

Operation Jan 13th, 1895. The first steps of the operation were as described in the last case. There was great difficulty in drawing the uterus down but after some manipulation the left side was completely separated. The right ligament was so involved in the disease that in drawing upon it, it tore away its attachments. A profuse bleeding then occurred from this ovarian artery. The hemorrhage was alarming and it was decided at once to open the abdomen which was done very quickly and the bleeding point secured. The patient was very weak and collapsed. The operation was rapidly completed and cardiac stimulants given hypodermically. It was some time before reaction occurred but after the first twelve hours she made a complete and uninterrupted recovery. Discharged March 4th.

CASE XVI. *Cancer of Cervix; Vaginal Hysterectomy; Death.*—Mrs. L., age 37, admitted to hospital Jan. 24th, 1895, complaining of pain in pelvic region, and hemorrhage from uterus. Previous history good. No history of malignancy in family. For past 6 months has been troubled considerably with "floodings." Is somewhat anæmic, has lost considerable flesh lately. On vaginal examination a cauliflower like growth was found involving cervix, bleeds easily. Carcinoma of cervix diagnosed.

Operation, Feb. 5th. With all the steps as in the previous operations, the uterus was removed and with much less difficulty and in less time than in either of the other operations. The only complication was a considerable protrusion of omentum. On account of this two or three sutures were drawn across vaginal roof. She rallied well after the operation but vomiting persisted. On the second day the abdomen became distended. Tympanites and tenderness increased. Though the temperature did not rise high the pulse was weak and frequent. She grew

weaker and died on the 6th day. Post-mortem examination showed omentum adherent in wound and pus in peritoneal cavity.

CASE XVII. *Cancer of Uterus; Vaginal Hysterectomy; Recovery.*—Mrs. C., married, age 68, admitted to Infirmary on Feb. 23th 1895, suffering from cancer of uterus.

No malignant history in family. Has had 8 children, youngest 27 years old. Menopause occurred at 47 years of age. Since then has enjoyed good health, except a little dyspeptic at times. As this was her only symptom she paid little attention to it, until 1891, when she consulted a physician. He told her that she had an ulcer, was treated for it. In Nov. 1894, she went to Boston had special treatment for it, operation of removal of womb was advised, but her health failing she returned home. Her native air has improved her health very much. She has had a vaginal discharge of a semi-bloody nature.

Examination of vagina, surface soft and natural. Cervix is large, hard and presents a dense mass of neoplasm and an ill looking cancerous ulceration of os. The uterus is moveable. There is no evidence of disease outside of uterus except a little suspicious induration in each broad ligament. Uterus measures 3½ inches.

Operation, March 4th. Uterus and appendages tied off with strong silk. Found the organ much more ulcerated and destroyed than was suspected, so much so, that the cervix tore away from the body of uterus in drawing it down to place the ligatures. This caused some delay. Operation completed without further complication. she did well until her recovery. The ligatures were all away on the 18th day.

CASE XVIII. *Procidentia Uteri; Vaginal Hysterectomy; Recovery.*—Mrs. S., married, age 57, admitted to Infirmary April 4th, 1895, suffering from procidentia uteri.