is accompanied by menstrual pain and increased flow, we must suspect the presence of an intramural fibroid. The ultimate destiny of the intramural variety is generally sub-peritoneal or sub-mucous, as the constant contraction during menstruation, producing the pain already spoken of, tends to force the little nodule outwards or inwards.

(c) *Submucous Tumors.*—The submucous variety may be very small or may be large enough to simulate pregnancy at the 4th or 5th month, or even later. I have on two occasions been forced to dilate the cervix and introduce my finger into the uterus to satisfy my mind that the case was one of large sub-mucous fibroid, filling the uterine cavity, before proceeding to