

peritoneal edges were then brought across the stump and *the ligatures drawn out through the abdominal wound*. A glass drainage tube was placed in the cul-de-sac of Douglas. Some hours after blood began to come through the drainage tube. I felt uneasy; the ligature no doubt had cut into the uterine tissue, and as a consequence had become somewhat loosened and permitted the tissue to bleed. It was fortunate in this case that a drainage tube had been placed. Had this not been done I am satisfied the patient would have lost her life. She made an excellent recovery. The ligatures came away in three weeks. In passing the silkworm-gut sutures two were passed through the stump of the cervix to hold it close beneath the incision.

Case 2. Miss R., aged 42. Suffering from a large fibroid tumor of the uterus. Operated on November 24th, 1896. Opened the abdomen in the median line. Found it necessary then to enlarge the opening very much so that finally it extended from the symphysis pubes to four inches above the navel. A great deal of difficulty was experienced in drawing the tumor forward. After it was drawn forward sponges were immediately placed in the abdominal cavity and the upper part of the incision, as far as the navel, was closed with silkworm-gut sutures. The ovarian artery on the right side was ligated and another ligature was placed on the tumor side to prevent regurgitation of blood from the tumor. The uterine artery was then ligated after the limitations of the bladder had been carefully made out. The uterine artery could be felt pulsating beneath the finger. The round ligament artery was ligated on each side, and the peritoneum over the front of the tumor split to permit of retraction of the bladder. The left ovarian and uterine arteries were then dealt with in the same manner. It was difficult to find the left uterine artery owing to the fact that a lobule of the tumor was growing down into the base of the broad ligament. The uterus was now removed, except the supra vaginal portion of the cervix. Again in this case there was still bleeding from the pedicle, notwithstanding the fact that both uterine, ovarian and round ligament arteries had been carefully occluded in ligatures. *The cervix was transfixed with a needle and tied in two halves by an interlocked stout silk suture*. The peritoneum was then stitched over the stump, and *the ligatures were drawn out through the lower portion of the abdominal wound* and the stump was fastened close beneath the incision by two of the silkworm-gut sutures passed through it and the abdominal wall. A drainage tube was placed in the cul-de-sac of Douglas. In this case after some hours, a considerable amount of blood was removed through the drainage tube, though the tube was perfectly dry for