and the tube, which were then divided as before. The opposite side was managed in the same way, and the uterus then came away through the wound. As soon as Douglas's sac was opened a portion of omentum prolapsed, but it received no further attention than the avoidance of its being wounded. The vagina was gently cleansed with the bichloride solution, no material of any kind was placed in the vagina, and the only dressing consisted of bichloride gauze placed over the external genitals and renewed as often as it became soiled. The catheter was used for three days, the clamps were removed in thirty-six hours, and the case did well under the care of Dr. Jenner, to whose skill and watchfulness the successful termination of the case is largely due.

In the performance of this operation care is necessary to avoid injury of the rectum, bladder and ureters. Keeping close to the uterus is the safest way. The ureters pass about one-third of an inch from the antero-lateral surface of the cervix, and must be carefully avoided. Where the vaginal portion of the cervix is very short and fragile, as in this case, the operation is more difficult. The use of the clamp simplifies the operation very much. The operation occupied forty-five minutes, but would have been completed in half-an-hour had not some time been lost in efforts to draw down the uterus with a cord passed through the cervix. The patient gained her former weight, and at the present time looks and feels well.