

or performed. It is, however, a fortunate fact that the completely prolapsed uterus, even in aged women, is removed usually with ease and with safety.

*Other Operations of Questionable Value.*—Other operations, designed to decrease the weight of the uterus by removal of a part of it, are of questionable value. Amputation of the cervix to lighten the weight of the uterus has been practised much for the spurious hypertrophic elongation already described. Since this condition is rare, if not indeed unknown, it follows that it seldom will furnish an indication for amputation of the cervix uteri.

Alexander's operation and abdominal hysterorrhaphy belong to the surgical treatment of retroversion and retroflexion, not of procidentia. The object of these operations is to suspend the uterus from above. Hysterorrhaphy, which perhaps fulfils this indication better than shortening the round ligaments, may be indicated in cases of extreme relaxation of the uterine supports and greatly increased weight of the uterus. The results of it in complete procidentia, however, usually will not be permanent unless it is supplemented by adequate surgery in the vagina.

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## SOME CASES ILLUSTRATING DIFFICULTIES IN THE DIAGNOSIS AND TREATMENT OF TUMORS.\*

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(Continued from September issue.)

Case 3.—Miss —, a patient of Dr. Charlton, of Weston, was seen by me with him, on April 21st. She had profuse hemorrhage at times, and much pain in the lower part of the abdomen. Bimanual examination revealed a somewhat firm nodular mass extending rather more than midway up to the umbilicus. From the feel of it my diagnosis was fibro-myoma, in which I think Dr. Charlton concurred. We waited a few weeks, giving the patient such doses as she could tolerate of potassium iodide and

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\*Read before the Ontario Medical Association; June, 1904.