

acid to the diseased part of the cervix. This controlled the hemorrhage, so that for six weeks it has been much less profuse. Dr. Jenner, through whose advise I saw her, had recognized the nature of the disease, and I was told by the patient that Dr. McGrath of Detroit had pronounced it malignant. The macroscopic and microscopic appearance left no doubt as to its malignancy. The operation was performed at Kingsville, on October 7th, 1889, with the assistance of Drs. Jenner and Campard of that place, Dr. Dewar of Essex Centre, and Mr. Pearson, medical student, of Chatham. A saline aperient was given the morning before, and the bladder and rectum were evacuated before anæsthesia. The patient was placed in the lithotomy position, the external genitals were shaved and washed with soap and water and bathed with a bichloride solution 1 to 1000, and the vagina thoroughly douched with the same. A large Sims' speculum was introduced under the pubic arch and the vulva held apart by retractors. Owing to the shortness of the vaginal portion of the cervix and the fragile character of the diseased part it was impossible to draw the uterus down either by a silk cord passed transversely through the cervix or by volcellum forceps, and it became necessary to operate *in situ*. A curved incision was made with scissors through the vagina at its line of junction with the posterior surface of the cervix, and extended each way to the base of the broad ligaments; the connective tissue was separated by the finger until the peritoneum was reached, and this was then opened and the incision extended laterally to the broad ligaments. A similar procedure in front of the cervix was followed, and the uterus was held now only by its ligaments and by a small portion of vaginal tissue at each lateral fornix. The latter was snipped through on each side, care being taken not to divide the tissues high enough to wound the uterine arteries. The second and first fingers of the left hand were next passed up so as to include the broad ligament between them, and the clamp was guided so as to compress as much of it as the jaws would reach, and the part so clamped was then divided between the clamp and the uterus. It was necessary to use a second clamp for the upper part of the ligament