

find ligatures extruded through the drainage tube tract. This is, no doubt, due to the fact that the ligature is placed upon material that is already infected. In the two cases just reported there was very slight irritation produced by the presence of these ligatures. In one case no pus was found, in the other there was a very slight discharge of pus from the track of the ligatures. In other cases in which the ligatures have been drawn down through the *vagina* they have apparently become readily infected, and have produced considerable offensive vaginal discharge, notwithstanding the fact that iodoform gauze has been drawn through the opening with the ligatures.

The *entire* removal of the uterus can be accomplished by making the opening from above on to a uterine sound passed into the vaginal fornix behind the cervix uteri. The vaginal arteries should be ligated. It is from them that dangerous hæmorrhage may occur subsequent to operation. On account of the hæmorrhage that is liable to occur after transfixion of the stump of the cervix, I intend for a time, at least, to return to my former operation with the exception of the disposition of the ligatures. The cervix will be entirely removed, the vaginal opening closed, and the ligatures brought out through the lower end of the abdominal incision. This method of dealing with the ligatures will accomplish two objects, namely, the prevention of shortening of the vaginal canal; and secondly, a cleaner and readier removal of the ligatures. In all cases a drainage tube should be placed in the cul-de-sac of Douglas, and should be left for several days.

In an article on total hysterectomy for large fibroids, Le Bec describes the method he has adopted. He still holds to the vaginal disposition of the ligatures. I have tried this method and found it unsatisfactory. The method just advised of drawing the ligatures through the anterior abdominal wall may perhaps be equally as unsatisfactory, and a time may come when some material equally as reliable and more absorbable than silk may be found with which the pedicles can be tied; then the ligature element of total extirpation of the uterus will be a thing of the past.

If a single ligature applied for the removal of an ovarian cyst can produce trouble by working its way into the bladder, it is reasonable to suppose that five or six ligatures placed to control hæmorrhage subsequent to the removal of the uterus and left in situ, will increase this danger five or sixfold. The ligature may become a source of irritation long after the patient has left the surgeon's hands. He may never be made aware of the fact that the patient has been much inconvenienced by his silk knots.