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### Original Communications.

#### GYNÆCOLOGICAL REPORT.

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#### *Hysterectomy in cancer of the uterus.*

*Le Progrès Medical* reports a case of vaginal hysterectomy performed by Dr. Tillaux for cancer of the neck of the uterus and metrorrhagia. As the womb was freely moveable it was easily brought down to the vulva with forceps. A sound was placed in the bladder, and having cut through the vaginal mucous membrane in front at its union with the neck, and detached it as far as the peritoneum, which was incised transversely, Dr. Tillaux then made a similar operation behind, where the womb was attached by the two broad ligaments only; these ligaments were then ligated and divided; the vaginal edges were brought together by one suture. A drain was placed under the peritoneum and the vagina washed out with iodoform gas. The drainage tube was removed on 4th day, and the patient discharged cured on the 21st day.

Dr. Terrier also reports a similar case, with equally favorable results.

The value of hysterectomy in cancer of the uterus is by no means a settled question. Much has been said against the operation—cases of cancer and the rate of mortality has been high—in fact, the operation is declared by some as unjustifiable.

From my own observation I am of opinion that it is a justifiable operation, when the disease is confined to the uterine organ and has not invaded the adjacent tissues. A case of extirpation was per-

formed by myself some weeks ago, and though the patient has recovered from the operation without any serious drawbacks yet, the result has not been satisfactory, on account of the development of the disease among the pelvic tissues, the eradication of which at the time of the operation it was found to be impossible to accomplish. One serious objection to these operations is the drainage of the peritoneal cavity, which must result when the infiltrated condition of the adjacent tissues prevents the coaptation of the divided structures.

Taken early, before the cancerous disease has gone beyond the uterus, the extirpation of the organ seems to me to be a proper and justifiable procedure

The operation for Restoring the Uterus by shortening the round ligaments has lately been performed by Dr. Alexander, of Liverpool.

If the conception of this operation cannot be accorded to Dr. Alexander, yet to him is due the credit of being the first to demonstrate its practicability. The mode of operating is given as follows:—The first incision is to be made upon the pubic spine, and then extended upwards and outwards in the direction of the inguinal canal for 1½ or 3 inches, according to the depth of the subcutaneous fat and the skill of the operator. The fat is cut through till the glistening tendon of the external oblique is reached. Sometimes a dense aponeurosis is met with midway in the fat, which may be mistaken for external oblique, and lead to trouble if search is now made for the tendon of the external oblique. The first stage of the operation ends with the exposure of the tendon of the external oblique and the external inguinal canal with the inter-columnar fibres crossing it. If these structures do