result was not to be expected in cases of uneven nodulated tumour, absence of hemorrhage, shortness of the uterine cavity, and hardness of the tumour. It was not essential to give ergot hypodermically, though this was a very efficacious method; it might be given by the mouth, in suppositories, etc. If the object were to cause painless absorption of the tumour, the dose should be moderate, and not too frequently repeated; if it were desired to have the tumour expelled, full and increasing doses should be given often, and continued till the object was attained. The preparation which he used was Squibb's fluid extract of ergot. He said, in conclusion, that he disclaimed any expectation that ergot would supplant all other modes of treatment.

EXTIRPATION OF A CANCEROUS UTERUS.

Dr. Von Massari relates a case of extirpation of the cancerous uterus followed by a fatal result. The patient was fifty-three years old, the mother of nine children. Menstruation had ceased at the age of forty-three. A vaginal discharge had existed for two years, for six months irregular hemorrhage had occurred, and the discharge had become offensive. There was no pain, and the general condition was good. The cancerous cervix was hollowed out into an ulcerated cavity which admitted the finger, bled readily on touching, and from which a scanty offensive discharge flowed. The uterus was quite freely movable, and no trace of the disease could be discovered in the pelvis.

The operation was performed on February 1, 1879, in a room disinfected by thymol spray, and the patient was placed with her head towards the window, the thighs flexed and abducted. A mixture of chloroform 100 parts, ether 30, and alcohol 20, was used for anæsthesia. The vagina was syringed with 5 per cent. solution of carbolic acid. An incision having been made from umbilicus to pubes, the author succeeded with difficulty in pressing the intestines and omentum up into the upper part of the abdomen by means of compresses dipped in warm thymol solution. The edges of the wound were then held apart by means of a kind of clamp invented by the author, so as to allow a free view into the pelvis.

The operator then placed himself between the patient's knees, and introducing the left hand into the vagina, introduced the lowest loop of the sutures for the broad ligament at each side in a manner similar to that adopted by Freund, the needle being inserted at a point 1 cm. from the lateral border of the lip of the cervix, and entering successively the anterior and posterior pouches of peritoneum at a point 1 cm. from the border of the uterus. The first loop at each side inclosed the lower third of the broad ligament, and two more loops secured its middle and upper thirds respectively, the uppermost loop being placed outside the ovary. In closing the wound the author adopted a different method from that of Freund. Three sutures were passed from the vagina into the peritoneal cavity, between bladder and uterus, and a similar number of loops were passed from vagina into pouch of Douglas, intended to draw down the ends of the sutures after removal of the uterus, and so complete the loops, to be tied in the vagina, and so unite the anterior and posterior cut surfaces. Two of these loops, however, were cut in separating the uterus, and the two corresponding sutures had afterwards to be passed by a straight needle from above into the vagina. During the separation of the uterus, the fundus was drawn upwards, or to the side, by means of Luer's forceps. As soon as it was cut away, the pelvis filled rapidly with blood, amd the uterine and some smaller arteries were found to be spirting, and to require ligature. The cut surfaces were then brought together by the sutures before mentioned, and intermediate gut-sutures were inserted, and tied on the peritoneal side. The peritoneal cavity was sponged out, and four drainage tubes inserted, antiseptic dressings being applied. The operation lasted an hour and a quarter, and, at the end of it, the patient's condition was good; pulse 96. In the evening the pulse had risen to 118; temperature 38.3 C., and vomiting had occurred once. On the second morning, temperature 38.6 C., pulse 120; evening, temperature 39.3 C., pulse 140. There was now frequent vomiting of watery fluid, and the features had become drawn. On the third evening, temperature had risen to 41 C., pulse could not be counted. Death occurred about midnight.

At the autopsy, the peritoneal cavity was found to contain about ten c. c. of semi-purulent fluid, and the peritoneum was coated thinly with lymph. The right ureter was found to have been cut across about three cm. above its opening into the bladder, and its upper portion was included in one of the ligatures. The pelvis, and calices of the right kidney, as well as the ureter, were slightly dilated. In the removed uterus the inner two-thirds of the wall of the cervical canal was found to be infiltrated with medullary carcinoma.

To avoid the risk of wounding the ureters, the author proposes, in future, to pass bougies into them, as a preliminary to the operation. He finds, however, that Simon's method of sounding the ureters is too difficult and uncertain, and therefore proposes to dilate the urethra, pass into the bladder Simon's urethral speculum, and by its aid to sound the ureters. In one trial, he has found this easy to accomplish with the aid of an ordinary lamp light and reflector.—*Centralblätt für Gynäk.*

Dr. F. J. Kochs, of Bonn in the *Archiv für Gynäkologie*, B. xiv. H. 2, relates a successful case of extirpation of the cancerous uterus. The patient was thirty-nine years old, the mother of two children. She was in good health, and menstruation was regular up to January, 1878. After the menstrual period of that month, a discharge