

of the uterus and ovaries. She decided to return to the hospital and submit to operation. The vaginal route was selected as being safer, although the vaginal outlet was so narrow as to require an incision into the perineum on either side to give the necessary room.

The patient was carefully prepared in the usual manner, and as a first step in the operation the cervical os was tightly closed by four heavy silk sutures. These were left long and facilitated the manipulation of the uterus. The mucous membrane, being divided transversely on the anterior lip of the cervix, was pushed up by the finger and handle of the scalpel and the bladder cautiously separated from the cervix—a sound in the bladder serving as a useful guide. The incision was now carried round each side and posterior aspect of the cervix and the recto-vaginal pouch opened with scissors. With an Olshausen's needle silk ligatures were placed successively on the uterine and ovarian vessels on the left side until the fundus was reached, the tissues between the uterus and the ligatures being divided with scissors. The uterine vessels on the right side were then similarly secured and the fundus delivered on the left side, when the operation was completed by removing the right ovary and tube from above. A few catgut sutures were applied to the vaginal vault, leaving only a sufficient opening for the silk ligatures and a strip of iodoform gauze for drainage. The vagina was then tightly packed with gauze, after the lateral incisions extending into the perineum had been sutured with silkworm gut.

The urine was now drawn off by catheter and was clear, proving that the bladder had not been injured. The patient suffered very little pain after the operation, but one hypodermic of morphia being required. The urine was drawn off three or four times each twenty-four hours for several days. The bowels were moved on the third day and the packing changed on the fourth day, and after that every second day, with careful cleansing of the vaginal vault with pledgets of cotton. The ligatures came away at the end of the fourth week, and a week later the patient returned to her home. The cancer involved the whole body of the uterus, but did not extend beyond, and the prospect for non-recurrence is very favorable.

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