

the working woman will, as a rule, elect the operation, for time means much to her. But as women rise in the social scale they are less ready to embrace operative interference, except as a last resort, but are willing to spend time and means indefinitely if there is prospect of ultimate recovery.

No experienced specialist will for a moment question the propriety of early operative interference, where possible, in most pelvic or abdominal tumors, solid or cystic. I have usually excepted small fibroids, so situated as not to give pressure, and of non-hemorrhagic nature, with a warning to the patient of their possible rapid development, and a caution to be prepared for immediate operation should unfavorable symptoms arise. However, there is a class of fibroid cases where the symptoms appear serious, but where they will soon yield to non-operative measures, and defer indefinitely the question of operation. The following case illustrates this class:

Now travelling in Egypt is a patient who considers herself perfectly well. Five years ago, at the age of 48, she came to me with a history of profuse and painful menstruation, lasting six, eight; and ten days. She had marked gastric and intestinal disturbances, and more or less constant pelvic distress, which became more pronounced at each menstruation. Leucorrhœa was present during the intermenstrual period. She was much depressed. There was a history of gradual enlargement of the abdomen. On examination it was found that while the cavity of the uterus measured only three inches, there were multiple fibroids reaching half way to the umbilicus. One was pedunculated, the size of a tangerine orange, and had dropped down into the posterior cul-de-sac. It had become impacted there by development, and was extremely sensitive. In the knee-chest position, I was able with some effort to dislodge it, and with a properly-adjusted tampon to keep it out of the pelvis. An operation was advised, but while the patient and her husband were considering the matter, she was made so comfortable with palliative treatment that they elected to try that method for a time. Ergot and later compound viburnum tablets were taken to aid in diminishing congestion. Six months later all symptoms had disappeared. The tumor had so much diminished in size that it reached but slightly above the pubes. The patient could take long walks with comfort, menstruation was scanty and painless, and she refused to consider an operation. Two years later, the menopause was established. The patient still reports every few months. Now there is only an irregular tumor, freely movable behind the pubis, and entirely without sensitiveness. She was allowed, without question, to go abroad. Both the patient and her husband are fully aware that