

the volsellas raised carrying the cervix upwards, in the antero-posterior diameter. With the nail of the right thumb, the tissues are separated from the posterior surface of the cervix, the scissors being used occasionally should it be necessary, taking care to hug more closely the body of the uterus when reaching the deep parts of the posterior cul-de-sac. The finger or a nip of the scissors will soon allow the Douglass pouch to be burst through and if there should exist a purulent collection in the pelvic cavity, it will generally gush out at this step of the operation; we must not mind it and let it run freely, but the irrigation should then be started in a good stream and kept up during the whole course of the operation.

The volsellas are now brought downwards to allow the separation of the tissues on the anterior surface of the cervix. This part of the operation is most delicate and must be attended to very carefully, owing to the danger of wounding the bladder or the ureters. The finger nail must be used here almost altogether or perhaps an occasional nick of the bistoury if the tissues do not yield readily. Care must be taken not to work too superficially nor too deeply; in the latter case, the denudation will take place through the cervical tissue proper, which is liable to lead us astray; "Shave the uterus, as it were" according to Segoad's expression. The cervix is well pulled down and the separation of the mucous and sub-mucous tissues carried well up, paying special attention to the denudation laterally in order to take the ureters well out of the way. No superior retractor must be used as it has been recommended, or else we may run the risk of bursting through the bladder with that instrument. It is entirely needless to look for the vesico-uterine peritoneal fold in order to cut it open as we used to do formerly, it will later on present itself under the blades of the scissors during the section of the uterus. Experience alone will teach when the denudation has been carried far enough; sometimes the finger will tell when that point is reached: we feel that we are moving easily in the loose cellular tissue, laterally the finger can be inserted between the anterior and posterior folds of the base of the broad ligament and then feel the beatings of the uterine artery. The uterus is free everywhere from its surroundings, the denudation has been carried anteriorly, posteriorly, laterally, let us say a couple of inches, it is time to proceed to the first steps of the hæmostasia. The flow of blood so far has been insignificant, the irrigation sufficing to keep clean the operating field; at all events, all hæmorrhage will cease as soon as the first clamps are applied. Armed with a long handled Pean's clamp, with short, stout bill, the operator pulls the cervix to his left and grasps the broad ligament away up on