grasped in the vulsellum, and firmly held. A circular incision was then rapidly made around the cervix, and the vagina was easily peeled back with the finger all around. Douglas' cul de sac was then opened with the scissors, and torn laterally with the fingers until the broad ligaments were reached on either side, and the peritoneum was sewed to the vagina with catgut sutures, which also completely arrested the bleeding from the cut edges of the vagina. The bladder was then separated from the uterus with the finger of the right hand, until it had reached the finger of the left hand, which had been introduced from the posterior opening and hooked over the broad ligament. The peritoneum was then opened with the scissors in front and torn laterally, as was done with the posterior layer. A few stitches were then made to bring together the anterior edge of the vagina and the peritoneum. This left the uterus held only by the broad ligament on each side, which was then transfixed with Cleveland's ligature carrier ; and stout catgut, which had been rendered thoroughly aseptic by soaking, was passed through and tied with three knots. A considerable number of sutures were used in each side, so as not to take too much tissue in each one, and the broad ligament was cut free from the uterus, as the sutures advanced farther and farther up. When the middle of the broad ligament was reached, the fundus was brought out through the anterior opening, which enabled me to tie the upper half of the broad ligament without the slightest difficulty. The uterus was then removed. It was found afterwards to measure nearly six inches in length, the sound entering over five and a-half inches. The stumps of the broad ligament were then brought together with catgut stitches from top to bottom, and Douglas' cul de sac having been first carefully cleaned, the vaginal opening was accurately closed with a running catgut suture, and the wound was dressed with dry boracic acid and a light piece of boracic gauze. As there was a great redundancy of the vaginal mucous membrane, which was enormously thickened, Hegar's operation, which consists in denuding the triangular surface on the posterior vaginal wall, was then performed. The apex of the triangle extended fully half way up the vagina, and the extremities of the base were located about one inch and a-half below the meatus, so that quite a large area was denuded. This was brought together with three rows of running catgut sutures, care being taken with the last row to bring the cut edges of the vagina accurately together, as also the edges of the vulva. This made a very solid perineal body, and had the advantage of requiring no after-treatment, the catgut being left in until it was absorbed or melted off.

A small hypodermic was allowed that afternoon ; the patient's water was drawn with the catheter that evening ; the gauze was removed next day, after which the patient received no treatment whatever. She suffered no pain, and it was with the greatest difficulty that she was kept in bed seven whole days, at the end of which time she got up and went about her household duties as if nothing had happened. She did not seem to realize the severity of the operation, thinking it was a matter of course that she would recover, for she constantly begrudged the week she had to stay in bed.

The brilliant success in this case has impressed me with the advantage and safety of thus treating all cases of procidentia, accompanied by enlargement of the uterus. If the uterus were not enlarged I would certainly give the preference to ventro fixation ; but where the sound enters over three and a-half inches, the uterus is too heavy for suspending operations, either Alexander's or ventro fixation