

death was due in one case to shock, and in two cases to peritonitis. In one case the patient died on the fourteenth day in consequence of phlebitis of the main venous trunk of the lower limb. Of the patients referred to in the first series of cases who recovered from the direct effects of hysterectomy, two were living and in good health after long intervals—one after six years and four months, the other after five years and four months from the date of operation. In eight cases included in the earlier list recurrence occurred after intervals varying from six weeks to two years. In five of the second series of cases the patients when last seen were living after intervals varying from three years and five months to eight months. Of these five patients, however, two presented indications of return of the disease in the vaginal cicatrix. The authors point out that vaginal hysterectomy is a serious measure, as these tables show a death rate from the operation itself of about twenty-three per cent. The results of this treatment are, it is held, not more serious when it is performed as a palliative step than when it has for its object complete removal of the diseased structures. It is indicated, therefore, whenever the cancerous uterus is mobile, although the vaginal cul-de-sac may be involved in the disease. Recurrence, which has been noted in about seventy per cent. of the cases, although usually speedy, may in some cases be postponed for a long interval (from seventeen months to two years, or even longer). These tables show that thirty per cent. of the patients who had undergone vaginal hysterectomy are apparently cured by this operation, even in cases in which the malignant nature of the disease has been proved by both clinical and histological observation.