

The anterior layer of the broad ligament of one side is then incised from just below the extremity of the Fallopian tube to the outer end of the fold between the uterus and the bladder, and the vessels contained in this area of tissue are ligatured, each in two places, and divided, the ligatures running beneath the posterior layer of the broad ligament. The ligament is now divided and the other side is treated in the same way. The next step is to make your anterior flap of peritonæum by uniting the lower extremities of the other incisions by a line running across the anterior surface of the tumor a little above the uterovesical fold, this flap being dissected free. The finger now works its way down through the base of each broad ligament until the uterine artery is discovered. This is now isolated as much as possible, is ligated in two places, and divided. After its fellow of the opposite side has been dealt with in a similar manner, the uterus is drawn forward and a posterior flap of peritonæum is dissected down. The vagina is now entered between the bladder and uterus, and, using the index finger in the vagina as a director, the roof is divided all around the cervix and as close to the latter as possible in order to prevent shortening. The uterus, being now free, is removed and all bleeding points are ligated. The two walls of the vagina are then sewn together by a continuous catgut suture, after which a similar suture is used to close over the raw surface, beginning at the outer border of the left broad ligament. The vessels and their ligatures having retracted down between the layers of the broad ligament, the edges of this structure are brought together so as to make the ligatures lie entirely beneath the peritonæum, and the whole raw surface is closed over in this way from one side of the pelvis to the other, when, passing over the extremity of the vagina, it is included in the running suture, so that it receives additional support. The abdomen is then wiped dry and closed.

The accompanying chart shows the average evening and morning pulse, respirations and temperatures for the first fourteen days after operation of the cases of abdominal hysterectomy for fibroid, which have been under my care since January 1st, 1897:

To sum up:

1. A uterine fibroid should not be interfered with unless it is giving rise to serious symptoms, be they mental or physical, notwithstanding the statement of one gynæcologist¹⁰ that he removes all fibroids which he meets with in practice, whether they are causing trouble or not.

2. Curetting is merely a palliative measure, as is, also, in many cases, ligature of the uterine arteries.