

possible to remove the whole of the diseased surface, it is commonly a wise procedure to do so. If such is the condition of the parts, the operation is not attended by much danger, and it at least accomplishes the good result of a considerable retardation of the progress of the disease.

Unfortunately, it is exceedingly rare for a patient to be entirely cured in this way, as in the course of a year, at most, the affection usually returns. Were I to give my own experience, I should say that it makes its reappearance, as a rule, within six months, and very often in three months after the operation.

If on the other hand, the disease has spread so as to involve a considerable portion of the uterus, or the walls of the vagina, still less can be accomplished by the operation of removal, and it should only be undertaken for the sake of checking severe hemorrhage, or averting to some extent, the danger of septicæmia from such a large sloughing mass in the vagina. At best, it is purely a palliative measure; but it may have the effect of somewhat prolonging life, or at least, of making the patient more comfortable.

Eight years ago I removed a cervix which was pronounced, by Professor Delafield and other competent microscopists, to be cancerous. One year afterward the patient married, and up to the present time (for she still returns annually to show herself at the clinic) there has been no return whatever of the disease. But this is absolutely the only case where I have operated, in which the carcinomatous growth has not reappeared; and the number of my operations for this affection must be pretty large by this time, as I perform at least five or six of them every Winter. You may, perhaps, ask why cancer of the uterus should be so different in this respect, from that situated in many other parts of the body, and I will explain this to you. When the seat of the disease is upon any of the external parts, the patients' attention is directed to it (as, for instance, by a little lump in the breast), at a very early stage, and before the general system has become involved.

In the uterus, however, cancer goes on developing for months, entirely without the knowledge of the patient, since any indefinite symptoms to which it may give rise are very apt to be attributed to the change of life, if the patient is approaching the climacteric period. At last, during coitus, and without any apparent cause, there comes a profuse gush of blood, and the patient, becoming alarmed, seeks medical advice. The physician, after making an examination, reveals to her the nature of the case, if he thinks best, and tells her that the disease has

been developing for six months, or perhaps a year. The truth is, that the cancerous growth has been out of sight, and, therefore, out of mind, and it has now passed beyond the stage when amputation of the cervix would probably have cured it.

Some years ago, the famous Lisfranc reported over a hundred cases of successful amputation of

the cervix, followed by the most brilliant results. Some of them were cases of malignant disease, and some of hyperplasia of the organ due to some other cause, and his success at once brought the operation into great repute. Not long afterward, however, his interne published a second report of the same cases, which showed that Lisfranc's statements were frequently false, and that a large number of the cases had died soon after the operation. This occasioned a notable controversy in medical circles in Paris, and had the effect of throwing a great deal of discredit on amputation of the cervix, which has prevailed in the profession until quite recently. When performed by the knife or scissors, it is apt to be exceedingly dangerous, from the severe hemorrhage almost unavoidably occasioned by it, and at the present day I hold that it is very wrong to run the risk of using such means, unless some particular end is to be gained by so doing. By far the best and safest method of removing the cervix is by means of the galvano-cautery. A platinum wire, the tension upon which is regulated by a screw, is made to encircle the cervix, and imbedded in the tissues at the point where the amputation is to be made, which should be entirely above the seat of disease, if possible. When the wire is brought to a sufficient temperature by the electrical current, it is slowly tightened, and at the same time continuous and somewhat forcible traction is made upon the portion of cervix to be removed, by means of a strong pair of sharp-toothed forceps. This latter procedure has the effect of producing a hollow-shaped stump, and in this way a great deal more of the tissues of the uterus is removed than if the amputation is made straight across. In this operation there is almost no danger, and I have seen a bad result follow it in but one out of the very large number of cases in which I have employed it. This result was pelvic cellulitis; but even in that case there was some doubt whether the cellulitis was really caused by the operation. The hemorrhage from it is exceedingly slight, frequently not amounting to ten drops altogether; and Dr. Byrne, of Brooklyn, who has, perhaps, used the galvano-cautery more frequently in the amputation of the cervix than any one else, attributes the remarkable immunity from septicæmia which has been noticed after it to the fact that the absorbent lymphatic vessels are all closed by the operation.

Recently, I was summoned to a neighboring city to testify in a suit for malpractice brought against a physician of high standing, by a patient in whom he amputated the cervix five years ago with the galvano-cautery. The condition on account of which the suit was instituted was the closure of the uterine canal (which prevented the escape of the menstrual blood), in consequence of the operation; but I was not called upon to give my opinion in the case, for the reason that the judge very wisely gave his decision in favor of the defendant before