operation, and we will thereby be influenced in our mode of treatment. In the majority of the cases, however, where cancer of the body of the uterus has existed, it has not been suspected until the uterus had been opened after operation. Nor need such ignorance be unpardonable; for in all probability the only suggestive symptom has been hemorrhage, which naturally would be explained as belonging to the myoma. One would hardly deem it necessary or wise to curette when the myoma could be so clearly outlined, and considering the fact that the uterus is to be removed in so short a time. Nevertheless, when outlining the treatment one should always bear in mind the possible co-existence of a carcinoma of the body of the uterus and act accordingly.

Symptoms of Myomata.—The clinical features in cases of uterine myomata are mainly dependent on two chief factors. First: The situation of the nodules. Secondly: The size of the tumor. While these growths develop during the child-bearing period, they may not make themselves manifest until late in life. A myoma may be as large as a fetal head and yet give no symptoms whatever and be only accidentally detected. On the other hand, a nodule not larger than a walnut may give rise to alarming hemorrhages. If the myomata are interstitial or subperitoneal and so situated that they do not encroach on the uterine cavity, there will, as a rule, be little bleeding. On the other hand, if the myoma projects into the uterine cavity, thereby putting the mucosa on tension, there will undoubtedly be very free and troublesome hemorrhage. The amount of bleeding is usually in direct proportion to the surface area of the uterine mucosa on tension. We have had patients lose nearly two litres of blood at one time, and in one case I was called in to see the uterine cavity was 24 cm. in length and contained over a litre of decomposing blood-clots.

In the cases in which the myomata encroach on the uterine cavity the patient will usually give a history of prolonged menstrual periods for the last few years and will complain of some backache and often of a feeling of bearing-down pain in the lower abdomen. After suffering from these symptoms for a time she suddenly notices a lump in the lower part of the abdomen. With this increase in size there may be an increased frequency in micturition or retention due to the bladder being jammed up against the symphysis pubis. With the continued growth of the tumor constipation becomes marked and possibly pruritus ani develops, both due to the pressure of the growth on the rectum. Later on the woman suffers from pain and occasionally notices edema in one or both of the lower extremities. I recently operated upon a patient who had an interstitial myoma about the size of a child's head. The pressure symp-