function and hence at each period pour out their quota of menstrual blood. Naturally where the nodule is subperitoneal and the glands are surrounded on all sides by myomatous muscle there is no escape for this flow. It thus accumulates and eventually we have the myomata containing large cyst-like spaces lined by a smooth, velvety mucosa and filled with chocolate-colored fluid—the damned-up, changed menstrual flow. In nearly every instance in which we find a large intra-ligamentary or subperitoneal myoma containing such cyst-like spaces and filled with chocolate-colored contents we may ascribe it to an old adeno-myoma. Adeno-myomata of the uterus were found in nearly 2 per cent. of our cases. They are benign.

Sarcomatous Degeneration of Myomata.—Within recent years studies have definitely established the fact that myomata may undergo sarcomatous degeneration. Clinically, patients suffering from such growths usually give a history of several years' duration, during which the growth has either lain dormant or increased very slowly. Suddenly there is renewed activity, and in a few months the myoma increases greatly in size, and more or less marked signs of cachexia begin to appear. Sarcoma usually develops in one of several myomatous nodules and may be subperitoneal, interstitial or submucous, although it was formerly thought that such growths were always of the last-named variety. If the sarcoma develops in a submucous myoma portions of it may from time to time be expelled through the vagina—the so-called "recurrent fibroids." The sarcoma may develop from one of two sources, the connective tissue or the myomatous muscle cells. If it originates from the stroma the sarcoma may be spindle-celled or round-celled; if from the muscle, it is of the spindle-celled variety. From the drawings which are being passed anyone will be able to convince himself that a sarcoma may develop in the centres of myomata, and from the histological pictures it is possible to trace all stages from the normal muscle fibres to those which show the typical ear-marks of sarcoma. We have had several such cases in our series where the myomata became sarcomatous and in some of them death soon followed from metastases. It is of extreme importance to remember these cases when weighing in our minds the appropriate mode of treatment.

Carcinoma of the Uterus Associated with Myoma.—In my work on Cancer I reported several cases of carcinoma of the uterus occurring in conjunction with myomata, and in the three years intervening since the appearance of the book a goodly number of similar cases have come under my observation. Of course, where squamous-celled carcinoma or adeno-carcinoma of the cervix exists it will as a rule be readily detected before the