

last year, she was "unwell all the time." Consulted several physicians, without receiving any benefit. No examination had been made by them. Never complained of any pain in connection with the hemorrhagic discharge. During last winter her health and strength suddenly began to fail. In the spring she entered the Western Hospital. When examined, the presence of epithelioma was discovered, involving the cervix and a very small portion of the vagina next to the anterior portion of the cervix. Pacquelin's thermo-cautère was thoroughly applied on two occasions, but with only temporary benefit. It was then decided to extirpate the uterus per vaginam, as there was a capacious vagina, and, besides, the whole disease could be removed. Drs. Hingston, Kennedy and Rowell were the assistants. A horizontal incision was made in Douglas's pouch, enlarged by the finger, the uterus retroverted, after which a ligature was placed around the organ at the junction of the cervix with the body. This was done for the purpose of traction. The after steps of the operation consisted in taking up a certain portion of tissue with a threaded aneurism-needle, tying, and then dividing with scissors. Both Fallopian tubes were divided in the same way. After removal, a circular opening was left at the upper end of the vagina through which a small loop of intestine could be seen, but which did not come down. Three sutures were put in to draw the edges of the vagina together, and rubber tubing to facilitate drainage. The bladder was uninjured, and there was hardly any hemorrhage during the operation. Excepting some vesical catarrh, recovery was uninterrupted. The patient left for home six weeks after the operation.

Dr. ROWELL exhibited the uterus.

Dr. CAMERON said the patient came to him at the out-door department of the Western Hospital. She complained of hemorrhages lasting over a year. An examination revealed this malignant disease. She did not suffer any pain.

Dr. GARDNER said that hemorrhage was a very constant symptom of malignant disease. He, however, mentioned a case he had seen with Dr. McCallum, where the only symptom was leucorrhœa. Menstruation was normal, and there was absence of pain. On examining, a rapidly-growing mass, the size of an egg, involving the cervix, was found. This was removed with the knife and scissors, and chloride of zinc applied. He had never removed a uterus per vaginam. Dr. Schröder

has good success, but it was not yet decided which operation was best for prolonging life.

Dr. R. J. B. HOWARD said that absence of symptoms in these cases was remarkable. He knew of a case where a woman consulted a doctor for bleeding piles, and it was found she had a large cancerous mass involving the uterus. She had no symptoms whatever.

Dr. HINGSTON said the practical question was, should we operate or not? He was in favor of operating if the disease be confined to the uterus or involving as much vagina as can easily be removed. If the broad ligaments are diseased, or if the vagina be much infiltrated, he would not operate. He was in favor of removing per vaginam, because the shock was less and hemorrhage less.

Dr. SHEPHERD said the operation in a suitable case was as justifiable as removing the rectum or tongue.

#### *Successful Ovariectomy in a Pregnant Phthisical Woman.*

Dr. GARDNER related the case: Mrs. A., mother of two children, has suffered for many years with cough, hæmoptysis, and purulent expectoration, together with the physical signs of phthisis. A tumor was diagnosed five years ago by her family physician. Was seen a year ago last March by Dr. Gardner; at this time an operation was not recommended, for, besides the patient's general health being bad, the tumor felt as if there were adhesions in the pelvis. Her menses ceased last February, and symptoms of pregnancy came on. She suffered much from nausea and vomiting, and also orthopnœa. Something had to be done to relieve this last symptom. Dr. Gardner considered his best course was to operate, and not to induce premature labor, as some recommended. Two weeks ago, with Drs. Roddick and Bell assisting, he performed ovariectomy. On opening the abdomen, the dark brownish-red uterus contrasted strongly with the pearly glistening tumor. No adhesions existed, and there was a good pedicle. Convalescence was perfect. The temperature never got above 99°F. There was very little vomiting, and the ether did not affect the lungs. The stitches were removed on the seventh day. Her breathing became easier, and the cough and expectoration lessened.

#### *Three Cases of Cysts of the Broad Ligaments.*

—Dr. GARDNER briefly related three operations he had recently performed for cysts of the broad