the uterine cavity have been opened at any point, the various cavities are totally obliterated by cat-gut sutures, three or four rows being used if necessary. It is upon this total obliteration of all dead spaces that the success of the operation depends. Often there is bleeding from the stitch-holes on the surface. This is usually controlled by placing one or more cat-gut sutures at right angles to the others.

The operator need not be alarmed if the temperature rise to 100 or even to 102 or 103 a few days after the operation. This we have noted very frequently. In such cases dead spaces have undoubtedly been left behind and there soon occurs a disintegration and absorption of the blood.

One should always remember that myomectomy is a much more dangerous operation than hysterectomy, and if patient be weak or any other contra-indication exist the complete operation should be chosen. The latter operation is the one of choice after the menopause, myomectomy being applicable during the child-bearing period.

The operator should also bear in mind the possibility of leaving some myomata behind. I recently saw in the dispensary a patient on whom myomectomy had been performed nine years previously. She had been perfectly well for several years, but when admitted to the hospital a second time the uterus was fully five times the normal size and everywhere studded with myomata.

Where the resultant incision in the uterus is long and it is necessary to hold the organ up on account of its large size, intra-abdominal shortening of the round ligaments is preferable to suspension. I am familiar with a case in which, following a myomectomy, the uterine incision became intimately blended with the abdominal wall over a wide area. Pregnancy followed, Cæsarian section was performed and the patient died. Suspension in such a case is an entirely different problem to the simple operation for displacement, as in the latter there is no raw surface whatsoever.

I would strongly advise giving the preference to myomectomy in all suitable cases, but in every doubtful instance hysterectomy should be performed.

Hystero-myomectomy with Preservation of the Ovaries.—In those cases in which it is deemed safer to perform hysterectomy, if the patient has not passed the menopause, we should endeavor to save the ovaries. In the first place we have no right to remove normal structures, and in the second place preservation of the ovaries will relieve the patient to a great extent of the troublesome hot flushes and nervous phenomena naturally associated with the menopause. Thus, where the operation is performed on a woman, say thirty-five years of age, these