

Case No. 1.—Mrs. I., age fifty-three. Patient had passed the change of life and had seen nothing for several years. Hemorrhage occurred and it was found, on examination, that the blood was coming through a healthy cervix. No enlargement of the uterus could be made out. The fundus was freely movable. There was no disease to be found in the parametrium. An examination showed nothing except a normal condition. A curette was passed up into the interior of the uterus and a small portion of tissue removed. This was sent for microscopical examination and the report stated that it showed evidence of the presence of malignant growth. The patient was now prepared for hysterectomy. Before going on with the operation I dilated the cervix and passed my finger into the interior of the uterus. The finding of the microscopic report was corroborated by this examination and the malignant mass could be felt bulging into the uterine cavity. The uterus was removed per vaginam. Ligatures were used and two were placed on each broad ligament. The patient made an uninterrupted recovery.

Case No. 2.—Mrs. L., age fifty-two. In October, 1896, I removed both ovaries and tubes to produce atrophy of a fibroid tumor growing from the cervix uteri. The fibroid gradually reduced in size, degenerated into a cyst, and gave no further trouble. Four years passed by, the patient ceased being unwell in the interval. Hemorrhage began to show itself and the uterus was scraped to ascertain the presence or absence of any commencing malignant disease. A report was obtained from two pathologists and they were both of the opinion that the patient was suffering from malignant disease of the fundus uteri. The disease had all the characteristic appearance of malignant adenoma. I removed the uterus per vaginam, using silk ligatures to each broad ligament, two ligatures being placed on each side. The fibroid, that was at one time as large as a fist, has reduced down to the size of a walnut.

Case No. 3.—Mrs. S., age forty-seven. This patient was admitted into one of the hospitals, was curretted, and discharged as cured. Suffering from pelvic pains she felt anything but well, and decided to re-enter the hospital. This time she was placed in the medical wards. Her friends were anxious that I should see her. I found her suffering from indefinite pains and from a watery discharge, slightly streaked with blood, from the vagina. Her clothing was quite soiled by this discharge. In appearance the patient looked like a confirmed opium user and neurasthenic. Had it not been for the discharge per vaginam I should have considered the case as one of slight gravity. She was transferred from the medical to the surgical gynecological wards for further observation. An anesthetic was administered, cervix dilated, finger passed into the interior of the uterus and malignant disease of the fundus was found. It was quite unnecessary to examine the portions of uterine