

has been shoved out of the operating field, it is true, but it lies there still, hidden under the broad ligament and can always be wounded. I know a surgeon who met with this accident for having forgotten these abdominal relations.

Both uterine arteries have been clamped on either side, the tissues are severed with a pair of strong scissors, between the clamp and the uterus, and we may then immediately proceed to the section of the cervix. One blade of the scissors is introduced in the cervical canal, and the section extended on either side, right up to the clamps, thus leaving two flaps; one on the pubic and one on the rectal side, both perfectly bloodless. The posterior flap is removed across its base. The anterior one is cut away also, taking care here to fix a volsella to the left of the remaining portion of the uterus before the cervical lip is totally removed. This being done, another volsella is applied to the right of the uterine stump; both volsellas are grasped in the left hand and kept somewhat apart as the uterus is pulled down. With the scissors, a section is made on the median line between the volsellas, one blade in the uterine cavity, the anterior wall only is divided. A triangular section will thus be formed with a volsella fixed at either angle, the apex disappearing above. The volsellas are released and applied higher up, one on each side; the uterus again pulled down, fresh tissue appears and divided as before at the apex. It is during this step of the operation that the vesico-uterine fold of the peritoneum is divided along the uterine tissue without it being necessary to pay special attention to it. Three successive tractions and divisions with the scissors will soon cause the fundus to pop out at the superior part. The right assistant introduces a retractor to keep the bladder and the anterior wall of the vagina out of the way. The scissors continuing the section divides the vault of the uterus as far as the posterior wall. The uterine cavity being exposed, should it be thought necessary, the mucous membrane may be touched with pure carbolic acid to prevent any possible infection of the peritoneal cavity. The uterus is again pulled further out, the volsella confided to the assistant, and the left index is introduced into the abdominal cavity, the palmar surface kept in contact with the peritoneal side of the wall of the uterus and used as a guide to a blade of the scissors which entirely divides the posterior wall. Here we are now, with the uterus divided in two halves, right and left. With the left hand introduced in the abdomen, the appendages are fished out and brought down in the vagina, the tips of the fingers grasping the infundibuliform ligament. On the latter, a stout Pean's clamp is applied from above downwards, the tip of which touching that of the first clamp already fixed on the base of the broad ligament. The catch must be