

currence for a considerable time, or the disease may recur at an early date. I have never seen carcinomatous degeneration of a fibroid tumor, but feel satisfied that when carcinomatous disease is met with in the presence of a fibroid tumor it is merely a coincidence and has nothing to do with the presence of the fibroid. I have always found the carcinomatous growth growing definitely from the glandular structures of the endometrium.

In the presence of pregnancy fibro-myomatous tumors do not seem to have any particular tendency to produce miscarriage. When it is considered desirable to empty the uterus, owing to existing circumstances, it is usually necessary for the surgeon to procure an abortion. I have found it desirable after one or more consultations to produce miscarriage in a number of cases. If a young woman has had no children and is troubled with a small myomatous tumor, I believe that in most cases when the tumor has reached an important size that miscarriage should be produced, and, as a consequence, she is given the benefit of the subsequent involution. Many fibro-myomatous tumors disappear after the first miscarriage;—I have seen them disappear after labor at full term; in fact they disappear, or almost disappear, as a consequence of the process of involution. If a woman has not had progeny and on the other hand is willing and anxious to submit to cesarean or Porro cesarean operation at any time when it is found to be necessary or desirable, in order that the life of the mother or of the mother and child shall be saved, her wish should be gratified. Under modern conditions cesarean operation may be safely performed, but it must be remembered that it may be necessary, in the presence of fibroid tumors, to perform the Porro cesarean operation in order to control hemorrhage and thus remove from the woman all chance of subsequent motherhood. I have advised young women with fibroid tumors of small size to become married as a prophylactic measure, with the hope that either childbirth or miscarriage would be beneficial by checking the growth of the tumor. To illustrate my point, let me state further that my first experience was obtained by a rather rude awakening. A missionary lady from Africa, between 35 and 40 years of age, married. I saw her, in consultation with the late Dr. J. E. Graham, and we found a pregnancy nestled in between three large fibroid tumors; miscarriage was produced, and I asked her to return at a subsequent date, in order that I might remove the uterus. During the process of involution she was advised to take a certain treatment, and the treatment got the credit for what occurred; the tumors almost entirely disappeared, she again became preg-