REPORT OF A CASE OF VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS.

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Mrs. V. was admitted under my care as a private patient in the Toronto General Hospital, suffering from cancer of the uterus, with the following history:—In appearance she is a healthy woman, clear, bright complexion; aged 38, with a good family history, having never heard of any relative on either side, having cancer. Married eleven years, five children, youngest one fourteen months old. For the past two years has had more or less bearing down pain in the pelvis, and backache, otherwise healthy.

Three months ago she noticed a thin, watery discharge from the vagina, and for the past six weeks a bloody discharge, more or less offensive; has not lost flesh during the past three months. Her family physician on examination detected cancer of the cervix; and on consultation with him, I found a distinct localized cancerous deposit on the posterior lip; she had also an extensive bilateral cervical laceration, the uterus itself was quite movable, the vaginal walls not at all involved, and so far as I could ascertain no pelvic glands enlarged. I recommended hysterectomy, as seemingly the best operation for her to submit to. I firmly believe when the vagina itself is involved even to a slight extent, that hysterectomy offers no better chance to the patient than simply curretting and the use of the cautery or some caustic application.

On the 17th of April, the patient having been put under chloroform, I removed the whole uterine body and the appendages through the vagina, using forceps to clamp off the broad ligament, which method, in my experience, is vastly superior to the ligature. The vagina was ligthly packed with iodoform gauze and patient put back to bed, the whole operation being completed within half an hour, and the patient losing but a very small quantity of blood. The forceps were removed in 36 hours, as also the tampon, which was not replaced again; within three weeks the patient was up and walking about, her recovery was rapid, and not uneventful. Complete removal of the uterus and appendages I consider should be performed in all suitable cases, and by this condition I mean, no enlarged pelvic glands, no vaginal involvement, and the uterus not in the least fixed. Comparing this operation with the high amputation of the cervix, I believe it to be better.

1st. I think it gives the patient the best chance against recurrence.

2nd. It can be as quickly, if not more quickly performed.

3rd. It is much less bloody.

4th. The mortality is no higher in my personal experience.

This is the sixth case of vaginal hysterectory I have performed without any death, so far as the operation is concerned. It is impossible yet to say what may be the ultimate result so far as recurrence is concerned. I would urge the early performance of this operation in this most dreaded disease, when even the case is seen early in its course.

Selected Articles.

ON THE TREATMENT OF SOME FORMS OF STONE IN THE BLADDER BY PERINEAL LITHOTRITY, WITH A DESCRIPTION OF THE INSTRUMENTS USED.

I have recently completed a record of over 400 operations for stone in the male bladder. These figures include instances of almost every recognized method of removing a calculus from this position, and though lithotrity, as I saw practiced by my late friend, Professor Bigelow, of Boston, under the name of litholapaxy, largely predominates, lateral, median and supra-pubic lithotomy, in their various modifications, have from time to time been utilized.

The greater number of persons thus operated upon were male adults up to 82 years of age, though these figures include 56 male children, who for the most part were treated by lateral lithotomy. As showing the safety with which the lateral operation can be practiced in these young subjects, I may mention that only one death, or failure to recover completely, occurred, and this was due to chronic pyelitis some weeks after the operation.

The stones removed by me in the course of these 400 operations include almost every variety in known chemical composition, though the hard urates and oxalates were the more frequent. One of the largest specimens of cystic calculus, weighing 1050 grains, now in the Museum of the Royal College of Surgeons, was successfully removed by lateral lithotomy. Medium sized stones, from