firmly wedged in the pelvis. In some of these cases it is next to impossible to gain a point of cleavage, and were it not for bisection of the uterus the operation would either have to be abandoned or the resultant injury to the intestine from the difficulty in the separation of adhesions would be so great that the chances of the patient's recovery would be minimized. In such difficult cases the uterus is firmly grasped with mesoforceps on each side and the organ is boldly split in the middle. As the incision is increased fresh mesoforceps grasp the uterine walls on either side, and eventually the entire organ is separated into two halves or divided as far as the cervix. We would naturally expect to see injury to the surrounding parts, but by this operation we reach the adhesions from their under surfaces, where they are lightest. You would also naturally expect much hemorrhage, but if the uterine halves are kept taut with the mesoforceps no danger from this source is to be feared.

With the uterus now in halves the respective portions are removed entire or amputated through the cervix, the vessels being controlled in reverse order to the usual method, namely, first the uterine, then the round ligament, and finally the ovarian vessels. The remainder of the operation is completed in the usual way.

Abdominal Hysterectomy with Preliminery Amputation through the Cervix.—In a certain number of cases, in which the adhesions are so great that bisection of the tumor is not feasible, it may be possible after severing the round ligaments to push down the bladder so that the cervix is exposed. The uterine vessels are then clamped on both sides and the cervix is cut through. The cervix is then drawn strongly forward and Douglas' sac is opened from below. The broad ligaments are then clamped and the tissues cut. The cervix is now drawn still further upward and all the adhesions are gradually separated from the under surface. The ovarian vessels are clamped on each side and the tumor is delivered. In these desperate cases all vessels have been clamped and the organ is removed without a ligature having been applied. The vessels are tied with silk and the operation is completed in the usual way.

Where the intestines are densely adhered to the tumor, always sacrifice the part of the myoma, or its overlying layer of uterine muscle, as the case may be, leaving it attached to the intestines. This raw flap adherent to the gut is now turned in on itself in such a manner that the bleeding is checked and a smooth surface left.

Complete Abdominal Hysterectomy.—While amputation of the cervix is usually preferable, first, because it is easier, and secondly, on account of the remaining portion of the cervix