

through the cervix, high up, so as to bring the uterus down and hold it steady. An assistant was given charge of the cord. The uterus was now drawn downwards and forwards by an assistant, and Douglas's pouch was laid open by a semi-circular incision, close to the cervix, in healthy tissue, and a sterilized sponge was put in the wound. The womb was then pulled downwards and backwards so as to put the anterior vaginal fold on the stretch, and the vaginal attachment was divided also by a semi-circular incision, as close to the cervix as possible. The bladder was now separated from the uterus by the finger, aided by the handle of a scalpel and by scissors,—great care was taken to keep close to the uterus in the process of separation lest the bladder would be wounded—until the utero-vesical fold was reached. (A sound was passed into the bladder for a guide) This fold was divided at once. The broad ligaments—the only structures now holding the uterus in position—were tied off in the following manner: The uterus was drawn well downwards and to the right, when dealing with the left broad ligament, and *vice versa* when dealing with the right. With the finger in the posterior wound as guide, a strongly curved needle on a handle and threaded with size 3 sterilized silk, was passed from before backwards close to the uterus, so as not to embrace too much tissue and not to include the ureters. On bringing the thread out behind it was tied, and the greater part of the tissues grasped was cut. By thus tying and cutting successive sections of the broad ligaments the uterus was freed from its attachments and extirpated. The ovaries were not taken away. All the bleeding points were secured, and the sponge tampon was removed. The vagina was then gently but thoroughly irrigated with a solution of bichloride 1 to 6000, and the ligatures, which were left long, were gathered up—those from

each side separately—and pulled down, so as to bring the raw surface of the pedicles to which they were attached into the wound in the vaginal vault. The pedicles were retained in the wound so as to fill it up and thus help to prevent prolapse of the intestines. The wound was dusted with iodoform, and two or three tampons of iodoform gauze were loosely inserted into the vagina; they were left undisturbed for seven days. When the tampons were removed they were sweet but stained with thin sanious discharge. Vagina was douched as before, and a fresh tampon inserted. This was repeated every third or fourth day. For six or seven days after operation patient had good deal of pain in the pelvis, especially in the left side. The highest temperature registered was 101°; this was on 3rd day. The after-treatment was much the same as in a case of ovariectomy. Catheter was used every six hours, and bowels were moved on the fourth day by salines. Patient made an uninterrupted recovery, and was discharged well on the 15th Nov., and has enjoyed good health since. After the tenth or twelfth day each ligature was pulled upon separately every 24 hours until they all came away.

*IV.—Carcinoma of Cervix: Vaginal Hysterectomy: Recovery.*—Mrs. S., age 48, was admitted into the V. G. Hospital on 18th March, '95, complaining of offensive discharge from the vagina. The discharge was very profuse. Her general health had been very good until present attack began six months ago: has had no pain. No history of cancer in family: is the mother of—children. Heart's action is irregular. Examination revealed a large cauliflower mass growing from the cervix uteri, which filled the whole cavity of the vagina. It bled freely on the slightest touch. The growth did not involve the vaginal wall to any very great extent. Uterus was freely movable. No trace of an os could be found.