

are composed of soft, yielding structures is nonsense, and the fallacy of the statement that removal of the cervix renders shortening of the vagina more liable to occur, has been seen not only in my own practice, but also in that of others. Knowsley Thornton⁷ has found, upon examining his patients at different periods after hysterectomy, that not nearly so much shortening followed complete as partial hysterectomy. Again, in a work upon pelvic inflammation, W. R. Pryor⁸ presents a plate which shows the pelvic contents of a woman from whom the uterus had been removed several years previous to her death, and he remarks "notice how the bases of the broad ligaments hold up the vagina. There is no tendency to hernia, and the posterior cul-de-sac is just as deep as it ever was. This specimen is of value to us as showing the manner in which the vaginal vault continues to be supported even after the removal of the uterus." In my practice, out of eighteen cases of hysterectomy for fibroid which I have performed since January 1st, 1897, there has been but the one death above referred to, and of these, fourteen were total hysterectomies, the cervix for various reasons being left in only four. On examining these cases subsequently, I can positively assert that there was no more shortening of the vagina or prolapse of the vaginal walls where the cervix had been removed than where it had not been touched. In four of these cases of total hysterectomy, the cervix was separated from its vaginal attachments and the uterine arteries were ligated through the vagina before opening the abdomen. Where the tumor and uterus are low in the pelvis, so that the arteries can be readily reached, this proceeding is to be recommended, as it greatly simplifies the intra-abdominal work, but the majority of tumors which call for operation will be found to be situated so high up in the pelvis that it will be very difficult indeed to reach the vessels from below. A last argument in favor of the more radical operation is that, while the cervix is present in the pelvis the patient is always liable to disease of that organ, as, for example, carcinoma and inflammation, and, as the cervix is the seat of disease in the majority of cases of pelvic cancer in woman, the removal of that part frees the patient of a serious danger.

Having now decided upon total hysterectomy, by which route is the uterus to be removed, the abdominal or vaginal?

This question has provided ample subject for debate for several years back, but, in my opinion, the two routes should not be considered as rivals in any sense of the word when the disease calling for the operation is fibroid of the uterus, and that is the only question which we have to consider this morning. Where we have a small tumor