commenced. Occasional hemorrhage, but not to any considerable degree, had also taken place, and but little pain had been felt. When she came under the author's observation, at the beginning of the following April, the cervix was found to be hollowed out into a deep crater, and enlarged by malignant growth, which reached up to about one cm. from the vaginal insertion, but nowhere overpassed that boundary. The uterus was about as much enlarged as it would be in acute metritis, and was movable, although not quite freely so. Microscopic examination of a small portion of the growth showed it to be carcinoma. The tendency to hemorrhage was considerable.

Menstruation came on on April 19th, lasting seven days; and on April 28th the operation for extirpation was undertaken. The patient was placed with her head towards the window, and lower than the pelvis. The anæsthetic was chloroform, given by Junker's inhaler; and care had been taken to administer purgatives for several days previously. Carbolic spray of a strength of one per cent. was used at the operation. The incision was made from the mons veneris to about two finger-breadths above the umbilicus, and the edges of the wound were held apart by retractors. It was found possible to hold back the intestines in the upper part of the abdomen by means of a handkerchief dipped in carbolic solution.

The three loops of strong silk ligature were placed on the broad ligaments at each side, from above downwards, the last loop entering the vagina. Each loop was doubled, so that the innermost thread was close to the uterus, and the outer one about one cm. from it. The threads of the inner loops were cut short. A simple long, slightly curved needle was used in passing all the ligatures. The lowest loops became slack after division of the upper part of the broad ligaments, and had to be replaced. The lowest loop on the left side had again to be replaced after complete separation of the uterus from the right broad ligament, and from the bladder and rectum. In passing the loops, in order to avoid lesion of the bladder, the finger was passed into that viscus, after dilatation of the urethra. The ovaries were removed, the mes ovaria being tied with silk. A supplementary ovary was noticed on the left side, situated from one to two cm. within the left ovary. This was removed in like manner. The bladder was separated from the uterus by using the scalpel from above, guided by the finger within the bladder. The knife was also used to pierce the vagina from the pouch of Douglas, and the opening so made was enlarged to either side. The ends of the ligatures were drawn down into the vagina, after Freund's method, and the wound of the peritoneum was brought together in a transverse line by six fine sutures. The vagina was finally washed out with carbolic solution, but no tampon placed in it.

Some vomiting occurred the same evening, and it was necessary to use the catheter about ten o'clock, no incontinence of urine having followed the dilatation of the urethra. Temperature 38.2° C.; pulse 120. On the second day, temperature was 37°; pulse 140. The same evening the pulse rose to 160, but after this improvement took place, although vomiting was frequent for several days. On the fifth day the pulse had fallen to 96; temperature 37 8° C. From this day the vagina was washed out with carbolic solution by means of a speculum. On the eighth day, on the removal of one of the sutures, a small collection of pus was evacuated from the neighborhood of the puncture. Convalescence went on undisturbed till May 24th, the twenty-seventh day, when rigours came on, followed by febrile symptoms. On the 26th, a considerable discharge of pus took place by the vagina. Recovery was steady from this time. At the last examination reported, which was made on June 6th, a funnel-shaped depression remained at the summit of the vagina, with some small protuberances; but these did not show, microscopically, any sign of cancer. There had been no recurrence of menstrual molimen.

To simplify the operation, and avoid the difficult process of placing the lowest loops of the sutures which are to secure the uterine arteries, the author proposes, in future, before placing these loops, to separate the uterus from the bladder and the pouch of Douglas, which will not, he thinks, cause much bleeding. The loops of suture can then be easily carried by a long, strongly curved needle, like an aneurism-needle, from the pouch of Douglas into the vagina, and thence into the anterior pouch of peritoneum through the opening so made.—*Obstetrical Journal of Great Britain*, Sept., 1879.

ON VARIOUS FORMS OF FUNCTIONAL CARDIAC DISTURBANCES.

By Beverley Robinson, M.D., Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, New York.

Gentlemen:—Functional or neurosal conditions of the heart differ essentially from those which are organic or inflammatory in their nature. In the one case we have no evident lesions when the heart is examined post-mortem, and in the others we have usually, if not always, some obvious change in valves, or orifices, or heart-walls. During life they differ also, with structural diseases. Their symptoms are more variable, more painful and distressing frequently, and they are continually forcing themselves upon the patient's attention. About their importance no one can doubt, since they are frequently confounded with permanent lesions, and yet are themselves amenable to wise, careful, judicious treatment. Functional trouble of the heart may be temporary and passing, or it may be permanent in character. It may be part of a general nervous temperament, or it may be dominated by some purely accidental circumstance. It may be primary and essential and then, so far