

be at times dangerous, owing to the degenerative changes that it was liable to set up in the tumors. Many of us looked about for some improvement of surgical technique, and eventually the operation at present adopted was evolved, and is now performed with as low a mortality, in skilled hands, as the operation of ovariectomy. It is my opinion that such operations should only be undertaken by men of special training, in well equipped operating rooms, under the most advantageous circumstances. About the year 1890 the operation for removal of fibroid tumors of the fundus uteri was performed with the assistance of the Koeberle serre-noeud. Tait used as a primary precaution against hemorrhage a rope clamp, of which the rope was made to encircle the tissues about the cervix, after the peritoneum together with the bladder had been stripped down off the tumor surface; the Koeberle serre-noeud was placed so as to constrict the cervical structures, taking care to avoid the ureters, and after a severance of the ovarian and uterine arteries. The serre-noeud produced constriction of the stump and gangrene of its distal portion, notwithstanding the tanning effect produced by the application of Perchloride of Iron dissolved in Glycerine. The patient did well until about the sixteenth or seventeenth day when a leakage took place from this foul mass into the general cavity of the peritoneum and a general septic peritonitis resulted, followed very shortly by the death of the patient. Even after recovery from such an operation an immense funnel-shaped granulating opening was left, through which a subsequent protrusion of the intestines took place; this was certainly anything but ideal surgery. We then became bolder and found that a direct dissection down on to the vessels enabled us to control the hemorrhage, and that the use of cat-gut sutures to the stump controlled any little oozing that might be caused owing to a lack of ligation of the azygos vagina artery. The operation was then still further improved by a readjustment of the cut peritoneum over the surface of the stump, so that the stump became with the ligatures applied, practically extra-peritoneal. At first it was considered desirable to place a drainage tube in the cul-de-sac of Douglas, but in later years even this was found to be unnecessary. In my hands and those of my assistants these operations have now become entirely satisfactory and the mortality is almost nil. It is essential, of course, that the operator should see to it that all hemorrhage is properly controlled before the abdominal cavity is finally closed. There is another point in favor of operation, namely, the fact that the tumors are not now allowed to grow to the gigantic proportions of those tumors