

being dead I could turn and deliver. The turning and delivery of the body was easily accomplished, but the tumor offered more resistance after the turning than before. We perforated the skull, reduced its size, and delivered after considerable difficulty.

We knew that our plan of treatment was open to criticism, and that immediate operative procedure with a view of removing the tumor would in the majority of such cases be preferable, but labor had advanced too far for that, so we did what we considered the next best thing, and I am glad to say that though difficult it was successful. The woman made a good though slow recovery without any undue symptoms, though there was some sloughing from the surface of the tumor and also inaction of the sphincters for a time. As soon as she has sufficiently recovered from the effect of her pregnancy and labor, we will remove the tumor and the possibility of a recurrence of the difficulty.

If we are successful in doing a myomectomy, she may at a subsequent period bear a child which would suit her better than if we had done a "Porro."

My experience leads me more and more to the conclusion that it is our duty to impress upon our patients the necessity of a thorough examination and treatment before or even during pregnancy, so that if any obstruction exists it may be discovered and dealt with at a time which offers the best advantage to the patient, and which is least likely to bring disrepute upon the physician. I can recall to mind many cases where, like the one just mentioned, an abnormal condition existed which could have been rectified before the commencement of labor precipitated everything and made it impossible to obtain ideal results. There is a tendency to take too much for granted, and because many cases come out all right in the end our patients are apt to trust to luck and take chances rather than have the trouble of submitting to a careful examination and preparation for an event which is of more moment and fraught with more danger than any other which takes place in an ordinary way in the life of a woman. So let us do our full duty early and tell our patients to be examined and prepared.

Though the operation of hystero-myomectomy varies "all the way from one of the simplest to one of the most difficult complicated procedures in gynecology," we have here to consider only those complications due to pregnancy.

When pregnancy exists with a myoma we must consider whether the life of the woman would be endangered by allowing the pregnancy to continue to full term, and whether a living child can be born at term. If the tumor is small and in the upper part of the uterus the pregnancy may be allowed to