

later was controlled by a slight increase of the constricting force. Ecraseur was removed on fifth day, but ligature around the pedicle not disturbed. Recovery good and returned home on 28th April. Recovery perfect; able to work, &c.

Case 9.—Miss V. B., 28 years, Ont. Fibrocyst. 11 lbs. Operation 23rd October, 1889. The hempen snare was used as in the last case and left for five days in like manner; a drainage tube was used for 50 hours on account of some bleeding points where the anterior surface of the tumor was adherent to the walls of the abdomen. Uterus was enclosed in the ligature above inner os, and separated by knife about centre of body. Recovery rapid and perfect. Left for her friends in the city on 20th day, walking down stairs and out to the carriage. After some weeks spent here she returned to her home in Ontario, and has been well since.

These nine cases are all my operations for fibroid and fibrocystic growths of the uterus. The large percentage of mortality is to me a cause of regret, as I believe the greater number, if not all, could have been saved by my present method of operation. Of the various methods employed for securing the pedicle in hysterectomies, I am thoroughly convinced that securing pedicle outside is the best. This conclusion may have some exceptions, but I have not met with a case that I would now treat otherwise. How to secure the pedicle has been the cause of much anxious thought, not only to myself, but to many others, and I think I have reached a mode of operating that, so far as I know, excels any yet known. My departure from that generally pursued in securing pedicle outside begins with the constricting agent, which, in my opinion, should not be of wire of any kind, but rather of hemp or silk, of a good large size and slightly twisted, merely enough to afford the required strength, which need not be very great, as the object sought should be merely constricting force to control hemorrhage—never to bruise or break the tissue or cause much pressure upon them or the nerves. Should hemorrhage occur, use just enough force to control it. This snare is placed along the side of abdomen and secured there by a strip of plaster, is easy of access, and need not be disturbed for five days, by which time it can be removed with safety, as the pedicle is then securely

adherent in the wound and cannot slip back. After removal of the instrument do not disturb the ligature around the stump, but leave it to act as a means of drainage for the escape of the pus which must necessarily occur from the dissolving tissue. This will save extravasation of pus into the walls of the abdomen and cellular tissue, which extravasation is frequently the cause of much after trouble. Further, this mode of securing the pedicle offers the constricted part of the neck (*i. e.*, the smallest diameter) to the fresh wound, which clamps the hour-glass constriction, whereby it is held quiet, and quickly unites with the tissues with which it is in opposition, and the deeper tissues are most favorably placed by quiet contact for rapid union. Thus all fear of retraction of the pedicle is removed, and union takes place from the depths of the wound upward, with all its consequent safety. Nor is this all; there is almost no shock—at least nothing to give anxiety, so far as my experience goes. There are no nerves lacerated or pressed upon, with their consequent pain and suffering, as must necessarily occur when pins and wire are used. The gentle pressure of the cord causing a slow death of the tissues deprived of blood, which thus slough away with little or no pain. In a word, this mode of operating is followed by results such as will please those who try it, and has yielded to me the greatest satisfaction.

Before closing, I would remark that previous to my first case in 1876, the late lamented Dr. Marion Sims reported 11 cases in the United States, with but one recovery; my own case being the twelfth, making but two saved out of the dozen operated upon. I would also say that I think Case 2 was sacrificed to the prejudice of my assistants, who dissuaded me from making the V shaped incision for removal of the uterus, an operation which I went prepared to perform. Cases 3 and 5 would most likely have been saved had I clamped the stump outside, while Case 7 was sacrificed to quarrels in the hospital, after a twelve days struggle for her life. Still another case was killed by a severe scald followed by suppuration all over the abdomen, caused by the injudicious application of a large hot sponge wrung out of boiling water saturated with a strong solution of carbolic acid. These cases have thus been most instructive, and here-