

ment is required not to create anxiety or needless alarm upon the first discovery of the swelling. The very knowledge of a tumor of any kind, to many women, is a source of the greatest worry; and as the great majority of cases may with care pass on to the climacteric without any very dangerous symptoms presenting themselves, these cases may remain under the care of the family physician with oftentimes greater benefit than if sent away to some specialist. To send a patient some distance away from home and friends for treatment frequently creates a condition of mental disquietude, which interferes with sleep, deranges the digestive organs, and impedes assimilation, so that I maintain that the judicious physician will, in the absence of any serious symptoms, manage these cases well, and conduct them to that period when one may expect a quiescence of symptoms, a cessation of growth, if not a retrograde movement. These remarks have reference entirely to the multinodular tumors, which are rarely single, and are intimately associated with menstruation, grow during that period, and decrease or disappear after the menopause, whether the menopause be natural or brought about by removal of the appendages.

The much rarer forms, the soft, are single and interstitial, grow at all ages, do not cease growing at the menopause, are not connected with or influenced by menstruation, and as a rule grow much more rapidly than the hard or multinodular. It is more than probable that all myomas of the multinodular kind are first intramural, and that they grow in the direction of least resistance, thereby following a natural law. If the resistance is equal, they remain intramural; if unequal, they become either subperitoneal or submucous.

Those who have had the opportunity of examining numbers of cases of myoma, both before and after operation, will have no difficulty in reconciling the variety of symptoms that present themselves in connection with this disease. Symptoms differ largely, whether the tumor be single or multiple, whether it grows from the posterior wall or anterior wall of the uterus.

In the nodular, the number of tumors, their arrangement and growth, produce an endless variety of configuration; and mixed up with this, a variety of displacement of tubes, ovaries,

and broad ligaments, and of the bladder itself. Recognizing this, one is prepared for a great variety of symptoms. Pressure upon the bladder, rectum, sacral nerves, the ureters, will produce symptoms referable to the organs thus encroached upon. Pressure on the ureters is more likely to occur in cancer than in myoma from infiltration around the ureters; in either case, it will lead to hydronephrosis. In the early stage, impaction in the pelvis, with or without retroversion of the uterus, may be produced. This must be recognized and freed, and is generally best accomplished just after the period, owing to the influence of menstruation. The tumor is largest just before, and smallest just after the period.

One case occurred to me in which there was a singular periodicity of pain, to me wholly unaccountable. The tumor was wedged in the pelvis, with no continuous but a characteristic intermittent pain three days on, and three days off. The pain was intense during three days, requiring full doses of morphia to relieve it, and the following three days she was quite free from pain; and the singularity was that the condition was not in any way influenced by menstruation.

Another case with exceptional symptoms was a patient from whom I removed, in December last, a myoma as large as an orange, growing from the posterior wall of the uterus. For several years she had been the subject of great nervousness, had frequent attacks of hysteria, and had been largely troubled with insomnia. At times she showed mental weakness, bordering on insanity. She had taken a variety of hypnotics before I saw her; chloral, bromides, opiates, sulphonal, antipyrin, antifebrin. The use of the latter remedy I discovered on Nov. 4th, 1890, owing to its toxic effect upon her. Her sister brought her to me ostensibly to consult me about the blue discoloration of her face (cyanosed condition) which had lately developed itself. Upon questioning her I found she had been taking a solution of antifebrin, *ad libitum*, to produce sleep. Formerly it had produced sleep, but latterly it had no hypnotic effect. Fearing some untoward accident on account of her mental condition, I now strongly urged what I had formerly frequently advised— an abdominal section. Four days later I made