locked to the maximum, then the appendages and the left half of the uterus are cut off and removed. The same manœuvre is easily done on the other side.

A careful examination must now be made of the accuracy of the hæmostasia. The two sets of clamps are taken, one in each hand, and kept apart, the Trendelenburg rack is raised a few cranks. Those who have never witnessed the effect of the action of the Trendelenburg position in vaginal hysterectomy will be surprised in observing its results. The bowels recede and one can thoroughly inspect the whole of the pelvic cavity and see almost up to the diaphragm, according to Pryor's expression. The parts are sponged dry, and should a few points give, the oozing spot must be ligatured or seized by a long slender hæmostatic forceps which is left in with the other clamps.

The operation is over. Two strips of iodoform gauze are introduced high up, care being taken to cover the tip of the clamps, a strand of silk being attached to the lower extremities to recognize them the day of the removal. The vagina is packed with sterilized gauze, surrounding the handles of the clamps everywhere to prevent sloughing of the mucous membrane by the direct pressure of the instruments. A catheter is introduced to empty the bladder, a T bandage applied and the patient carefully carried to her bed.

Forty-eight hours after the operation the vaginal packing is removed and also the clamps; the deep strips of iodoform gauze are left in situ five or six days if there be no great elevation of temperature. If it were a pus case, it is advisable to remove the dressing and renew it every day. At any rate, no vaginal injection must be given until at least six hours after the removal of the last piece of gauze; when used sooner, some patients are known to have suffered immense abdominal pains sometimes accompanied with syncope.

The bowels should be moved on the third day by a glycerine enema and the patient allowed to get out of bed two weeks after the operation.

N.B.—Beware of the retractors: the bladder has often been wounded by the awkward manipulation of these instruments.

Operate in the vagina and on the median line. See what you are doing; the knife, scissors and clamps must never be used unless their action be controlled by sight and touch.

Should the tube and ovary be adherent and the application of the clamps of the infundibulo-pelvic ligament difficult, grasp the broad ligament close to the uterine cornu and cut the uterus out of the way. Then try again to detach, clamp and remove the appendages. If the task seems to be too hard, leave them in, no harm will follow: deprived of the uterus they will soon wither and become atrophied.