result of some degeneration which has permitted the entrance of bacteria. These suppurating myomata have an outer covering of myomatous tissue and are lined internally by granulation tissue. We have seen them containing several litres of pus. In one patient operated upon at the Johns Hopkins Hospital there was a large cavity in a subperitoneal myoma which extended as high as the umbilicus. This cavity communicated freely with the transverse colon, the feces passing directly from the gut into the abscess cavity.

Sloughing Submucous Myomata.—While the subperitoneal nodules are extending upward and outward the submucous ones are forced more and more into the uterine cavity. Their mucosa becomes thinner and thinner and eventually the dependent portion of the nodule usually undergoes necrosis and sloughing. Sometimes only a small portion of the nodule disintegrates, but occasionally the uterine cavity contains a sloughing nodule fully as large as an adult head.

In one of our cases we found a necrotic interstitial myoma which on its inner side communicated with the uterine cavity. On its outer side it had involved the uterine wall; necrosis had followed, the peritoneum had become involved and the patient had died of a general purulent peritonitis.

The Tubes and Ovaries in Cases of Myoma.—Let us now briefly consider the condition of the tubes and ovaries and also see the effect of the myomatous uterus on the surrounding structures. In the tubes we have noted hydrosalpinx (simple and follicular), hemosalpinx, tubal pregnancy, salpingitis, tubo-ovarian cysts and adeno-carcinoma, secondary to adeno-carcinoma of the ovary. Occasionally the normal tubes may be lost on the surface of the myoma and appear again at a distant point. While any of these conditions may be found, simple inflammatory adhesions are the most frequent. In all probability the adherent condition of the tube is due to the mechanical irritation caused by its being rotated and rubbed against surrounding parts.

Numerous pathological conditions of the ovary are also associated with uterine myomata. Thus we have found Graafian follicle cysts, both large and small, corpus luteum cysts, multilocular adenocystomata, dermoids, papillo-cystomata, primary adeno-carcinomata and ovarian abscesses. The ovaries are often embedded in adhesions, usually delicate and fan-like. The inflammatory reaction seems to be chiefly the result of mechanical irritation.

Parovarian cysts are also associated with myomata in a moderate number of cases.

The relation of the *bladder* to the myomatous uterus is also of importance from an operative standpoint. At times it is