

complete cure. We have two operations to choose from according to the degree of prolapse and the size of the uterus. If the uterus is small and not far enough out of the body to have become ulcerated, the safest operation is to make a small incision in the abdomen, and catching the fundus with bullet forceps draw it up to the meatus and scarify the whole anterior surface of the fundus, and then sew it to the abdominal wall with buried chromicized catgut. Then to close up the vaginal outlet by a large posterior colporrhaphy. If, however, the uterus is very long (sometimes it is seven or eight inches deep), and especially if it is ulcerated, it is better to perform vaginal hysterectomy, and after bringing the stumps of the broad ligaments together to sew up the roof of the vagina and then to close up the perineum. The objection is often raised that the woman is too old to undergo such operations, but I have found by experience in many cases that there is no foundation for the objection. The two last cases of this kind I operated at the Western Hospital a week ago and two weeks ago respectively on women sixty-five years and seventy-five years of age. In the first one I had already done ventrofixation three months ago followed by colporrhaphy at the same sitting; but the uterus was so long that when the fundus was attached high up on the abdominal wall, half way to the umbilicus, the cervical end with the vagina was at the vulva. In this case I removed the lower four inches of the uterus, and sewed the vagina to the cervical canal remaining. The result seems to be good. In the second case, age seventy-five, there was a large malignant-looking ulcer on the cervix, due to the cervix sticking to the clothing when she sat down, and I therefore removed the whole uterus, which was about five inches long, and closed the perineum. Although the arteries were very hard and there was an arcus senilis, she bore the operations remarkably well; she was only on the table half an hour for the two operations, and did not lose more than three ounces of blood, most of which was during the perineorrhaphy. She is quite convalescent with a pulse of eighty. The result promises to be very satisfactory.