vaginal mucous membrane, difficult in the dense cervical tissue. Do not make it too near the cervix. Keep at least half-an-inch back. The operator now separates the bladder from the uterus by rubbing it off with the palmar surface of the fingers, pressing hard down upon the uterus, which is held firm and made evident by the intrauterine forceps. Do not forget that the bladder extends laterally upon the broad ligaments. Widen the separation until the uterine arteries can be felt pulsating plainly.

During the separation of the bladder from the uterus a sound in the bladder is no advantage. The uterus is the landmark. Be careful to keep close to it until the utero-vesical pouch is opened.

5. *Bisecting the uterus* is now begun. The intrauterine forceps are withdrawn and traction is now made with the vulsellæ which were inserted into the sides of the cervix at the beginning of the operation. The anterior wall is divided with the scissors from the cervix to the fundus. A special curved director is inserted behind the cervix and passed upward until it appears in front of the pubes. Then from above downward the posterior uterine wall is divided with a probe-pointed bistoury. The director precludes any possibility of injury to the intestines during the hemisection of the posterior wall.

One-half of the uterus is now pushed into the pelvis and the other swings out like a pair of double doors on their hinges. The whole hand can now be passed into the pelvis, and its recesses further explored. With the use of retractors adhesions can be seen and separated, as in laparotomies. The tubes and ovaries can be lifted out of their nests. Rupture of pus sacs may occur, but the abdominal peritoneum is in no danger of being soiled, and post-operative peritonitis cannot occur.

6. When the tube and ovary on one side is free, clamps are applied to the broad ligament, one from above and one from below, and the parts beyond the clamps cut away. The other side is then treated in the same way. The upper clamps may include the ovary or not, as seems wise. Bland Sutton has shown the benefit of leaving an ovary or part of one behind if it is not diseased, in averting the nerve storms of a premature menopause.

During the whole operation no hemostatic forceps are used, and no vessels are ligated. Only a slight oozing occurs when the uterus is divided in the median line.