

Family history good. She has always had good health, has had 12 children, all living, had one miscarriage 8 years ago. Menopause occurred 7 years ago. She has suffered for years from prolapse of uterus, it gave her great pain in walking or sitting down. She ascribes it to a perineal rupture 35 years ago. There is complete prolapse, the whole organ falling outside the vagina, with cystocele and rectocele—the uterus is normal in size and length.

On April 9th, 1895—performed vaginal hysterectomy; tied off uterine appendages with strong silk, the tissues were in normal condition—no adhesions. The operation was attended by no difficulty. Removed some sutures on 14th day, but two did not come away until May 6th 1895. She recovered and left for home on May 10th.

CASE XIX. Epithelioma of Cervix; Vaginal Hysterectomy; Recovery.—Mrs. Ellen F., age 58 years, admitted to Infirmary May 15th, 1895, suffering from cancer of cervix.

No history of cancer or tumors in family. She was always healthy until last summer when she noticed some sanguineous flow from vagina, at times this was very bright. Menopause occurred about ten years ago. There is some odor from the vaginal discharge. She has lost flesh of late—bowels regular, appetite not very good.

Vaginal examination reveals, uterus the seat of a cancerous mass in and around the cervix and os—the uterus appears moveable.

Operation, May 30th, 1895. There was much difficulty in getting uterus down. Difficult also to apply ligatures. There was considerable hemorrhage. Three clamps were used where ligatures could not be applied and left on. These with the tampons were removed on the 4th day. Considerable shock for first twelve hours, when this passed off she steadily improved day by day. The last of the ligatures were removed

on the 13th day. She is now sitting up and will return home in about a week.

CASE XX. Ovarian Cyst; Coeliotomy; Recovery.—Mrs. W. J. T., age 43, admitted Sept. 1894.

Family history good. She has been married 18 years, has had 5 children—menses always regular—health good. In Nov. 1893 she noticed a lump in left side of abdomen and since that it has increased in size very rapidly. After examination ovarian tumor diagnosed.

Operation, Sept. 29th, 1894. Found a large, tense, multilocular cystoma, found the omentum adherent to the cyst at upper part, (she had had an attack of peritonitis some time previous to the operation). The pedicle was very long, arising from left side and was twisted twice upon itself and was placed markedly to the left. Used salt solution. Transfixed the pedicle with strong silk and tied it off. Silk was used in closing abdominal wound, all the tissues were included in the sutures. This patient had no bad symptoms, removed abdominal sutures on 10th day. At the 15th day she was sitting up, and went home well.

CASE XXI. Antelexion and Neurasthenia; Oophorectomy with ventral fixation; Improved.—Mrs. H. H., age 39, admitted to Infirmary Oct. 22nd, 1894. One sister died of phthisis. No history of cancer or tumors in family.

She was always healthy up to 10 years ago, when she had pneumonia—has been married 15 years, has had 2 children—no miscarriages. About four years ago began to feel indisposed and for 14 years has had trouble with her urine—vesical tenesmus. She was examined by a physician who told her she had uterine displacement, that the uterus was pressing on the bladder, had treatment with pessaries, and got some relief, wore the pessary for 6 months. About two years ago took a burning sensation in vagina, had piles, bearing down sensations. Menstrua-