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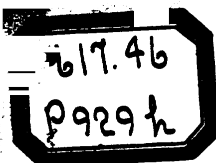

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Avec mes compliments. Coyteux

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ON HYSTERECTOMY.*

BY L. COYTEUX PRÉVÔST, M.D., OTTAWA, CAN.

In 1874, after I had been invested by the learned faculty with the right of "*Secare per orbem terram*," and considering however my scientific luggage insufficient to undertake the great voyage through life, I conceived the idea of going to complete my medical studies on the other side of the Atlantic. I made up my mind to sail at first directly for Ireland, in order to study gynæcology and obstetrics. I entered, as resident pupil, the Rotunda Hospital, which even at that time enjoyed a universal and well-deserved reputation. Among the physicians whom I had the pleasure of knowing in that institution I became intimately acquainted with Fancourt Barnes, the son of Robert Barnes, the great gynæcologist, whose name and fame are known to you all. This excellent friend, Fancourt, of whom I always kept such a sweet remembrance, is to-day gloriously following the footsteps of his father, and already belongs to the brilliant phalanx of British celebrated gynæcologists. When at the end of the summer I had to leave Dublin for France, I would not part with Fancourt without securing the promise that he would come to Paris and spend a few days with me. He kept his word, and came, accompanied by his venerable father. During their sojourn in the great city, I tried to make myself as agreeable as possible, and offered to take them through the hospitals, proposing, among others, St. Louis, where I might introduce them to Péan, whom I had the good fortune of knowing particularly. This proposition was enthusiastically ac-

* Read before the Ottawa Medical Society, November 13, 1896.

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cepted. "Let us go to the St. Louis," said Robert Barnes. "I would love so much to see Péan remove a uterus."

Do you hear that, gentlemen? The great, the illustrious Barnes wishing to satisfy his curiosity, and burning with the desire of witnessing a case of hysterectomy—so serious an operation at that epoch that even the masters in surgery hesitated to undertake it!

This occurred hardly twenty-three years ago, and this formidable operation, about which the same Robert Barnes was saying then that the time had not come for forming a confident opinion upon its practice, of which there was, he said, very little ground for enthusiastic advocacy; that operation, the performance of which was the object of a mere curiosity to foreign surgeons coming to Paris; well, not a week elapses to-day without this same operation being performed once or twice in Ottawa by your most humble and obscure servant.

Is not this fact more than sufficient to demonstrate what wonderful progress has been accomplished in gynæcology within the last quarter of the century?

If this meeting was composed of gynæcologists, how many important questions would I not feel tempted to bring before you, and upon which I would willingly inquire into the results of your special and personal experience! Gynæcology, do you see, is a comparatively young branch of surgical science, and the immense development it has received within the last few years has given rise to a great number of obscure points which are awaiting some rays of light thrown on them by the shock of discussion, and the control of collective experience. But you are all general practitioners, my good old friends, with whom I have worked, studied, and discussed, during twenty years, subjects of general practice, and with whom I must part, since I have come to the determination of devoting myself hereafter to special work. But although somewhat swerving, I do not quit you altogether, and I bid no farewell to general pathology, whose teachings the specialist must never forget, and from which, on the contrary, he must incessantly draw the principles that will guide his doings. You, my friends, are at the crossway, at the confluence toward which all the branches of pathology converge; you, at a glance, embrace all the knowledge that is brought in from everywhere, to make of it a synthetical application to the healing art. We specialists, without ceasing to belong to the general body, momentarily leave it off in order to thoroughly explore particular roads. We bring

back from these excursions digested information upon a special subject, which it is our duty to pour from time to time in the bosom of our reunions, focussing, as it were, these varied notions, so that every one should derive benefit from them.

This is what I intend to do this evening, gentlemen, choosing for my subject "Hysterectomy." We shall examine together, when is the removal of the uterus indicated ; what conditions are required to successfully perform this serious operation ; what results we obtain by it ; and, at last, what is the best way of doing it.

Gentlemen, the poor gynæcologist has been of late the object of very bitter criticism, and excessive descants have been made upon the "operative delirium" with which we are supposed to be possessed. This criticism emanates from different sources ; some of it being indulged in by those who ignore totally what they are talking about, finding it easy to condemn what they cannot perhaps do themselves. Other is made in good faith by some surgeons who, in the name of conservative surgery, try to put a stop to the "*prurigo secandi,*" as they call it, and make a sentimental appeal to the principles of the citizen. "You needlessly mutilate your patients," they say: "you castrate without reason the women who seek your advice, and who certainly would be cured with time, patience, and less radical means. You make too little of such important organs as the uterus, the ovaries ; and at that rate, in making such hecatomb of the reproductive organs, you will soon have reduced to its minimum the population of the whole world."

Indeed—I do not deny it—abuses are committed. The study of new questions is always surrounded with danger, and it is very difficult never to make a false step. We must confess, also, that the impunity which antisepsis confers to operators sometimes conceals a certain number of unnecessary surgical proc-dures. But do these few unavoidable errors—and which certainly are to be deplored—entitle anybody to generalize and to render the prudent and enlightened surgeon liable to these undeserved reproaches? If a certain number of patients have been wrongly operated upon by surgeons in too great a hurry to resort to the knife, how much more numerous are not the women whom an untimely reserve on the part of the surgeon allows to die or to lead a miserable existence !

The accusation which is caressed with the greatest predilection

is that we mutilate women and render them sterile. In the greatest number of cases this argument is simply ridiculous. The suppression of the ovaries at an age where it constitutes a real sacrifice is inexcusable if it is not necessary; but does the fact of operating upon women at the epoch of menopause or already mutilated by purulent or parenchymatous bilateral lesion render us worse citizens? To extirpate a uterus and not to find the alterations we had foreseen is always an error, but it is far from being a crime toward mankind; and to add up the figures of several surgeons and exclaim, "What a number of women lost for reproduction!" is great ingenuousness, if not simply a bad joke. No! I confess that we are exposed to commit some errors, but one must not exaggerate their frequency nor their importance. In every conflagration the fire claims its share. I do not pretend that in gynæcology, more than elsewhere, we have reached the ideal. I am quite willing to believe that the modern surgeon does not, properly speaking, solve the problems he meets with. In removing a diseased organ he cuts off the Gordian knot, instead of untying it; but while waiting until the philosopher's stone has been found in pathology, you must admit that very often the surgeon is compelled to act radically; and if some operators have compromised hysterectomy by indiscriminately resorting to it, a wise and intelligent intervention has rendered the most eminent services to humanity.

Hysterectomy is indicated against the diseases which threaten life or against those which render existence miserable by the perpetual sufferings which they cause to the patients. Among the former are cancer, pelvic suppuration, and the large tumors of the uterus. With regard to the malignant affections, no discussion; there is no other hope than complete and early removal of the uterus. But here, general practitioners, you have an important *rôle* to play. It is upon you that, most of the time, depends the efficacy or the failure of the specialist's intervention. In fact, the indispensable condition of genuine success consists in an early operation. But it is not always an easy matter to diagnose uterine cancer at its beginning; and how many women have been irremediably lost for having been tamponed, cauterized, and douched for pretended ulceration of the os!

Therefore, in all suspicious cases do not hesitate to have recourse to competent advice in the matter, and do not wait until a fœtid discharge, metrorrhagia, and pain have demonstrated that

you have lost precious time and that the life of your patient is fatally compromised.

I said that in extensive pelvic suppuration hysterectomy was also indicated. In order to render this proposition more acceptable, which perhaps you may deem exaggerated, I want to ask you, at first, of what utility may the uterus be to a woman when the appendages on either side have been destroyed? All the organs of the human body have their importance *in se*, it is true, but we must acknowledge that a great number of them lose all their usefulness when once they are deprived of the satellites with which they are conjoined. The uterus contains important blood vessels, it constitutes a considerable link in the lymphatic chain, it is situated on the road of the greatest reflex phenomena; anatomically, we must grant to it a primordial importance; but, you must admit all the same, that the old axiom "*Propter solum uterum mulier est id quod est*" has lost nowadays a good deal of its truthfulness, and the uterus deserves to occupy a place among the stars of great magnitude only owing to the physiological *rôle* that it is called upon to play in the functions of reproduction; and the consequence of this *rôle* fades away as soon as the organs of generation have lost partially or totally their integrity. Therefore, when once the appendages have been destroyed by disease or removed by the surgeon, to leave the uterus behind, under the pretence of doing conservative surgery, constitutes at least a grave imprudence when it is not an immediate peril. All the more when, besides the appendages, the uterus itself is diseased. And who can vouch for the integrity of the uterus in cases of pelvic suppuration? Is not the uterus the starting point of the pathological disorders in the majority of cases of pyosalpinx? The gonococcus, the ordinary agent of these lesions, deflours all it touches in an irreparable manner, and the uterus itself is not free from that law. The strength of this argument, which seems to me indisputable, is far from being universally recognized, however, and this question is, moreover, that which is most intensely disputed among gynæcologists. It has become the object of a sort of international discussion. This intellectual war has for its participants the Americans on one side and the French on the other, but each camp possesses adherents on the adverse side. Our grandchildren only, I suppose, will witness the general agreement, when time and experience shall have demonstrated wherein lies the truth. Waiting for the peremptory solution of this problem, if I am al-

lowed to give my humble opinion, I will confess that I rank entirely with those who seek to obtain definitive results in totally clearing away the pathological grounds, since the dangers of a radical operation are not any greater ; we are thus running the least risk possible to render doubtful the results of such a momentous interference as the removal of suppurated appendages.

With regard to the uterine tumors, I hasten to acknowledge that, exceptionally, a certain number of fibroids require absolutely no surgical operation whatever. But in the majority of cases, pain, metrorrhagias, symptoms of compression render life miserable when they do not compromise even its existence. It is a well-recognized fact to day that these cases generally require hysterectomy ; palliative treatment, such as ergot, ergotine, etc., now totally belongs to the past. The same may be said about these half measures, which might have been advisable at a time where operative technique was still defective, but which nowadays cause the surgeon to lose most precious time and often constitute a real danger. I mean electricity and ovarian castration. These last procedures may at the most be of some utility when the tumor is intimately embedded in the uterine tissue, where it might call an exaggerated flux of blood, as well as produce considerable pain. Any therapeutic agent liable to modify the circulation and nutrition of the uterine walls might have some influence upon these neoplasms, by the suppression of periodical congestions due to menstruation for example ; but it is useless to think of imparting any modification to those fibrous bodies almost enucleated, growing at the periphery of the uterus, provided with slow circulation and almost independent of the physiological phenomena which take place in the uterine walls. Besides, this sort of virtuosoship in the diagnosis of these anatomical conditions is generally out of the question ; and my own experience has taught me that temporization with fibroids of the uterus is always hazardous ; surgical action sooner or later becomes imperiously necessary, and an operation, easy a few months sooner, might be exceedingly grave when, later on, hæmorrhages shall have exhausted the patient or, after repeated attacks of pelvic peritonitis have snugly fastened the neoplasm to the surrounding parts.

Outside of pelvic suppuration and uterine tumors which threaten the patient's life, we have also recourse to hysterectomy in order to put an end to sufferings which, although not compromising existence, yet render it miserable and often unbearable. In this

category are included incoercible metrorrhagias, old parenchymatous metritis, epilepsy, hysteria, and, above all, pelvic neuralgias. Out of this enumeration, I want to make some restriction, however, concerning epilepsy, hysteria, and neurasthenia, against which hysterectomy has not been followed with as brilliant results as were expected. Nervous women constitute the opprobrium of great surgical procedures, and it is in the treatment of these varied pathological disorders that the gynæcologist is compelled to lay aside his specialist's spectacles and to call upon his knowledge of general pathology. Much tact and experience is required to seize the true nature of these deceptive grounds, and it is here, more than ever, that we must not treat a *disease*, but a *patient*, because therapeutic results vary from one organism to the other even when the same local indication is fulfilled. This reserve being made, it is nevertheless a known fact that hysterectomy has to its credit remarkable and definitive cures, even when no material lesions whatever could have been detected in patients tormented by unmerciful neuroses or almost unbearable pelvic neuralgias. Naturally in these cases the opportunity of so serious an operation is quite opened to discussion ; still we must not disclaim all value to facts the evidence of which very often upset the most specious arguments. To arrive at a practical conclusion, a patient being given with whom, as it so often occurs, everything has failed, a woman who for years has been gorged with cod liver oil, iron, hydrotherapy, and all sorts of antispasmodics, especially if her poverty does not allow her to continue these therapeutic measures, as ruinous as they are sterile, I would not hesitate a moment to take the knife and suppress at once what the experience of others has taught me to be in many cases the source of all evil.

What are the conditions required for all hysterectomy to be successful? Here, gentlemen, I will be short ; these conditions you know them all. They are those which are in conformity with the exigencies of modern surgery. To obtain perfect results (and such must be the aim of every surgeon) it is necessary to operate in a special establishment situated in irreproachable hygienic conditions and under the superintendence of intelligent and well-trained nurses. I am well aware of the fact that many operators do not hesitate to do these operations at the patient's own house ; but if they can do otherwise they are wrong, in my humble opinion, not to put all the chances on their side. I know by experi-

ence the detestable consequences of a defective service, and any amount of good will does not suffice to give the patient the security she is entitled to. I practised abdominal surgery both in more or less well-equipped hospitals and in a private establishment. I will spare you the annoyance of listening to statistics, but suffice it to say that I never experienced in my private institution the deceptions I so often met with in the hospital. No, it is useless to delude ourselves, the perfection of the surgeon's work itself is not the only condition of success; quite as important is the necessity of confiding the patient operated upon to a learned nurse, who, as it were, is the surgeon's lieutenant. In my opinion the ideal in the healing art should be for the surgeon to have but a single patient and to remain with him all the time. This is impossible, as you easily understand; then teach your nurses, see that they are as interested as yourself in your work, in your apprehensions, in your hopes; let them strive as much as you do to achieve the good results you are wishing for; let that strenuous coadjutor constantly watch at the bedside of the patient; impress upon her the necessity of faithfully recording all that you must necessarily know, and you may be sure beforehand that all your orders will be scrupulously fulfilled.

And what about the tools required for the operation? Nothing should be spared to be supplied with the most perfect instruments possible. I do not mean that a complicated armamentarium is indispensable; simplicity everywhere is a virtue; but one must have all that is necessary at his disposal and never be caught unawares. It is simply absurd to voluntarily create difficulties in the performance of an operation in the course of which so many unforeseen accidents may arise.

Thirdly, we must be aseptic. Here is, though, a *sine qua non* condition. Call it asepsis, antisepsis, or otherwise, we must be scrupulously, surgically, absolutely clean. The precautions which must be taken to be considered irreproachable and complete require quite a long experience, but when once these habits are acquired, there is nothing difficult or complicated in it, everything is instinctively done without the least omission and naturally.

At last, gentlemen, in order to succeed in this operation, which may seem to you quite easy when you see it performed by a skilful surgeon, but which is surrounded with the greatest difficulties for whomever attempts to do it for the first time, it is indispensable to possess perfect anatomical knowledge, and to have

acquired by study and practice a thorough surgical experience. It is necessary to have frequented the large hospitals, to have seen the masters at work, to keep stored in some corner of the memory the varied methods peculiar to each operator in order to possess multiple resources to overcome unforeseen difficulties. He who, knife in hand, ventures in the abdomen of a woman without having tried to obtain the qualities necessary to perform an operation of that kind, is, to my mind, a very guilty one. He holds in his hands the patient's life; and if by chance death does not follow the operation, it will perhaps be at the expense of an irreparable infirmity. It does not suffice to go through the work and not kill the patient, one must besides relieve her sufferings, or at least not leave her in a worse situation than before, "*primo non nocere.*"

Will you allow me to tell you now what results we obtain by hysterectomy? What are, at first, the immediate and then the remote results of the operation? With regard to the immediate results, we must again make a distinction according as the cases for which we operate are complicated or not. The results which follow non complicated cases are simply astonishing. We can say that here we may expect to hit the mark in almost every case; mortality should be null; one hundred per cent. of success ought to be the statistics of every gynæcologist. The only, or the greatest danger, is septicæmia. I am well aware that, owing to the aseptic and antiseptic means at our disposal, we can in the majority of cases prevent this deadly complication; but, unfortunately, it is not always possible to be sure that a stealthy streptococcus has not found its way to the field of operation, which it immediately contaminates by its presence. The shock, according to several gynæcologists, would not be anything else but the result of septic accidents.

With regard to hæmorrhage, it is always due to faulty technique on the part of the operator, to the imperfection of the instruments, to the bad qualities of the materials employed, and must not be put to the account of the operation itself. In surrounding himself with necessary precautions the surgeon ought to be in a position to avoid these dangers.

But all cases are not so simple, and certain complications determine more or less satisfactory results according to their nature. Thus, in hysterectomy for cancer of the uterus, the risk of contamination is always imminent. And again in pelvic suppura-

tion, it is impossible to know beforehand the virulence of the pus it contains. Septic peritonitis in the latter cases is always to be dreaded, especially when the operation is performed through the abdomen. The more or less abundance of the collection is here but of a secondary importance; and it has happened to me, as well as to other surgeons, to see the peritoneal cavity literally flooded with pus without any notable following elevation of temperature, whereas very often the mere contact of the peritonæum with a tube hardly containing a few drops of pus has sufficed to determine rapidly fatal accidents. The microscope has given us the solution of these apparently paradoxical phenomena, and we are well aware to-day that the old purulent collections are often entirely sterile, whereas recent acute abscesses contain an extremely septic pus. The situation, the character, and the extent of anatomical lesions also very often aggravate the immediate prognosis of hysterectomy. Thus, during the removal of a fibroid, we often meet with general or partial adhesions to the peritonæum, to the bowels or the bladder; and again, in pelvic suppuration the appendages are often blended together, forming but a vast sac the walls of which adhere everywhere to the surrounding parts, especially to the rectum; and they have, as it were, to be sculptured out of their nest. The handling inflicted to the intestines, added to anæsthesia, always prolonged in these cases, is very often followed by regrettable if not fatal consequences. In spite of all these unfavorable conditions, the general statistics prove to be absolutely encouraging, since hysterectomy shows but a mortality of twelve to fifteen per cent. in these complicated cases, which, left to themselves, would sooner or later surely end in the death of the patient.

Let us see now the remote results obtained by hysterectomy. These results are physiological and therapeutical. The consideration of the former will allow my doing justice, in a few words, to the objections made to the operation by those whom I will call the abstemious surgeons. What are these objections? "You emasculate women," they say. "You render impossible all further fecundation." I already refuted this argument above, begging of you to remember that the women upon whom we are doing hysterectomy are almost always sterile by the mere fact of the pathological lesions for which they seek relief.

"You modify their humor, you change their character." Yes, by all means; but the patients are not the losers by it, because,

by putting an end to their sufferings, we have removed the thorn which constantly irritated their nervous system and rendered them unbearable to themselves and to every one around.

"You abolish all genital feelings, and you create in them a sexual frigidity which often destroys all conjugal felicity, and consequently becomes the frequent cause of domestic unhappiness." To this gratuitous assertion I oppose the most energetic denial. Contrarily to this erroneous idea, too generally spread and even propagated by some text-books of physiology, the experience of many observers, as well as my own, has taught me that sexual appetite by no means resides exclusively in the internal genital organs. Women endowed with ardent temperament keep it after hysterectomy, and, moreover, in certain cases it becomes exaggerated. I am even acquainted with a woman who never experienced any conjugal emotions until after the removal of her uterus and her ovaries.

"You prematurely hasten menopause, with all the disagreeable symptoms that accompany it." This I do not deny; after hysterectomy we must expect the majority of women to complain of headaches, hot flushes to the face, etc., symptoms generally relieved, though, by blood-letting or a few doses of bromides, and which, at all events, spontaneously disappear after a few months. But what are these inconveniences, after all, but natural, compared to the previous dangers and sufferings? With regard to these vicarious manifestations, it is not without interest to remark that Richelot and Segond have observed that their frequence and intensity are a great deal less after total castration than following simple oöphorectomy.

What therapeutical results do we obtain by hysterectomy?

Here it is that triumph is resplendent upon the whole line!

In cancer of the womb, if the operation has been done early, we add two, three, four, and even eight years to the life of the patient. After the removal of the uterine tumors all sufferings vanish as if by enchantment; metrorrhagias ceasing, anæmia disappears, the woman revives and regains her youthful appearance. Same results after hysterectomy for parenchymatous metritis and pelvic suppuration. Nothing is so consoling, in that respect, as to peruse in detail the numerous observations published by the French hysterectomists. The patients, seen again several years after their operation, continue to feel marvellously well, and they all express their satisfaction with the same words; they emphati-

cally declare never to have enjoyed more perfect health. I could not say as much concerning the other pathological disorders which might have determined the surgeon to remove the uterus—I mean the great neuroses and pelvic neuralgias without anatomical lesions. I cannot but repeat here the restriction I made above, calling again your attention, however, to the very consoling hopes which the cases published by Richelot allow us to conceive, and in which this surgeon has observed the most encouraging and permanent results.

What is the best way to remove the uterus? Which way shall we choose, the abdomen or the vagina? This is where the discussion warms up, and contradictory arguments pour in right and left. The Americans stick fast to laparotomy, and surely they perform that operation in such a clever manner, they obtain such brilliant results that they are undoubtedly altogether justified in fighting for their opinion. The French, on the other hand, would rather operate through the vagina; and again, at their turn, they have become so expert that we feel in duty bound to grant the concessions they claim. It is needless to add that I declare myself entirely incompetent to peremptorily decide the question. Besides, the discussion is actually in all its vigor, the periodical reviews abound in articles on this subject. However, it seems to me that they only debate without progressing. Both methods are perfectly acceptable, and one does not exclude the other; they both answer special indications according to cases. The discussion, properly speaking, does not dwell on the best way of removing the uterus, and the problem would soon be solved if it were put in these terms: "It is necessary to extirpate the uterus; which way shall we do it?" The more or less great difficulty of one method over the other must not be exclusively taken into consideration. The skilful surgeon must be in a position to equally well operate by both ways, abdominal or vaginal, whatever may be the hardship he is liable to encounter by one or the other procedure. The important point is to minimize the risks with regard to the patient and to choose the method which will yield the best results in a given case. As far as the difficulties are concerned, I believe them to be even on both sides, and the inconveniences of either method are equally compensated by advantages. The objections offered by the adversaries are actually puerile. "Do not operate through the abdomen," say the vaginists, "on account of the ugly scar that the operation leaves on the abdominal walls."

But that scar, who will see it? Society will never permit the women to dress low enough to show that they have been operated upon, and the most interested one in the whole business shall certainly find to the knowledge of this slight imperfection an ample compensation in the privileges granted to him alone.

And what about the consecutive hernia? Of a very unlikely occurrence if the sutures of the abdominal walls are carefully and methodically made.

"Operate through the abdomen," shall the laparotomists say in their turn. "You are risking less to wound the bladder, the ureters, and the rectum." Indeed! Is it so difficult to learn perfectly the technique of vaginal hysterectomy and to avoid these elementary errors?

In one word, is the question to remove the uterus merely and simply in a case devoid of all complications; choose the way you like, the difficulties and the advantages are equal on both sides. But where the discussion becomes important is in the treatment of tumors or pelvic suppuration. I pass over silently the cancerous uterus which some operators seem to have a tendency of late to remove by the abdomen as advised by Polk, Kelly, and Pryor; observations on this subject are too few to allow our forming an opinion one way or the other. But with regard to the fibrous or other uterine tumors, the size of the growth constitutes the important point. However, even for small tumors, and whatever may be the results claimed by the vaginists, I frankly confess my predilection for the abdominal route. The dangers of the operation are hardly more considerable; and to a surgeon used to operate both ways, abdominal hysterectomy will require less time to be performed than the morcellation of the tumor by the vagina.

But when we have to deal with pelvic suppuration there the trouble begins. The question here is no more to know which is best way to remove the uterus; on the contrary, gynæcologists are divided in two camps, exactly like our politicians; we have the conservatives and the liberals. Which is the best policy? To open the abdomen, evacuate the purulent collections, remove the diseased appendages, and leave the uterus in its place? Such is the opinion of the laparotomists—the conservatives. Or is it more advantageous to burst open the vagina, allow the pus to flow out, extirpate by that route the purulent sacs and sacrifice in the mean time the uterus, as advocated by the vaginal hysterectomists—the liberals? I know that a certain number of gynæcologists

exists who, in every case of pelvic suppuration, believe in the necessity of always removing the uterus with the appendages, and who prefer doing the operation by the abdomen rather than by the vagina. These I deem to be absolutely wrong; they jeopardize without great advantages the life of the patients. But the other laparotomists, are they right? Those, for instance, who claim that the abdomen should be cut open, the adhesions separated, the purulent sacs removed, but the uterus left *in situ?* "It is not diseased," they say; "it does no harm; and this," they add, "cannot be done when the purulent collections are treated through the vagina, because when once engaged that way the surgeon must go to the end and remove the uterus, which procedure is a useless mutilation." They contend, moreover, that the purulent sacs themselves cannot be entirely extirpated in many cases, owing to the operator being unable to see what he is doing, whereas, with the Trendelenberg position, the laparotomist operates all the time under the control of sight.

To this the vaginal hysterectomists answer thus: "If you leave the uterus behind after having removed the appendages destroyed by suppuration, you do an incomplete operation, and you are exposing your patient to further sufferings, as the fact has often been demonstrated by patients upon whom we have been compelled to perform a secondary vaginal hysterectomy to relieve the symptoms, which continued in spite of the laparotomy they had undergone;" and again, they add, "You are mistaken in pretending that we are doing blind work in operating by the vagina; in the majority of cases, owing to certain artifices of technique, we see very well what we are doing. It occurs, it is true, in certain cases, that we cannot succeed in extirpating everything; but does not the same thing happen the laparotomist who many times has failed also to remove diseased tissues held on by adhesions which it would have been impossible and dangerous to sever entirely? And in both cases these operations that you call incomplete do nevertheless end in total cure, the appendages becoming atrophied later on and the patient ceasing to complain. At last vaginal hysterectomy opens to the pus a dependent issue, and the risks of contaminating the peritonæum are consequently a great deal less than the removal of purulent appendages without hysterectomy by the abdomen."

You see, gentlemen, the principal point in contest is the following: must we, or must we not extirpate the uterus when we are

compelled to remove the appendages destroyed by suppuration? The day that all gynæcologists shall become convinced that, in these cases, the uterus even sound ceases to have any reason to exist; that it even constitutes oftentimes a menace for the future, and that its removal is not a useless mutilation, that day we shall be very near understanding one another, and, to speak my mind, vaginal hysterectomy shall come then victorious out of the struggle and be considered by the greatest number as the choice operation in pelvic suppuration.

Gentlemen, since I have chosen hysterectomy for the subject of my paper, may I be allowed, in terminating, to detach from my observations three cases of removal of the uterus which presented rare and unforeseen morbid phenomena, and whose brief report might offer some interest with regard to general surgery?

The first is that of a woman, aged forty, exceedingly nervous, on whom I extirpated by the abdomen the uterus containing a large fibroid. The operation, rather prolonged, owing to the numerous adhesions contracted by the tumor, nevertheless offered nothing very remarkable. It was followed by no unusual symptoms, with the exception of an extrême tachycardia, against which all the means at my disposal remained useless. The very day of the operation the pulse reached 160 to 180 pulsations a minute. There was no symptom whatever of valvular affection, and previously to the operation the pulse beat normally.. During four weeks I kept the patient under careful observation; never did the pulse go down below 115, oscillating ordinarily between 120, 130, and 140 pulsations. Caffeine, strychnine, sparteine, digitaline, bromides, cinchona, nitro-glycerine, all remained ineffectual. I had performed hysterectomy with extra-peritoneal pedicle, according to Baer's method; I made afterward several vaginal examinations, and never could I detect the least alteration which might have given the explanation of this curious pathological symptom. This post-operative tachycardia is not the first one that I have observed in the course of my practice, and some years ago I communicated a somewhat similar case to one of the meetings of the Bathurst and Rideau medical association. It was the case of a woman upon whom I had performed unilateral oöphorectomy for a cystic ovary of the right side. During the first two days that followed the operation the pulse constantly beat 140, 160, 180 times per minute, the patient offering in the mean time other symptoms

of an evidently nervous character. But these accidents spontaneously disappeared at the end of forty-eight hours, whereas they still persisted with the other woman the day she left the hospital. I saw the last patient since ; she feels well, she is gradually regaining her strength, sleeps and eats well, but the pulse is still frequent, although slower than it was during her sojourn in the hospital. The last time I saw her in her own house the pulse beat 100, it was intermittent, weak, and irregular. She said she had noticed lately quite a considerable œdema of the inferior limbs, but a few purgatives got rid of those dropsical symptoms.

The other patient, aged forty-five, unmarried, had equally undergone an abdominal hysterectomy for uterine fibroid. The operation was easy. The wound healed up by first intention, and the sutures were removed on the twelfth day. On the fifteenth day, without any appreciable cause, she complained of violent headache, which was somewhat relieved by antikamnia. During the night she was suddenly seized with right hæmiplegia and aphasia ; she died in two days. This unfortunate cerebral complication was evidently due to embolism, exceedingly rare accident, but which has been signalled by some observers as occurring sometimes after great surgical traumatism of the abdomen.

The third case, at last, is that of a woman from whom I removed by the vagina an enormously large uterus for parenchymatous metritis. Here, again, the operation was exceptionally easy and rapidly done. This woman, a mother of several children, three years previously had had uræmic convulsions at the end of pregnancy. As usual, the eve of the operation the urine was examined and proved to contain no trace of albumen whatever. Besides, with the exception of the symptoms due to her uterine affection, and for which she was seeking a surgical intervention, this patient appeared to be in perfect health. Anæsthesia was produced by ether with Clover's inhaler, according to my habit. Was this agent the cause of what happened after the operation? I believe it was. At all events, from the time she was put into her bed the kidneys were stricken with a total inhibition of their functions, and during fifty-six hours she hardly passed a few drops of urine. And still neither the bladder nor the ureters had been wounded during the operation. Before she was taken from the operating table, two ounces of urine had been withdrawn by the catheter. During almost three days the general state was exceedingly alarming, the vomiting incessant, and the facial expression