

compelled to remove the appendages destroyed by suppuration? The day that all gynæcologists shall become convinced that, in these cases, the uterus even sound ceases to have any reason to exist; that it even constitutes oftentimes a menace for the future, and that its removal is not a useless mutilation, that day we shall be very near understanding one another, and, to speak my mind, vaginal hysterectomy shall come then victorious out of the struggle and be considered by the greatest number as the choice operation in pelvic suppuration.

Gentlemen, since I have chosen hysterectomy for the subject of my paper, may I be allowed, in terminating, to detach from my observations three cases of removal of the uterus which presented rare and unforeseen morbid phenomena, and whose brief report might offer some interest with regard to general surgery?

The first is that of a woman, aged forty, exceedingly nervous, on whom I extirpated by the abdomen the uterus containing a large fibroid. The operation, rather prolonged, owing to the numerous adhesions contracted by the tumor, nevertheless offered nothing very remarkable. It was followed by no unusual symptoms, with the exception of an extreme tachycardia, against which all the means at my disposal remained useless. The very day of the operation the pulse reached 160 to 180 pulsations a minute. There was no symptom whatever of valvular affection, and previously to the operation the pulse beat normally. During four weeks I kept the patient under careful observation; never did the pulse go down below 115, oscillating ordinarily between 120, 130, and 140 pulsations. Caffeine, strychnine, sparteine, digitaline, bromides, cinchona, nitro-glycerine, all remained ineffectual. I had performed hysterectomy with extra-peritoneal pedicle, according to Baer's method; I made afterward several vaginal examinations, and never could I detect the least alteration which might have given the explanation of this curious pathological symptom. This post-operative tachycardia is not the first one that I have observed in the course of my practice, and some years ago I communicated a somewhat similar case to one of the meetings of the Bathurst and Rideau medical association. It was the case of a woman upon whom I had performed unilateral oöphorectomy for a cystic ovary of the right side. During the first two days that followed the operation the pulse constantly beat 140, 160, 180 times per minute, the patient offering in the mean time other symptoms