

own. I use a water speculum and keep water running over the parts in order that I may do away with the nuisance of sponging. By this means the field of operation is kept clear so that the operator can see what he is doing. It is thus easy to dissect upon either side until the uterine arteries can be seen as curled vessels and ligated or secured. The outlines of the bladder can be readily made out as the blood is kept washed away from the raw surface and the exact position of the sound in the bladder can be seen through the tissues to assist in preventing perforation. When the operation is carefully performed and the bleeding thoroughly checked the mortality rate is low.

When considering the advisability of operation we have to consider, on the one hand, the risks to be run by the patient and, on the other, the fact that she is suffering from an incurable disease and that she has nothing but the grave staring her in the face. When dealing with an affection that of itself produces death, and considering the advisability of carrying out a somewhat hazardous surgical procedure we cannot afford to make the same allowance that we do when dealing with cases that may live for many years if left alone. On this account, I consider that partial operations, even though accompanied by a lower mortality rate, should give way to complete and more extensive procedures. Therefore, when a patient consults a surgeon for malignant disease of the fundus uteri, in its early stages, before the peritoneal covering is involved, before there are intra-peritoneal adhesions, and before any broad ligament nodules are to be made out, the only operation that should be considered is complete removal of the organ by abdominal or vaginal or abdomino-vaginal hysterectomy.

EXAMINATIONS FOR LIFE ASSURANCE.*

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* Read before Undergraduates Society of Trinity Medical College.