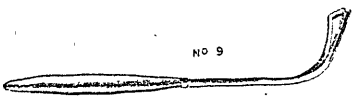
ize hysterectomy and save suffering women we must bring the mortality down. Electricity and other useless fads have had their day. Tait's operation is, in some cases, a failure. I recorded my method, as given above, and then found that Eastman had already carried out a method very similar.

Having determined to carry out a combination of my own and Eastman's ideas, I had a staff made similar to his, and as nearly like it

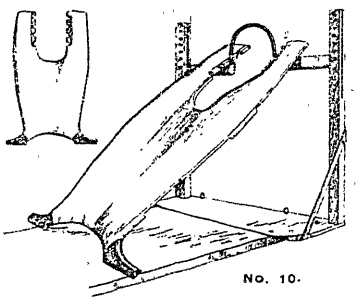
Proposed Needle.

as I could, taking my ideas from a cut of the instrument. I modified its end curve and made it as you see it, straight across the top. I provided myself with stout ligature silk, and plenty of it; and with two differently curved Hagedorn needles (owing to their large eyes), and with a very stout, well-curved needle.



Eastman's Staff, modified.

On November 3rd, 1891, I performed the operation. Having heard the benefits of Trendelenburg's position, I asked my friend, Dr. O'Reilly, the mechanical genius and medical superintendent of our Toronto General Hospital, if he could devise some aseptic, readily-applied apparatus to accomplish the purpose. I have



O'Reilly's device for Trendelenburg's position.

much pleasure in showing you drawings I have had prepared of this readily-made apparatus. It is not necessary for me to describe it—the drawings speak for themselves. We can readily modify it by making it of hardwood and with hinges for purposes of ready transportation.

We require three improvements on modern abdominal hysterectomy:

1. A position like that of Trendelenburg's, to keep the bowels up and out of the way.

2. An absence of the dirty pedicle, held up like a torch over a powder magazine.

3. A method by which œdematous tissue will not be tied and left covered up in the abdomen to bleed one, two, five, or six days after operation.

With Trendelenburg's position and the abdomino-vaginal hysterectomy about to be described, these indications are all met. I have carried out the procedure with success, and intend to follow up this success. I have done a number of the unsurgical hysterectomies of the past, but never had less anxiety or such a rapid convalescence as in this case.

The girl, though suffering from heart disease and bronchial catarrh for the first few days, had none of that typhoid appearance so common in the second week, *the sloughing week*, after the extra-abdominal pedicle method. One hears such glowing accounts of the extra-abdominal methods that one wonders if his patients are sicker than those of operator A. or B. With all the antiseptic powders, lotions, gauzes, and salves that the chemist can produce, an œdematous pedicle will slough; and a sloughing pocket will be left between the recti muscles to granulate by a slow process, and all the time it is a menace to the dirt-abhorring peritoneum.

The patient had been previously operated upon; but after one ovary had been removed and it was found to be impossible to remove the other, the abdomen was closed. She came under my care, suffering very great pain from the imprisoned ovary, and was incapacitated from work. She had also an obscure heart murmur, and on this account ether was the anæsthetic used. For twenty-four hours previous to the operation the vagina was packed with iodoform gauze, after having been well douched with $\frac{1}{1000}$ solution of bichloride of mercury. The bowels were well emptied by a purgative and an enema on the morning of the operation. The abdomen was prepared and the external genitals well scrubbed with soap and water.

After anæsthesia the patient was placed in Trendelenburg's position; without, however, using all of the apparatus described above.