patient is frequently cachectic as a result of the anæmia and the absorption of septic products. In these cases the growth often extends alarmingly close to the ureter, and as a result the dissection is slow. This prolongation of the operation in a patient already greatly weakened by the disease often leads to an alarming collapse before the operation is completed. Such a patient will stand the operation relatively well for from one to one and a half hours, and then suddenly collapse. A Wertheim operation, at best, is one of the most difficult of all the abdominal procedures; consequently the operator needs to be in the best possible physical condition. He should make it his first operation of the day, and preferably perform it early in the morning, when he is fresh. Stimulation of the patient should be undertaken, even before there are the slightest signs of collapse.

When the cervix has been torn across during removal of the uterus, thus materially increasing the danger of peritonitis, I occasionally place an abdominal drain in the lower angle of the incision, in addition to the one emerging from the vagina. In these cases we place the patient in the Fowler position immediately after the operation, if the pulse will permit.

RESULTS IN THE RADICAL ABDOMINAL OPERATION FOR CANCER OF THE CERVIX

When the Committee of the American Gynecological Society met in Baltimore to arrange the program for its annual meeting, which was held in May of this year, it was unanimously agreed that the time had arrived when we should take stock of the results of abdominal hysterectomies for cancer of the cervix in America. The results of some of these labors are to be found in SURGERY, GYNECOLOGY AND OBSTETRICS for August, 1912. That number of the journal includes interesting articles by Peterson, Taylor, and Taussig.[1] At the meeting, Graves reported the results of his work in Boston and Peterson gave his statistics from Ann Arbor, Taylor sent out circular letters to about 175 operators in New York, Brooklyn, and Philadelphia. In his paper he says, "The replies which I received did not give me any information along the line that I wished, and I have not been able to deduce from them anything of value as to the ultimate result of cancer operations in these two states." He learned, however, two things: first, the entire absence of reliable statistics among the operators; second, the universal feeling among the surgeons that the patients were not seen early enough to be permanently relieved.

Taylor then reports his own results. His immediate mortality was only 3 in 28 cases. Unfortunately many of his patients were lost track of, so that he could not determine the relative percentage of permanent recovery.

Taussig communicated with surgeons west of the Mississippi River. In all, he collected records of 60 patients; only 14 of these operations dated beyond the five-year limit. He says, "By a strange coincidence, there was not a single operative mortality among these first 14 patients. Apparently, each operator was particularly careful in the selection of his first cases." Of the 14 patients, one could not be traced and one had died of an intercurrent disease. Of the remaining 12 patients, 5, or 41.6 per cent of these, were still free from recurrence. This is an exceptionally good showing, even though the numbers be small.

Neel,[2] after much labor, was able to trace the records of the cancer cases operated on by the radical method at the Johns Hopkins Hospital. These operations were performed by Dr. Kelly and his associates, and by the residents during the various years. Neel reported, in all, seventy cases in which over five years had elapsed since the radical operation had been performed. There was an immediate mortality of 20, or 28.6 per cent. Of the 50 patients leaving the hospital, nine had been lost track of, and one had died two years later of pneumonia; 14, or 20 per cent of the total number of patients, are to-day free from recurrence, and the remainder had died with unmistakable evidence of return of the growth. Neel draws attention to the fact that, if we deduct the 20 that died immediate-

[1] Dr. John G. Clark of Philadelphia, Dr. J. Sampson of Albany, and several others also briefly reported their results in the radical operation. Dr. Clark's paper appears on p. 255 of this issue; Dr. Sampson's on p. 303.

[2] Dr. Neel's paper appears in this issue, on p. 292.