are in great risk of wounding the bladder. I wish to draw the attention of operators particularly to this apparently trivial point, and yet one I think of great importance. With a pair of long-handled scissors now separate the vagina all round till the broad ligaments are reached, which are to be left undisturbed. This is a very important part of the operation. It enables you to draw down the uterus into the vagina much lower than you could prior to this step. The vulva must be kept open with a pair of lateral retractors. It is very important to keep close to the cervix anteriorly, as you very rapidly reach the bladder, and if not careful it may readily be opened. Another reason for this is to avoid the ureter, which enter the bladder just above the middle of the anterior vaginal wall. The wounding of this organ necessitates the removal of the kidney, which, of course, makes the operation a most serious undertaking, and the only way of avoiding this is to keep close to the cervix, proceed cautiously, using the finger to assist in separating the bladder from the anterior surface of the cervix. With your finger you can also detect the artery of the ureter which accompanies it. This dissection is not to be made at the lateral sides of the cervix at all, as you wish strictly to avoid the attachments of the broad ligaments. Very soon the finger will enter the peritoneal cavity in front, and you can feel the fundus of the uterus covered over by the smooth peritoneum. Having now detached the whole of the anterior portion, you proceed to do the same posteriorly. You again keep close to the cervix, so as to avoid wounding the rectum. Very soon you enter into Douglas' *cul de sac*, and the whole posterior surface of the body of the uterus can be felt. During this dissection you may have considerable, though not alarming, hemorrhage. Having completely separated the anterior and posterior attachments, some operators retrovert the uterus and bring down the fundus. This is not necessary; and another objection is, you cause the diseased cervix to enter into the peritoneal cavity. The next important part is the dividing of the broad ligaments and securing them against hemorrhage. Some operators do this by means of ligatures passed by the aid of a large curved needle armed with a long strong ligature, including a small portion tying it and then dividing it; it is a long, tedious and slow process. The best method is to include the whole, or as much as possible, of the broad ligament in a long pair of snap forceps, by inserting one finger in front and another behind the broad ligament; you slip the forceps into position, carefully excluding the ureter, and then clasp them firmly; you now divide the broad ligament with the scissors, and if the whole of the ligament has not been included in the grasp of the first pair of forceps, you put on a second pair, and complete the division. The uterus thus being freed on one side from its lateral attachments, comes right out of the vulva, and you proceed to treat the opposite side in the same way, which is much more easily done. Having now removed the uterus, search must be made for any bleeding points, which ought at once to be secured. The cavity should be carefully sponged out; stitching of the peritoneum is quite unnecessary. It is now recommended to plug the vagina with iodoform gauze. I did so in my case, but I think it is unnecessary, and will not do so again; it is rather a hindrance to drainage, and gives the patient a good deal of pain removing it. The patient is to be put to bed and treated on ordinary principles. At the end of forty-eight hours it is recommended to remove the forceps; I think they might quite safely be removed in twenty four hours, still their presence in the vagina is no discomfort to the woman, and they form a most efficient drainage. The tissue included in the forceps subsequently sloughs. Vaginal douches may or may not be used. At the end of about four weeks the whole cavity has closed, and the patient can be allowed to get up a little each day.

I shall now briefly describe a case in which I have recently operated.

Mrs. R., aged fifty-six, mother of seven children, ceased menstruating at fifty-two, consulted Dr. Baines in July, 1888, complaining of hemorrhage and great pain in the region of the uterus, and having lost a great deal of flesh. On examination he found she had an exuberant fungous mass protruding from the cervix, bleeding readily on being touched, and breaking down easily under the finger. He diagnosed cancer. I might also say