formed, and the remote benefit is amply evidenced by the experience of a score of German and American operators.

The immediate dangers are from hemorrhage and shock; the remote from peritonitis and septicemia. Pean and Richelot have done much to lessen the former by the use of clamps, which shorten the time of the operation, while aseptic methods have greatly aided in diminishing the dangers of the latter.

The arguments in favor of the clamp are the saving of time at the operation, and so lessening the danger of shock; shortening the time of sloughing afterwards, and hence a quicker convalescence; lessening the danger of infection, as by ligatures; more favorable drainage; less danger of injuring the uterus; not so much traction on the tissues; more firm compression, and so less danger of slipping than the ligature; the chance of including diseased tissue which subsequently sloughs away; and, finally, to the inexperienced the clamp offers a better prospect of success, as less skill is necessary for their application.

I think any one who has seen or done the operation by both methods would always prefer the use of clamps, although I am aware it has been urged against them that they are uncertain, may slip, and so give rise to secondary hemorrhage; that they are uncomfortable and painful; that they prevent proper closure of the peritoneum, and so favor septic infection and adhesions to viscera; that the sloughing surface is larger than with the ligature; that the wound must be disturbed in removing them; and, finally, that the use of clamps is not as surgical a procedure as the ligature.

The following case will illustrate the steps of the operation, and some peculiarities of the method employed: Mrs. T., æt. 41, suffering from cancer of the cervix, was kindly referred to me by Dr. Saunders last September for operation. There were the usual symptoms, and I found the disease affecting the posterior lip of the cervix, while, from constant contact with the vagina, an ulcer, about the size of a half-dollar, was found on the posterior wall of the vagina about one inch below the vaginal attachment of the cervix. She was etherized, placed in the lithotomy position, and every antiseptic precaution used. Sims' speculum and lateral retractors were employed. Just before cutting, the cervix was pushed up so as to mark with the eye its attachment to the vagina. The cervix was held firmly with a strong volsellum, and drawn down, while the vaginal attachment was severed by curved scissors behind, in front, and finally at the sides, keeping close to the uterus, so as to avoid injuring the bladder or ureters. Douglas' pouch was opened, the finger passed round the left broad ligament, and the peritoneum in front incised on the point of the finger. A sound was held in the bladder as an additional precaution. The fundus