not at all altered in its position, but is often drawn upward and outward, being spread uniformly over the anterior surface of the tumor. In other instances it has early become adherent to the tumor at one point and with the growth of the myoma has been drawn out into a long tongue or funnel-shaped projection. We have seen the bladder drawn fifteen or more centimetres above its normal attachment and in a few instances it has extended upward as far as the umbilicus. The interior of the bladder is rarely, if ever, altered.

If the tumor become incarcerated in the pelvis and pressure symptoms develop the *ureters* are frequently affected. First they dilate, giving rise to a hydro-ureter, sometimes reaching 1.3 cm. or more in diameter. Later on they may become adherent to the myoma and with its continued growth be carried up out of the pelvis. It is exceedingly important to remember this possible displacement when operating. Hypertrophy of the ureter is occasionally caused by the myoma and hydronephrosis may supervene.

Adhesions between the myomatous organ and the rectum frequently take place, especially where the growth tends to become incarcerated in the pelvis. As the growth rises up, it sometimes takes the rectum with it, making it taut and carrying the upper portion high into the abdomen. As might naturally be expected, the intestines which lie in direct contact with the tumor sometimes become adherent to it. As a rule these adhesions are slight, but at these times the intestine is so intimately blended with the growth that it is necessary to sacrifice a portion of the uterine wall in removing the organ. Occasionally kinks in the bowel follow as a result of adhesions and the patient dies of intestinal obstruction. The appendix in many cases has dropped down and become adherent to the tumor or to the right tube and ovary.

Adeno-myomata of the Uterus.—We will now consider a variety of myoma which until very recently has received little attention. In these cases we have, as a rule, a uterus which is moderately enlarged, but which conforms to the normal contour save for some small nodules scattered throughout its walls or over its surface. On microscopic examination we find that the inner muscular layers of the uterine walls have become coarse in texture and converted into myomatous tissue. Into this coarse-textured tissue the uterine mucosa literally flows. We thus have myomatous tissue with islands and rivers of normal uterine mucosa scattered throughout it. With the gradual growth of the adeno-myoma portions of the mucosa are nipped off and either become submucous adeno-myomata or pass to the outer surface, forming subperitoneal nodules. The islands of mucosa in the myomata still retain their natural menstrual