

high as possible upon the lips of the incision. When the fundus is reached, the last adhesions are broken up by the finger and a swinging motion outward is given to the uterine body, in which manœuvre a finger placed behind it is of marked assistance.

When the uterus is delivered, the appendages come at once within reach and are seized and drawn down as far as possible. One or two forcipressure forceps are then applied to the broad ligament outside the annexa and control the uterine and ovarian arteries. Here, also, the uterus is removed entire with its appendages.

It often happens that, during the rocking motion given to the uterine body, the cervix, if large and somewhat elongated, tends to fall back into the cavity of the vagina. By drawing upon the first two traction forceps, which should always be left in place, the whole organ can easily be drawn down.

It is an essential point in placing the forcipressure forceps always to protect the bite of these instruments upon the index finger passed in front and the thumb passed behind the ligament, that we may be certain not to injure any organ, whether intestine or omentum. In the same way, section with the scissors should always be carried out with the greatest care.

The cases of uterine prolapse, which occur in this category, often present great difficulties on account of the thickness of the vaginal mucosa, the great vascularity, the elongation of the cervix and the formless condition of the portio vaginalis. Here, also, one must be very careful not to wound either the rectum or the bladder. I have always found, in cases of prolapse, that the operation is longer and more difficult than in other cases.

Cancer of the Cervix.

After having freed the cervix from all friable tissue by the sharp curette, I increase the traction forceps over its entire circumference; that is to say, in order to draw down the uterus I use four, six, eight, or ten traction forceps—a method which prevents any of the forceps from slipping and tearing the tissues.

With the thermocautery, I then incise widely the vaginal mucosa all around the neck, for a good centimetre in length of the diseased tissues, as far as the cellular tissue. The freeing of the bladder and of the rectum is accomplished by the finger. If, unfortunately, the bladder be torn at the time of operation, the wound should be closed immediately with interrupted sutures. I open the anterior and posterior *culs de-sac* with scissors, the finger being used to protect the broad ligament. After this, the openings in the peritonæum are