

fibroma, which, judging by the fragments piled up in the dish, must have weighed over seven or eight pounds. Sim's speculum placed on the posterior commissure and a retractor on the anterior wall, the operator seized with a large vulsellum the part of the tumour which protruded, and with the finger he would detach the uterine wall all around and then cut out a fragment with strong curved scissors, to begin again the same manœuvre. At the end of two hours the morcelllement was not over, and in spite of the number and the size of the pieces which he had succeeded with such trouble in cutting and removing there was still some more to extirpate. The fibroid filled the whole uterine cavity and was inserted on the very bottom, as well as on the lateral walls. The cervix was not divided, but off and on Outerbridge would introduce the large metallic dilator called after him, and which is after all but a modification of Goodell's, and with that instrument he would divulse the cervix, which contracted again owing to the manipulation on the fundus of the uterus. During the whole operation an assistant kept pressing the uterus downwards through the abdominal wall, but adhesions prevented the organ from coming down the pelvis and rendered the operation still more difficult. Some symptoms of collapse decided the operator to leave the operation incomplete and made him regret not having pursued the course he generally adopts in similar cases, that is, do a cæsarian operation—open the abdomen, split the uterus, enucleate the tumour, and then suture the uterine walls.

I saw also in the same service a woman who had her womb removed four years ago for cancer of the cervix. She felt well ever since and began only lately to complain of some pains in the pelvis. She was examined and a small mass was felt on the right side of the vagina. Dr. Outerbridge made a vaginal incision and removed a tube adherent to the bowels and the seat of a neoplasm, which might be a return of the primitive malignant affection. After the operation a vaginal dressing was applied upon the same principle as the Mikulicz; a large piece of iodoform gauze was pushed up to the bottom of the vagina and filled with long bands of the same material.

At last, the very day I left New York, I had the good luck of seeing Outerbridge extirpate by the vagina a large fibromatous uterus in a state of complete prolapse. Nothing simpler than the manner in which this hysterectomy was performed. The whole operation hardly lasted twenty-five minutes. No retractors, nothing but a Sim's speculum on the posterior wall of the vagina. The Douglas's pouch was opened with scissors, no gauze was introduced; then incision of the cul-de-sac, always with the scissors, rapid separa-