unpleasant phenomena are generally deferred until the usual time for the cessation of menstrual life or for several years at least. We make it a point to preserve one or both ovaries wherever feasible. Spinelli and others are still more conservative, and whenever possible preserve at least the lower segment of the uterine cavity. In other words some of the mucosa from the body is left *in situ* and the menstrual function, although naturally limited, is still preserved. In the near future it seems probable that this plan of treatment will often be adopted.

In performing the ordinary hysterectomy with amputation through the cervix it is always well to remember the blood supply of the pelvic organs. From above downward we have the ovarian artery and veins easily exposed to the outer side of the ovary. Next comes the artery of the round ligament which, although small, often occasions much oozing, if not tied. On freeing the folds of the broad ligament the uterine artery with its accompanying veins is seen skirting the side of the cervix near the internal os. On the opposite side a similar system of vessels is encountered. We may then roughly compare the hysterectomy with amputation at the cervix to an ordinary amputation with four main vessels, the ovarian and uterine on each side.

Where the growth is situated in the body of the organ and the cervix is long, the operation is, as a rule, quite simple. The round ligament are first tied and the organ can be lifted still higher out of the abdomen. Portions of the ovarian vessels passing to the uterus are controlled at the uterine horn and the uterus is freed on each side. After opening up the broad ligaments laterally and separating the bladder reflection anteriorly, the uterine vessels are readily exposed and tied. Many operators employ only cat-gut for the uterine and ovarian arteries. We still feel much safer with silk, and always use it for the larger vessels. After tying the uterine arteries, taking of course good care not to include a ureter in the ligature, we cut through the cervix, encountering little or no bleeding except from the tumor. We usually cut the cervix slightly and then close with cat-gut sutures. Only occasionally is the cautery introduced into the cervical canal. The broad ligaments are then closed with continuous cat-gut sutures, care being taken to cover over the stumps of the appendages. The bladder peritoneum is drawn over to that of the posterior surface of the cervix. The pelvis now presents a perfectly smooth surface offering little opportunity for the subsequent development of intestinal adhesions.

Hysterectomy with Removal of the Appendages.—If it has been deemed advisable to remove the ovaries, the operation is carried out in precisely the same manner, save that the ovarian