

months; West, fifteen months; Barker, three years and eight months. Then if this operation offers a minimum chance, I say she ought to have the benefit of it. I believe there is a great future in store for this operation, and those who to-day are denouncing it, will be forced ere long to recognize it as one of the legitimate operations in surgery.

In removing the whole uterus and appendages, we at least hope to have removed the whole disease. It does undoubtedly recur: the pelvic glands have become infected previous to operation, and it is of course a very difficult matter, in all cases, to detect this previous to operation.

In Fritsch's sixty cases, there had been no recurrence in two at the end of three years: in seven at the end of two years: in seven at the end of one year, and in three at the end of ten months (*Mundé*). Martin reports eight cases after hysterectomy without relapse, varying from two and one half to five years.

At the Berlin Clinic, of forty-six cases reported by Hofmeier, twenty-one were free from the disease one year after operation. While this does not show absolutely cure, yet I think it is as good showing as after amputation of the breast. At least the patient has had a time of comparative comfort. Another point, I think, is that even though the disease has returned, it has not been in the vagina, but in some one of the internal organs, and the patient has died a death free from pain in a great measure, and free from the terrible, offensive discharges and hemorrhages which make her almost unbearable to herself and friends. I think this question of recurrence will also greatly improve, because the operation will be done earlier, before the pelvic glands have become contaminated. The average death-rate, from all sources is about twenty-eight per cent. If, however, we take the report of individual operators the showing is better, thus: Martin, of Berlin, gives sixty cases, thirteen deaths, equal to 21.7 per cent. This question of percentage is very difficult at present to decide. One writer reports four cases and two deaths, and calls the death-rate fifty per cent., while another reports forty cases which have all recovered, and speaks of the percentage as next to nothing. I have seen it recorded as

low as eight per cent. and as high as sixty per cent. The first recorded case we have was done in 1820 by Dr. Blundell, of London, England: the operation fell into disuse, and we are indebted to the German surgeons for its revival, Schroeder particularly. I do not pretend for one moment to claim that all cases operated on will get well, or will not have the disease return again, but I believe at present it offers the best chance to the woman. For the operation to be successful the diagnosis requires to be made early, the vagina should not be involved to any great extent, the uterus should be perfectly movable and the broad ligaments and pelvic glands free from infection: with such a condition of affairs I shall in every case give my patient the benefit of the operation, and I think we can hold out a reasonable hope, if not of cure, at least of prolongation of life.

This operation is not confined entirely to malignant disease of the uterus, it has been done for proceridia uteri, fibrous tumors, dysmenorrhœa, neuralgia, convulsions, etc. I do not endorse all this, on the contrary, it appears to me so serious an operation that it should not be undertaken for some of the diseases I have here mentioned. Let me now invite your attention to the steps of the operation. The patient should previous to the operation have the bladder and rectum emptied. Placed under either ether or chloroform on her back in the lithotomy position, the hips well over the table and in a good light. Before commencing wash out the vagina well with a solution bichloride, so as to remove all mucous and disinfect the vagina. Having all the necessary instruments ready, transfix the cervix anterior lip with a good stout piece of ligature and leave a long loop, so as to give you a good command over the uterus in drawing it down. All things being ready, before you draw down the cervix, with the eye mark accurately the junction of the vagina with the cervix, because you wish to make just at this point the division of the vagina. I consider this step in the operation very important, because if traction is made on the cervix without locating the vaginal junction the natural position of the parts is displaced, and your first incision is very apt to be made too high up, and if so, you