

operation; for hardly any surgeon or gynecologist would care to recommend a hysterectomy because a few little nodules had been discovered by some specially expert fingers. Moreover, we know that certain races, like those of the colored women of this country, show a large percentage of fibroid tumors of varying sizes which never reach the operating table and are discovered only in the autopsy room.

In the cases of fibrosis uteri with or without the small fibrous nodules, the principal lesion consists of a hypertrophy of the muscular wall in addition to the inflammatory lesions of the mucosa. I have seen the fibrous change in the muscular wall of the non-pregnant uterus reach such a degree that, instead of the normal one-eighth to one-quarter of an inch, the thickness measured one-half and even three-quarters of an inch. Of course, such a degree of hypertrophy, associated with a diseased endometrium, would account for the leucorrhoeal discharges, excessive menstrual bleedings, and the dragging pains of which these patients complain. Nevertheless, I have not reached that degree of conviction which might have permitted me to report a large number of hysterectomies done for this lesion. As a matter of fact I feel justified in still following the course of procedure, planned by my teachers, who were contented with performing a simple but thorough curettage. With a lacerated cervix, and, possibly, imperfect pelvic floor, reparative procedures are also indicated. In cases of retroflexed or prolapsed uteri a fixation operation appropriate to the individual case should be superadded.

In this woman's case the line of treatment has been purely palliative, and we refer her back to the outdoor department for further care. In view of the success with which our assistants are meeting there is absolutely no indication, at least for the present, to consider the question of operation at all.

The palliative or non-operative treatment of a case of this kind is very simple. The principal things to bear in mind are the inflamed endometrium and the heavy uterus. The former condition causes the leucorrhoeal discharges and uterine hemorrhages; the latter feature is accountable for the dragging