

operation, before the profession. For I feel certain that any woman who has been cured by them, or any physician who has seen the results of the operation, will have little difficulty in persuading others to avail themselves of them. The only difficulty lies in the prevailing notion that a woman of fifty or sixty or seventy has seen her best days, and that it is not worth while doing anything to make more comfortable the short time she still has to live. There are several errors in this belief, the first of them being that a woman of seventy has only a short time to live. For instance, I was called, a little over twenty years ago, to attend a lady of seventy-four who had fallen on the icy pavement and broken her thigh bone. As much care was taken in setting it as though I had expected her to live to be ninety. And it was well that I did so, for she is now ninety-four years old and apparently in the best of health, and taking keen enjoyment in life.

Several women from whom I have removed the uterus for elongation of the cervix or prolapse, after they had reached the age of sixty-five, have already lived from one to five years in perfect comfort, and will probably live as many more. And even if we knew beforehand that they were only going to live five years more, still it would be well worth while to operate on them in order to make them comfortable for that length of time.

A few months ago I removed from an old lady of seventy-five, a uterus which had been out of her body for more than twenty years. There was a large malignant-looking ulcer on it, due to its adhering to the clothing every time she sat down. After removing the uterus, which was five inches long, I repaired the perineum. Although her arteries were very hard and there was an *arcus senilis* in her eyes, she bore the operations remarkably well; she was only on the table half an hour for the two of them, and did not bleed more than three ounces of blood, most of which was lost during the perineorrhaphy. I have seen this patient many times since, and she assures me that she feels like a young woman.

We have two operations to choose from, according to the degree of the prolapse and the size of the uterus. If the latter is small and not far enough out of the body to become ulcerated, the safest operation is to make a small incision in the abdomen, and catching the fundus with the bullet forceps, draw it up to the incision and scarify the whole anterior surface of the fundus, and then to sew it to the abdominal wall with buried chromicized catgut; after which the vaginal outlet is narrowed by a large anterior and posterior colporrhaphy.

If, however, the uterus is very long, so that sometimes the sound measures seven or eight inches deep, and especially if it is badly ulcerated, it is better to amputate all but the upper two inches of it and then to narrow the outlet.