

the book, remove their outer clothing, and put on disinfected robes, so as to be in the operating room precisely at 7 o'clock, when the first incision is made. The early morning operations have much to commend them; in the first place the operator is fresh both in body and mind for the effort he is called upon to make; in the second place, the light is good, much better than it is at 2 or 3 or 4 p. m., at which hour some operators work: but above all, the patient is saved the mental discomfort of thinking of the ordeal she has to go through hour after hour from early morning till noon, as well as the physical discomfort of fasting all day.

The first patient was Mrs. M., 46 years of age, who had come to the Montreal Dispensary a few weeks previously, in a deplorable state, the uterus hanging outside her body, and the bladder and rectum with it. The vagina had become greatly thickened and quite dry and scaly like the skin. The cervix was ulcerated from bruising and contact with the clothing. The uterus was replaced inside the body, and the patient sent into the hospital for rest in bed, so that the organ which was much enlarged might be reduced in size. It has lately become the custom on the Continent, especially in France, to do vaginal hysterectomy in such cases, but ventrofixation gives such good results with so little risks, that although I have removed the uterus for procidentia and found it very easy, yet I hardly feel justified in doing it. My usual practice in such cases is to amputate the cervix by Schroeder's method, after first dilating and curetting the uterus; then to remedy the cystocele by Stoltz's operation, which consists in denuding an area as large as a hen's egg from the anterior vaginal mucous membrane, covering the bladder, after which a purse string of silkworm gut is threaded around the margin of the denudation underneath it, and drawn up tight and tied. By this means the area of the anterior vaginal wall is greatly lessened and the bladder supported. This cystocele or falling of the bladder is sometimes very distressing, giving rise to much the same symptoms as enlargement of the prostate in men, for owing to the sacculation of the bladder, the latter is never thoroughly emptied, and decomposition of urine ensues. This operation is usually followed by posterior colporrhaphy or Hegar's operation for repair of the lacerated perineum. But neither of these operations was performed on this patient at this time, for several reasons; the principal one being her great weakness, on account of which it was thought better to postpone these two operations to a later period, so she was put on the laparotomy table and prepared to have the abdo-