

found both ovaries enlarged to almost double their normal size, upon one a cyst as large as a walnut, and upon the other a cyst half the size. Upon this finding the appendages were removed and uterus replaced. Recovery from the operation was normal. For a few days there was some improvement in the mental condition, but afterwards she relapsed and at date of writing has not made any progress. Of course it is yet too early to express any opinion as to the effects of the operation.

There are a few questions arising in connection with these cases that I wish briefly to allude to.

*Re* CASE I.—Why in such a case of submucous fibroid is hysterectomy preferable to enucleation?

It is a very difficult matter to thoroughly disinfect the uterine cavity when there has been disease existing for some time. I know of one death following enucleation of a fibroid. Then there is the liability of injuring the uterus. I saw no less an expert than Martin perforate the uterus in the attempt, necessitating immediate hysterectomy, not forgetting the possibility of recurrence, hæmorrhage, and malignancy, many of which conditions are completely removed by the radical operation, while the liability to sepsis and shock is lessened. In young patients the attempt to save the uterus would be justifiable, but in a patient aged 43, presenting a neoplasm with exhausting hæmorrhage anything short of hysterectomy is not to be considered.

*Re* CASE II.—Commencing malignant disease of cervix. Dr. Macnaughton Jones, of London, in his inaugural address as President of the British Gynæcological Society, said: "We do not now permit any 'old fashioned' views as to the limitation of carcinoma of the uterus to the cervix to influence us in pursuing old womanly methods in dealing with a disease so destructive to human life. We know that cervical cancer does frequently invade the fundus, and though we may clinically distinguish carcinoma from epithelium of the cervix, we do not permit clinical distinctions between canceroid and carcinoma, and sarcoma, to influence our operative procedures." Martin as far back as 1888 stated, "I recommend in the earliest stages of all forms of carcinoma of the collum, to take the radical treatment into immediate consideration, and if the presence of carcinoma is indubitably established by the microscope, to perform immediately extirpation of the whole uterus." And authorities might be multiplied, yet it seems a difficult matter to grind this into the average practitioner. It is but a few months since in the report of one of Toronto's medical societies, a surgeon of no mean ability, and of more than local reputation, urged as a reason for amputation of the cervix in malignant disease the comparative high mortality of hysterectomy. With our modern surgical technique the mortality of vaginal hysterectomy should be but little greater than that of the high amputation of the cervix. Jacobs published 166 cases with but four deaths. Richelot gives a series of 144 cases without a death. Surely with such a record no one should object to vaginal hysterectomy on account of the high mortality.

The questions of the proper field for vaginal section and of the relation of insanity to disease of the pelvic organs might also be discussed, but as this paper is already too long it will be the subject of a subsequent communication.