

To say the least, her condition was not encouraging when one contemplated the radical procedures necessary to restore her to health.

On examination with the speculum one could see the fluid fecal matter escaping from the eroded cervix. Bimanual examination revealed a matting together, in mass formation, of the uterus and all the structures in the right half of the pelvis. The body of the uterus was somewhat enlarged, though fairly firm and apparently empty. The fundus seemed free, but the lower segment was quite fixed. By rectum the mass could be felt immediately above the right utero-sacral ligament. There was no apparent involvement of the rectal wall.

The conclusion arrived at was that the opening was between the small intestine, probably low down, as the emaciation was not extreme considering the time elapsed, and the lower segment of the uterine body.

This probable situation, together with a consideration of various factors, such as the patient's age, the history of peritonitis following the accident, the probable density of the adhesions, the time elapsed, the infected condition of the uterus, and the difficulty of dealing effectively with the tear in the uterus, which, besides being infected, was not recent, led one to decide upon the operation of which the various steps, as performed on August 11th, were as follows:

1. Preparation of the abdomen.
2. Cleansing the vagina with green soap and water and solution of bichloride of mercury (1 in 2000).
3. Closing the cervix with silk sutures to prevent the escape of any fecal matter.
4. Re-cleansing the vagina and cervix thoroughly.
5. Vaginal section into Douglas' pouch and division of vaginal vault all around the cervix and partial separation of the bladder from the uterus.
6. Change from perineal to abdominal position, opening abdomen in middle line and change to Trendelenburg position.
7. Examination of pelvic contents, revealing a conglomerated mass of omentum, intestines, uterus, tube and ovary in the right half of the cavity, the left half being fairly normal.
8. Packing away free coils of intestine with sterile gauze strips so as to expose the uterus and left adnexa.
9. Ligation of the left ovarian and uterine arteries with section of the left round and broad ligaments from above downward into the vagina.
10. Tilting the uterus and mass to the right and pulling it up, and ligation of the right uterine and ovarian arteries with section of the right round and broad ligaments from the vagina upward.
11. Lifting the uterus, tubes, ovaries and the conglomerated mass up through the abdominal incision.
12. Packing the pelvis with strip gauze,