

the appendages. The separation of these organs from their adhesions to neighboring tissues is aided by the steady traction exerted by the other hand of the operator, which holds the forceps upon the uterine neck. The thumb and index finger of the left hand then grasp the entire thickness of the tissues which unite the neck laterally with the neighboring tissues, and which always includes one or two vaginal arterioles. These tissues are firmly compressed by forcipressure forceps with a short bite, placed along each side of the cervix, and are then divided. After this proceeding, the uterus descends considerably.

In order to extract this organ, it only remains to draw strongly upon the traction forceps, a finger being introduced at the same time into the anterior *cul-de-sac* to give the body of the uterus a swinging motion in an outward direction; the appendages follow. A long pair of forceps are placed, on the outer side of the appendages, upon the broad ligament; if the uterus be large and the vascular system greatly developed, I do not hesitate to use two forceps, the lower one assuring hæmostasis of the uterine and the upper of the ovarian artery. The incision is made on the inner side of these forceps and the uterus is removed entire with the appendages. The patient has not lost five grammes of blood. The "typical" operation, performed by this method, takes from two to five minutes.

*Large, Adherent Uterus, without Attachments.*

The beginning of the operation is exactly similar to the preceding—that is to say, we detach the cervix from its insertion in the vagina by means of the thermocautery, we open up the anterior and posterior *culs-de-sac* and place laterally on the neck two long forceps, which enable us to dissect it out without hæmorrhage.

We now divide the anterior lip of the cervix in the median line, and traction forceps are placed to the right and left of this commissure. The left forceps is handed to an assistant, who draws forcibly upon it in a downward direction, while the operator holds the right forceps in his left hand and the scissors in his right. The cervix is divided at the median line as high up as possible and from before backward. Two traction forceps are fastened upon the edges of the wound, one on the right and the other on the left, one branch of each being in the uterine cavity and the other fixed upon the anterior surface of the cervix or uterus. Traction is maintained by continuous action upon these forceps. Those adhesions holding the uterus in the pelvis, which are most accessible, are now divided and the median incision is continued. As a deeper portion of the anterior surface of the uterus appears it is divided, and two extra traction forceps are applied as