

DR. REAMY of Cincinnati read a paper on *High Amputation of the Cervix for Cancer*. This was a very interesting and practical paper, and brought out some important facts. At first he used bromine solution following curetting; the strength of the solution was 1 to 13 of alcohol. The thermo-cautery was also used in these cases. Later on he began to use the scissors. He occasionally opened the peritoneal cavity unavoidably, and then caustics could not be used. When the incision took place between the vaginal junction and the internal os the latter remained unimpaired, which was important. It was, however, most important to cut wide in the healthy cellular tissue, as this formed the field for spreading of the disease more than did the cervical tissue proper. Cases treated in this way were those wherein the disease was confined to the vaginal portion and not beyond. The disease must not have involved the supra-vaginal portion. When the disease is so confined, Dr. Reamy said total extirpation should not be performed. Dr. Reamy prefers the wedge-shaped incision for the following reasons: (1) It removes the epithelium; (2) it removes the sub-epithelial tissue; (3) it leaves a flap to be closed in on the stump by sutures; (4) the stump in the vagina presents a more natural appearance than after amputation. Seventy-five to eighty per cent. of cases begin in the squamous epithelium, goes up into the cellular tissue, and may never invade the body at all; therefore he advises to cut wide and remove only the vaginal cervix. Dr. Reamy cited cases now alive and having survived from five to fifteen years after the operation of partial extirpation. He does not believe that cases should be limited to two years without recurrence, and considered as cures.

DR. BAKER of Boston said that Dr. Sims and Dr. Thomas both began to use the scissors at about the same time, but that their work was interfered with by the Woman's Hospital Board adopting a measure which excluded all cancer cases. Dr. Baker then began to do his operation, following Sims' teaching. He separates the parts according to Schröder's method, and then removes a wedge-shaped piece as high as the fundus. When the wound thus made was closed with sutures, he found that the