

increased blood supply, and if the tumor, which is discovered early in pregnancy, is allowed to remain until labor is over, it will have increased enormously in size, in addition to the above mentioned dangers. Moreover, if the ovarian tumor is locked in the pelvis, it would be most serious to leave it there, as it would render natural delivery impossible.

With regard to fibroids, if they are causing no severe symptoms, I prefer to wait until a few months after delivery, and then, if the tumor is causing hemorrhage, to perform hysterectomy. Sometimes, however, they cause considerable pain. In one case to which I was called by Dr. McNamara, the tumor was a sub-peritoneal one, and had caused very little pain until the end of the third month, when it rose with the uterus out of the pelvis and took a rapid growth. It caused so much suffering that I decided to remove it, which was easily done by making a rather long abdominal incision and lifting the pregnant uterus and tumor out of the abdomen and laying them on a sterilized towel. The pedicle, about 3 inches wide, was clamped close to the uterus, and the tumor, the size of a small cocoanut, was removed. The stump was closed with interrupted silk stitches, and the clamps were removed. The bleeding was furious for an instant until they were put on again, and another row of medium silk stitches were applied. On removing the clamps the second time there was only a little oozing, which was completely controlled by a third row of fine sutures. The uterus was replaced, the incision closed, and the patient made an easy recovery, and went on to full time, and had a normal labor.

In another case of fibroid during pregnancy to which I was called by Dr. T. F. Wilson, it seemed almost impossible that the woman could be delivered by the natural channel on account of the size of the tumor and its location in the lower segment of the uterus. I was loth to operate, having been very much impressed by a similar case reported by Dr. Weeks, of Portland, at the Washington International Congress, in which a miscarriage was induced about the fifth month, and the patient died from uncontrollable hemorrhage. Sir William Hingston was also called in consultation, and, as he was strongly opposed to interfering, we decided to wait