Vaginal hysterectomy, when technically feasible, is usually the preferred route of hysterectomy. Up to 40% of patients developed vault haematomas. A retrospective study was performed on 94 patients who underwent vaginal hysterectomies in the absence of uterine prolapse. Laparoscopy or laparotomy was required in 5 patients. Eleven patients developed vault haematomas. Eight of the 11 vault haematomas occurred in the first half of the series of operations. Apart from the operating time, no difference was found in the two periods. The improvement was attributed to the improvement in the operative technique. After gaining some experience in the operations, it was noted that bleeder were commonly found at the ‘four and eight o’clock areas’ more cephalic to the original vaginal incision. These areas were checked more carefully for haemostasis in the second half of the series. More vigorous evaluation of the role of bleeders at these regions would be useful.