

applied after splitting down the broad ligaments. I thought at that time that it was wise to use a clamp as a temporary precaution against hæmorrhage. After the application of the clamp the tumor was removed, and as a consequence the pedicle was dealt with more readily than if the tumor had been left in situ. Eastman's staff was then passed up into the vagina and cut down upon from above. A ligature was then placed around the base of the broad ligament on each side and the cervix was entirely removed.

Dr. Eastman, of Indianapolis, was the only operator on this continent, to my knowledge, who had, previous to this date, performed the operation of total extirpation of the uterus for the removal of large fibroid tumors by this or a similar method. Younger operators have endeavored to steal the credit of the operation from Dr. Eastman, and have, as is often the case, entirely ignored the work done by others. It is a pity to see men engaged in scientific work quarrelling over trifling matters of priority. No doubt many operators in other countries have been doing this work along new lines, and have not received a single idea from those who set themselves up as the originators of the so-called "my method." Idols are set up for worship, and the medical journals are used for protecting them. I desire to report three cases in which the method of operation has been somewhat modified.

Case 1. Miss B., aged 39, suffering from large multinodular fibroid. Operation performed October 30th, 1896, in the Pavilion, Toronto General Hospital. I opened the abdomen in the median line and drew out a large fibroid tumor attached to the right uterine cornu. Another tumor attached to the side of the body of the uterus was also drawn out; this was smaller than the first.

First step. The ovarian artery was felt for and tied off together with its accompanying veins on each side, and a pair of forceps placed on the tumor side to prevent regurgitation of blood from the tumor. The round ligament not appearing prominent in this case it did not require ligation. The uterine artery was then ligated en masse on each side after carefully outlining the bladder. The tumor was then removed. The stump left continued to ooze, and this is the point to which attention should be carefully directed, namely, that in spite of ligation of the round ligament artery, ovarian and uterine arteries, the stump will continue to bleed and the bleeding may be of such a quantity as to prove serious. *The cervix being small, I passed a needle through its centre from before backwards, and ligated it in two halves with an interlocked stout silk suture.* This at once controlled the hæmorrhage. The vagina was not opened. The