

readily control what is left of the uterus, and can draw upon it and bring the cul de sac of Douglas well in view, or hold it upward and backward and bring the utero-vesical pouch well in view, or draw it to either side to enable the operator to outline the ureters on the opposite side. Now, there is tissue lying close around the cervix, separating the vaginal cavity from the abdominal cavity, that can be readily compressed by hand-tied ligatures, tissue that is not œdematous, and therefore not likely to shrink. The perineum needle can now be accurately carried up from the vagina along and close to the clamp steadied pedicle, to emerge just below the wire of the clamp into the abdomen. One end, the short one, of the thread is now drawn out far enough to leave a good tying end, and the needle, still on the thread, is withdrawn and again lost sight of in the vagina, to reappear one-half inch further to the right. The thread in the groove (whether the front groove or back groove of the needle) occupied by the short end at the last puncture, and now corresponding to the short end, is withdrawn in a loop long enough to leave two good tying ends of equal length, when the loop is cut and the needle is again sunk into the vagina, only to reappear as before. In this manner the whole cervix is surrounded by a chain suture exactly similar to the one I applied to the broad ligament in case 1. This chain suture cannot wound the ureters if made to hug closely the uterine tissue until it emerges just below the wire clamp. The tying loops are now all in the abdomen, the compressing loops in the vagina. These can be interlocked and tied rapidly. With a scalpel inserted close to the wire of the clamp, the cervix can readily be removed. This incision should follow the track of the clamp, and should slope downward and inward toward the known position of the vaginal and cervical junction. During this procedure, the bowels must be kept either up in the abdomen or on the abdomen by large flat warm sponges. . . . The peritoneal edges from between which the cervix has just been cut should be held together with two or three stitches, the vagina packed with iodoform gauze, the abdomen closed, and the wound dressed in the usual way."

After publishing this article my attention was drawn to a very interesting paper by Eastman,

of Indianapolis, on this subject. Eastman's operation was performed by using a vaginal staff, on which he cut as one cuts on a staff in lithotomy. The operation described by him I will relate.

He placed on a temporary rubber ligature and cut away the tumor. "Having been careful to apply the elastic ligature, the bulk of the tumor above the ligatures was then cut away so as to leave sufficient peritoneum to cover the enormous wound. I then opened the capsule of the tumor. Applying the forceps to arrest hemorrhage, I enucleated the nodular masses from beneath the ligature, which, contracting as I removed each mass, unpuckered the outer layers (mostly composed of hypertrophied uterine fibre) like a purse string. My staff was then passed into the vagina to a position behind the cervix uteri and below the elastic ligature. Then cutting upon the groove of the staff I began ligating and cutting; as the staff had located the cervix I was enabled to extirpate it without interference with the ureters. A considerable portion of the anterior wall of the body of the uterus was left as it was, in such close contact with the bladder that its removal was deemed inadvisable. As the ovaries and tubes were much diseased, I tied them off. The ligatures, twenty-five in number, were left eight inches in length and twisted into one cord. A pair of forceps was then passed into the vagina, and ligatures grasped and drawn out of the vulva. A glass drainage tube was then inserted per vaginam into the wound, and for three days frequently washed out, to secure a perfect outflow of blood and serum. Abdominal wound closed at once."

He had four recoveries.

Abstract of remarks made by invitation of the Chairman after the reading of the paper of Dr. Stone:

I must thank you for the great honor you have done me, and, as time presses, I will be brief. If I fail to make myself understood, it will be because time presses. I am one of those who care not whether an operation be that of Smith or Jones, or any one else. I do not claim the credit for this operation. Others have been independently thinking along the same line. They have come to the conclusion that a new method is called for, and that to popular-