

spect of but a few years, when we, armed only with ignorance and fear, lamented our helplessness, while the lives of those entrusted to our care slowly ebbed, to say nothing of the mist of meaningless platitudes—"cellulitis," "concealed hæmorrhage," "puerperal fever," "pelvic peritonitis" and "inflammation of the bowels"—that served as blanket expressions, concealing some of the most deadly processes known to modern pathology?

Case 1.—Mrs. M., aged 59, mother of thirteen children, menopause at 46. No inconvenience until six months previous to coming under observation, when occasional hæmorrhages appeared, which, becoming more frequent and exhausting, compelled her to seek advice. Examination showed epithelioma involving lower zone of uterus, cervix, and extending upon post-vaginal wall. The larger granulations were removed, and patient placed upon antiseptic douches with tonics, and the probabilities of the case placed before the patient, who preferred operative procedure with its few additional months of life expectancy, than her present condition. *Operation at St. Joseph Hospital.*—The granulations were thoroughly curetted, removing nearly all the cervix, and opening the *cul-de-sac*. A posterior incision in the healthy tissue, continued in front of cervix, freed the vaginal membrane; careful dissection was then made with the finger, separating the bladder from uterus and isolating the attachments of the broad ligaments on either side. The peritoneum on anterior surface of uterus was then divided, enabling the finger to loop over the upper border of the broad ligaments on either side. Owing to the tendency to prolapse of bowel, a small sponge was placed in the pouch, which controlled that condition. A clamp was then introduced, the posterior jaw passing upon the finger behind the left broad ligament, and the anterior jaw in front and locked, thus securing the lower part of the broad ligament including the uterine artery. The portion of ligament grasped by the clamp was then severed and a second clamp applied internal to and higher than the former, grasping the upper part of broad ligament, including round ligament and tube; these parts were then severed, thus completely freeing that side of the uterus. A similar process upon the opposite side and the uterus was withdrawn. The sponge was removed, the vaginal

walls allowed to come together as close as possible over the clamps, and sponge placed at upper part of vagina, lower part packed with iodoform gauze. Clamps wrapped in sterilized gauze and legs bandaged together. Subsequent history uneventful, highest temperature 100°, passed urine normally. Clamp loosened in forty-eight hours, and removed after another two days. Patient discharged in four weeks, and up to the present enjoys fair health. Recent examination shows extension of growth on side of vagina involving broad ligament.

Class 2.—Lucy ———, aged 16, had been exposed to gonorrhœa, aborted at six weeks, followed by development of sepsis. Pelvic pain, with considerable febrile symptoms, continued in spite of well-directed treatment. Examination revealed tense semi-fluctuating mass in the pouch, and extending along left ligament. Right ovary felt normal; left ovary could not be found. Diagnosis made of suppurating ovarian cyst or pyosalpinx. *Operation.*—Omentum and bowel adherent to pelvic structures, right ovary and tube normal. In the *cul-de-sac* were left ovary and distended pus tube which were with difficulty separated from the adhesions, one ounce of pus escaping through rupture of tube. Tube and ovary removed, abdomen irrigated with sterilized water; a drainage tube inserted. Subsequent course normal; left hospital in four weeks.

Case 3.—Mrs. B., aged 43, mother of one child, suffered from uterine hæmorrhages, uncontrolled by medical agents. Examination showed intra-uterine fibroid larger than child's head. Previous experience with this variety of fibroid led me not to be over anxious to attempt removal through vagina, and to propose supra-vaginal hysterectomy, but upon opening the abdomen the adhesions were so dense, and the condition of the patient so critical that after ligature of the upper part of the broad ligaments, the removal of the appendages was considered all that was justifiable. Patient made an uninterrupted recovery, left hospital within four weeks. Results, so far, satisfactory.

Case 4.—Mrs. K., aged 43, mother of four children, had usual symptoms of fibroid, was curetted by her family physician with temporary benefit. Hæmorrhage returned more exhausting than before. Examination—small interstitial fibroid.