THE TECHNIQUE OF VAGINAL HYSTERECTOMY.[1]

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The paper which I am about to read before you is entirely devoid of the least pretension, the only merit that may recommend it to your indulgence being its brevity. I am aware of the fact that it contains nothing which is not already known to several amongst you; however I thought that it might not be altogether without usefulness. I read so many things about vaginal hysterectomy, I heard so much of it, I saw it being performed so many times and by the best gynæcologists, that I believed it advisable to add all this variety of information to my personal experience and conceived the desire of describing what I think to be the most practical mode of operating.

I want, at the outset, to draw your attention to the fact that I do not intend to discuss the superiority of vaginal as compared with abdominal hysterectomy; this question is still "*sub-judice*." Therefore, I do not declare any sympathy with either the laparotomists or those who prefer the vaginal way; experience will tell wherein lies the truth. Still, we may, I suppose, even now admit that there are many cases in which the surgeon must operate through the vagina. The removal of the uterus per vaginam being considered by many as an operation far more difficult than cœliotomy, thus greater technical difficulty has been cited amongst the arguments offered by the laparotomists in favour of their mode of operating. I believe this to be an entirely delusive idea and I deem vaginal hysterectomy just as easy an operation and far less dangerous in its results than the surgical procedure which consists in removing the uterus through the abdomen, provided, it goes without saying, that one knows how to do that operation properly.

Without any further preamble, I come to the fact.

For the convenience of the description, I will suppose that we have to deal with a typical case, without any complications. For example, here is a woman, approaching menopause; she complains of lumbo-abdominal pains, has constant leucorrhœa; repeated metrorrhagias have failed to be controlled by several treatments including curretting; the uterus is more or less voluminous, with or without adhesions. We decide to remove that organ with its appendages hoping by that radical operation to obtain a complete and permanent cure of all the symptoms.

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