

temperature ran such a course as one would have with a severe bronchial catarrh, $100\frac{2}{3}^{\circ}$ to 101° for five days—morning and evening being about the same. She expectorated large quantities of phlegm. Stitches were removed on the sixth day. The iodoform gauze was taken from the abdominal cavity in twenty-four hours, and the untied stitch was tied. The rope of gauze going from the vaginal apex was left until bowel adhesions could form over the abdomino-vaginal hole and become firm enough to prevent a hernial protrusion. This was taken out on the eighth day.

The ligatures hanging in the vagina were re-encircled with fresh iodoform gauze every five or six days until about the third week. All have come away by a little gentle traction. No vaginal douche was allowed. The abdominal wound healed by first intention without a drop of pus, and nothing came from the vagina but a little whitish discharge that looked like leucorrhœal mucus.

This girl was very anæmic and suffers from a heart lesion, and yet she has made a good recovery. Bad adhesions prolonged an operation never before carried out by the operator, and the patient thus sustained greater shock. The operation lasted about one and one-half hours. One-half of the time was consumed in ligating and controlling intestinal, omental, and pelvic adhesions. The right ovary was jammed down in the pelvis, and its removal without complete removal of the tumor would have been impossible.

I would like shortly to summarize the steps of the operation:

1. Abdominal incision.
2. Extra-abdominal delivery of tumor.
3. Tying of broad ligaments.
4. Application of rope or wire clamp.
5. Removal of tumor supra-vaginally.
6. Substitution of wire for rope clamp.
7. Passage of staff.
8. Ligation of posterior cul de sac.
9. Incision of posterior cul de sac on staff.
10. Insertion of finger in abdomino-vaginal wound from abdominal side.
11. Removal of staff.
12. Passage of ligatures.
13. Invagination of ligatures with gauze.
14. Cutting off gauze level on abdominal side.

15. Packing vagina with gauze and applying external genital pad.

16. Closure of abdomen.

My thanks are heartily given to my friend, Dr. Temple, who ably assisted me; to Dr. O'Reilly, who supervised matters; and to Dr. Third, who took subsequent charge of the patient. My friend, Dr. Baines, and the house staff, as well as a number of students, were present.

This operation will fill a want. Cases come under our notice in which ovaries and tubes have been removed, and yet they do badly. I received a letter, December 2, 1891, from the husband of a patient whose ovaries and tubes I removed for fibroid tumor in April, 1890.

He writes: "I am sorry to tell you, doctor, she has been very ill indeed; she is sick every two weeks now, and it is something fearful the way she suffers. I write to ask if you can do anything for her. She is willing to go through an operation or anything to get short of her pain. I am afraid she will be dropping off in some of those attacks."

I intend to remove her uterus. It is too large to remove per vaginam, and has not grown large enough to allow of the formation of an extra-abdominal pedicle; but I am sure that I can readily take it away by the method just described, and with much greater rapidity.

I once heard a New York surgeon say that he was sure the removal of the uterine fundus was the bugbear to be avoided—that it was the great producer of the shock of hysterectomies. I heard another surgeon say that the removal of the vaginal portion of the cervix increased the shock. What nonsense! It is the want of rapid aseptic surgery that produces the shock.

The operation is only recommended to those thoroughly familiar with the subject of hysterectomy; and deaths occurring in the hands of others have no right to a place among statistics of the operation.

DR. GEORGE A. B. ADY, of St. John, N.B., has been appointed superintendent of the St. John General Hospital, in the place of Dr. F. G. Esson, who has resigned in order to take the position of Resident Interne in the Eye and Ear Infirmary of New York.