

raw surfaces of the wound must be protected from inoculation with the cancerous infection and for this reason great care is taken not to cut into the diseased mass, nor even to sever the lymphatics which run from the breast to the axilla, but to remove them and the whole of the diseased or suspected tissues in continuity.

These lessons are evidently applicable to the operation for removal of the cancerous uterus. Although this organ is completely isolated for a large part of its surface, and can be easily removed in toto, with little immediate mortality, yet the final results were disappointing.

Long series of cases were published, showing that nearly all the patients finally died of cancer, recurrent, or rather persistent, and extending in parts which were already affected at the time of operation, although such involvement in disease had escaped observation. This is precisely the condition of things which obtained in regard to mammary cancer before the operation was perfected as mentioned above. The lessons from analogy have been heeded and our procedures have been improved accordingly.

Of the two ways by which the uterus can be removed, through the vagina or through the abdominal wall each has certain decided advantages, so that it is not always easy to determine which method it is better to adopt.

The first procedure to be elaborated and to be described with precision was Freund's total abdominal extirpation of the cancerous uterus (1878), but the immediate mortality of this operation was so great that it did not commend itself to surgeons, and not even the technique of tying off the broad ligaments was adopted for hysterectomy for myoma until some twelve years afterwards.

Czerny in 1878 revived vaginal hysterectomy and was followed by Billroth and A. Martin in 1880. A large number of operations were performed, and the mortality was comparatively so low that vaginal hysterectomy gained great favor and by 1885 it had become the accepted operation for cancer of the uterus, under the enthusiastic advocacy of A. Martin, who visited this country in 1887 and performed the operation here several times. In 1888 the writer published twenty-one consecutive cases with two deaths, using clamps. Other surgeons also published series of cases, with very good results, soon after.

Nevertheless there were drawbacks. Some cases were complicated by adhesions of the appendages, not readily distinguishable from infiltrations of the broad ligaments. In some the vagina was narrow, or the tuberosities of the ischia too near together. In some the body of the uterus was large and friable and foul. In some cases the condition of the patient seemed worse than the state of the uterus would account