

A subsequent examination showed that the uterus was neither pregnant nor malignant. This case is interesting because it was one of a group of thirteen consecutive hysterotomies for fibroid, all of whom recovered, seven having been done in 1899, and six so far in 1900. My experience with operating for fibroid tumors has been so satisfactory since I have adopted the method of Pryor and Kelly that I consider hysterectomy as safe an operation as ovariectomy. I have come to the conclusion that all fibroid tumors should be removed as soon as discovered, that is to say, as soon as they cause symptoms. It must be remembered that hemorrhage is not the only symptom, for the disturbance of the digestive and nervous systems are sometimes far more marked and more important than the menorrhagia. If the case above reported had been pregnant, the immediate removal of the uterus, pregnancy and all, would have been the best thing to do, for either a provoked abortion or a Cæsarean section would have been more dangerous operations than the hysterectomy which was done. Those who advocate a policy of delay or noninterference should always remember that a considerable proportion of fibroids undergo malignant degeneration, a change which I have seen taking place several times in my own limited experience.

*Case of Obstruction of the Bowels Reopened nine days after Abdominal Section for Diseased Tubes: Recovery.*—Hospital number 653. Mrs. M. Dr. Letellier called me to this case two years ago for retroversion of the uterus. She had very tender tubes and ovaries, so much so that Dr. Letellier was unable to get the uterus up without an anesthetic, and had to have assistance. With the aid of an anesthetic I was able to put the uterus up and introduce a pessary. After this I saw her no more, but Dr. Letellier told me she was keeping well. About a year and a half later Dr. Letellier called me again for the same trouble, but this time I was unable to replace the uterus. He told me that the uterus had remained up without the pessary for the last six months, but a week or two before she had sent for him for a sharp attack of pelvic pain, and on examination he had found the uterus retroverted. I felt sure that something had happened since I had last examined her, some disease of the tubes which had set up a pelvic peritonitis which had glued the fundus to the hollow of the sacrum. I therefore strongly advised ventrofixation, with removal of the tubes if necessary, to which the patient readily consented. As all parties interested except myself were anxious that the operation should be performed at her house, I agreed to do so, although I regretted it afterwards, because the operation was done under considerable difficulties, and the patient was not under such perfect control. The tubes, though small, were so firmly bound down by apparently old adhesions that