fibroid tumors of the uterus is improved so that the mortality in experienced hands is not excessive, operation is in most cases the correct procedure. I am now referring to cases in which removal of ovaries and tubes will be either too dangerous or of no avail. I believe that in dealing with large tumors that are growing rapidly or are so large that much handling will be required to remove the ovaries, and in dealing with the multinodular tumors where the uterus is filled with nodules and where hemorrhage is excessive, the operation that will give the most satisfactory results is that of hysterectomy. When a woman has an ovarian tumor we do not say to her, "There is great risk in removing your tumor;" but we say, "Your tumor must come out." We know well that it may perhaps be an intraligamentous cyst with terrific adhesions or a case of double ovarian tumor with equally dense adhesions, but do not say so to the patient. Our fibroid tumor may be removed much more readily than our ovarian tumor, and yet we advise operation in the one case and advise against it in the other. Having now satisfied ourselves that we cannot be mistaken in our diagnosis—for we never are mistaken if we never see inside of an abdomen—feeling that we know a pus tube when we feel it, that we know the difference between an ovarian tumor and a fibroid, that extra-uterine pregnancy cannot fool *us*, that we are quite familiar with the dermoid cysts, we now calmly advise tentative measures, and look about for remedies that are, at the best, but palliative. Our patients suffer on, and pass from hand to hand until at last they offer themselves on the surgical altar as a sacrifice. And how often does it prove a sacrifice! And why does it frequently prove a sacrifice? Because the surgeon is called to finish up what others have failed to complete; and only after the patient's health has been undermined, after desperate adhesions have formed, after suppuration or decomposition has begun in the tumor, and after the kidneys have become disorganized by pressure on the ureters.

I have seen good surgeons explore an abdomen, and, because they found their suspicions that the patient was the possessor of a fibroid verified, close the incision. I have seen surgeons handle large tumors in the endeavor to remove ovaries and tubes, and consume more time over this operation than would have been consumed by a complete hysterectomy in the hands of any one familiar with the operation. And only into such hands should such cases fall. I never attempted to do a hysterectomy until I had assisted others to do a large number of them. And each case presents some new feature not presented by any of the others. There is no operation in the whole range of surgery from which the patient gains greater benefit, and there is no operation in which fatal blunders may be more easily made. The ureters are at times eccentric in the course they pursue; the bladder may be drawn far out of its normal position, reaching even to the umbilicus; the rectum may be adherent far up the tumor, and all of these must be protected from injury. A cool head is required. No operation requires more deliberation and knowledge of all its details, and yet with al rapidity of execution. The instruments used must be of the most approved patterns, and must always be ready to hand and aseptic. On the spur of the moment I have seen some terrible clamps put on these pedicles, veritable makeshifts, and of questionable cleanliness. When I have used the small serre-nœud, it goes at once to the silver platers before it is used again. Sponges are also a source of danger from the very urgency with which they are called for. Hemorrhage from adhesions is frequently alarming because we are unable to constrict the pedicle or to apply artery forceps to effectively control hemorrhage from such large vessels on the wall of a solid semi-elastic tumor. Hence sponge pressure is called for, and when the usual dozen sponges are all in use more are called for, and may not be aseptic as they should be; therefore a double supply of sponges should always be carried if there is the slightest shadow of a suspicion that what is begun as a probable ovariotomy may end in a hysterectomy.

Having now led up to the necessity for operation, let us look for a moment at the dangers of the old method by the clamp. After the clamp was abandoned in performing the operation of ovariotomy, the mortality diminished to such an extent that the reason of the diminution was easily apparent. Following in the footsteps of the pioneers of this operation, the abdominal surgeons attempted to remove fibroid tumors by dropping the pedicle, but