This was certainly a bad case, and would have been doubtful of cure by the ordinary method, while it was permanently cured at the first attempt, and without the slightest difficulty by the method now described, and which has proved equally satisfactory in several other cases.

Instead of paring the edges and suturing, the cervix was separated from the vagina and bladder as in the first step of vaginal hysterectomy, and when this was accomplished, the long gash in the side of the cervix required very little more paring of the edges to make it ready for suturing with catgut. The anterior vaginal wall was then separated from the bladder with the finger, except at the edges of the fistula where they were adherent, and where the scissors were required. The hole in the bladder was then closed by a fine running suture of chromicised catgut, taking in the muscular wall of the bladder only, which turned the mucous membrane in and left a thick ridge at the place of the tear. The bladder was then tested with sterilized milk under high pressure and there was no leakage. But this row of sutures was reinforced by sliding the bladder half an inch to the right, and when sewing up the vagina with silk worm gut, each interrupted suture took in a bite of the muscular wall of the bladder half an inch to the right of the line of the tear. A self-retaining catheter was kept in for four days, although it was hardly required, for, having become blocked by a small blood clot at the end of twelve hours, the family physician, Dr. Virrol, removed it and cleaned it, and on reintroducing it, sixteen ounces of water came away. The silkworm gut stitches were removed in ten days, and the woman got up and has done her work ever since without the slightest sign of leakage, now three months ago. This operation has the advantage of making the most difficult cases easier than the easiest by the old method of paring the edges.

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