

1 is well 8 years and 6 months after operation.
 1 is well 9 years and 8 months after operation.
 1 is well 9 years and 10 months after operation.
 1 is well 13 years after operation.

In three of these cases, the ureters were catheterized prior to opening the abdomen.

The cancer in four of these successful cases was apparently confined to the cervix, the uterus being freely movable. In one case, the growth had extended into the right broad ligament and encroached alarmingly on the ureter.

In one case, the carcinoma had made such extensive inroads on the anterior wall of the cervix that the bladder had become densely adherent to it, and was opened during the dissection.

In the remaining case, the cervix was so extensively involved that, during the operation, the body was almost completely torn away from the cervix, and on examination of the specimen after removal, the carcinoma was found to have extended almost to the cut surface. In this case a most guarded prognosis was given. It is now over eight years and six months since this uterus was removed. I need hardly add that in every case a histological examination was made.

RESULTS OF ABDOMINAL OPERATIONS FOR CANCER OF THE CERVIX¹

Immediate death, 11 cases —

Richardson, April, 1902.
 Tate, July, 1902 (H).
 Kyle, October, 1902 (H).
 Compton, April, 1903.
 Rogers, March, 1905.
 Hayward, February, 1906.
 Vogelsang, November, 1906 (H).
 Havistick, August, 1909.
 King, December, 1909 (H).
 Pfaff, January, 1910.
 Harris, November, 1910 (H).

Not located, 3 cases —

Collins, January, 1905.
 Welch, January, 1908 (H).
 Owens, February, 1908 (H).

Patients living, 14 cases —

Ryan, June, 1911; 11 months (H).
 Carroll, May, 1911; 12 months (H).
 Griffith, October, 1910; 18 months.
 Lucas, November, 1909; 2 years, 5 months (H).
 Heilman, December, 1908; 3 years, 5 months (H).
 Sangwin, May, 1909; 3 years, 6 months.
 Conklin, June, 1908; 3 years, 8 months (H).
 Humphreys, December, 1905.
 Herzen, April, 1904; 8 years.

¹ Those marked with (H) I performed at the Johns Hopkins Hospital; the others were done at the other hospitals with which I am connected.

Yerkes, January, 1904.

Brown, August, 1903; 8 years, 6 months.

Wotten, August, 1902; 9 years, 8 months.

Mrs. M., patient of Dr. Geo. H. Carveth, Toronto,
 December, 1902; 9 years, 10 months.

Ketter, June, 1899, 13 years.

Remote death, 21 cases —

White, April, 1903; partially removed.

Tolley, April, 1903; partially removed.

Bowen, November, 1911; 2 months, uræmia, blindness.

Offers, April, 1908; recurrence, 3 months (H).

Jones, 1910; died, 6 months (H).

Bozeman, December, 1910; incomplete removal. Died,
 6 months.

Snively, June, 1910; died, 6 months.

Finkle, April, 1903; died, 8 months.

Porter, January, 1905; not entirely removed; died, 11
 months.

Karr, July, 1906; died, 14 months (H).

Franklin, February, 1908; died, 16 months (H).

Willis, October, 1905; died, 18 months (H).

Mack, February, 1908; died, 19 months (H).

Raymond, January, 1908; died, 21 months (H).

Ferguson, September, 1906; died, 21 months (H).

Trego, January, 1900; lived 2 years.

Baldwin, May, 1907; lived 2 years.

Ardinger, July, 1908; lived 2 years, 10 months (H).

Stehle, May, 1904; lived 4 years.

Riggins, January, 1905; lived 5 years.

Mengel, May, 1904; lived nearly 6 years.

Operated on over 5 years ago; 26 cases —

Immediate death, 7 cases.

Not located, 1 case.

Remote deaths at periods varying from a few months
 to nearly 6 years, 11 cases.

Living —

7 cases or 26.9 per cent.

PROGNOSIS

Even after removal of the uterus, it is very difficult to give a satisfactory forecast as to the ultimate result. Sometimes a case that seems most favorable shows an early recurrence, while a border-line case that looks most unfavorable may remain free of the disease. When the growth of the cervix is of a glandular type, however, we may look for a speedy return.

An early local return, while most disconcerting, need not necessarily prove fatal. Nearly two years ago, a very competent surgeon in a Southern state did a radical operation, and within a few months a carcinomatous nodule was detected in the vault. In this case, on account of the proximity of the carcinoma to the ureter, I opened the abdomen and isolated the ureters and removed a long cuff of the vagina. This patient, up to the present time, 16 months later, has had no further manifestation of the disease.

Temporary Relief. Some surgeons are of