

Operated the 31st of March. Patient was prepared in the usual way. The *technique* of operation was the same as in the preceding case. The cauliflower growth was removed by applying an ecraseur at its attachment to the cervix to prevent bleeding, and the growth was cut away with a knife. In doing this Douglas's pouch was laid open. The cervix was then cauterized with the actual cautery, and the vagina thoroughly cleansed and irrigated with bichloride solution 1 in 1000. The uterus was easily removed, as the vagina was roomy. The dressing was the same as in the preceding case, as was also the after-treatment. Temperature did not rise above 99½°. She had no pain, and made a rapid and uninterrupted recovery, and left the hospital well on the 3rd of May, thirty-three days after the operation. These were my first two cases of vaginal hysterectomy, and the first one was the first operation of the kind we have had in the V. G. Hospital.

They were both for carcinoma of the cervix uteri. The result so far has been very satisfactory, but whether we have succeeded in completely removing the disease time alone can determine. Before we could reasonably hope for this or for a non-recurrence of the growth, the disease would have to be confined entirely to the cervix at the time of operation. Unfortunately, cases of malignant growth do not, as a general thing, come to hospitals until advanced stages of the disease have been reached, and the chance of completely eradicating the disease by operation gone. Especially is this the case in carcinomatous affections of the uterus. At least such has been my experience. I think it will be admitted, all things being equal, that we ought to expect as good results after operations for the removal of a cancerous uterus as we get after removal of other parts similarly affected. Allow me to quote authorities on this point. Mr.

Keith, Edinburgh, says: "Operated on at an early stage uterine diseases will show results *not much inferior* to operations for cancers in other parts of the body." Again, Dr. Braithwaite, Gynæcologist to the Leeds Infirmary, in a paper published in the "B. M. Journal," January 10th, 1891, says: "Three years ago I published my theory of malignancy. This has not yet been accepted by the profession, but it will be some day. According to this theory cancer of the uterus ought to show better results than the same disease in any other organ of the body removable by operation, and as a matter of fact it actually does. The uterine tissue is such a dense and closely woven fibrous network that it is probably penetrable with greater difficulty, by what may be called travelling cells, than any organ of the body. The chances therefore of a permanent cure of cancer of uterus by early removal is not, as said by Dr. Keith, "*not much inferior to*," but is actually superior to that given by removal of the disease in any other organ of the body."

Goodell, Professor of Clinical Gynecology in the University of Pennsylvania, says: "I am thoroughly convinced that the removal of the uterus per vaginam for cancer far surpasses in its results or permanent success, not all other operations for cancer of the womb, but also all operations for cancer in other parts of the body. Nor need we wonder at this, because the lip, breast, penis and rectum, which are the favorite sites for cancer, are integral parts and parcels of the body, while the womb is to the body only an appendage, which is merely suspended by stays and guys, and those of a different material."

If it be true, and I have no doubt it is, that we can get at least as good results after operations for cancers of the uterus as we get after operations on other parts of the body similarly affected. Our duty, as physicians and