

some time after the operation. I am satisfied that the ligature on the cervix loosened its tension by cutting through the tissue, and blood was allowed to escape as a consequence.

Case 3. Miss C., aged 42. Diagnosis, fibroid tumor. One fibroid with pedicle felt freely movable in the abdomen and the tumor behind the uterus fixed to the pelvis. This fixation evidently due to old inflammatory adhesions due to puncture. Had been treated with electricity for some time. Electro puncture used, but not by me.

Operated on in the Toronto General Hospital, January 13th, 1897. Opened abdomen in the median line. Tumor drawn out of abdomen and found growing from fundus of uterus on the right side by a pedicle about as thick as two fingers; another tumor growing down in the pelvis found to be adherent to the pelvic walls and the rectum. Rectum peeled off for considerable distance. Omentum also adherent and peeled off. Adhesions bled freely but were clipped with forceps. Tumor finally drawn out. It was decided, owing to these adhesions, that it would be necessary to perform hysterectomy. The ovarian artery on the right side was ligated on the distal and proximal side and cut between. The uterine artery was then felt for. Peritoneum, with the bladder, was slipped down off the face of the tumor. Then tied off the left ovarian and the left uterine arteries. The tumor was now removed and I still found some oozing from the uterus, especially on the posterior part of the stump. *Transfixed this and tied in four sections.* Adhesions were then tied with silk ligatures and a drainage tube placed in the cul-de-sac of Douglas. Two sutures were passed through the wall and through the stump, and stump fastened beneath the wound. *Ligatures drawn out in front.* Wound closed with silkworm-gut sutures. Sterilized starch and acetanilid gauze dressing.

Since performing these three operations, and finding the ease with which the ligatures can be removed, I began to think that perhaps in all cases the ligatures should be brought out through the lower end of the abdominal wound instead of through the vagina. To cut these ligatures short and leave them on tissue that is liable to slough, can scarcely be considered a good procedure. In one case in which I left the ligatures, one of them worked its way through into the rectum, and during this process caused considerable rectal tenesmus and hæmorrhage. Other operators have removed such ligatures from the bladder. I saw one operator remove a stone from the bladder, the centre of which was a silk ligature that had been placed on the pedicle of an ovarian tumor by another surgeon two or three years before. After the removal of pus tubes we frequently