

*minalis*. This will escape at the exit of the ligatures, and wet the lower portion of the dressing for a few days; a little later, the ligatures become enclosed in a sort of canal made by a slight deposit of fibrin, and thus become shut out, as it were, of the abdominal cavity, and now no more will escape. Care must be taken to secure the outward ends of the ligatures under adhesive plaster to prevent their being drawn out before the vessels they constrict become completely closed. The ligatures, left to themselves, will take from three to five weeks to come away of themselves, because they always include a small portion of the fibrous tissue that accompanies the vessels in the broad ligament. But no inconvenience results from their so remaining, since the patient can go about as in health.

The foregoing description of the operation of gastrotomy may be taken as the type of any one form for the removal of tumors generally, from the abdominal cavity. Variations may be needed in particular cases, as when adhesions exist. Also, when the case turns out to be a fibrous out-growth from the uterus, and fibro-fatty tumors.

Gastrotomy may be availed of for the extirpation of the uterus, as suggested by Blundell nearly fifty years ago. On one occasion I hesitated between the extirpation of the uterus, or excision of a large fibrous tumor that grew from its base, and ascended mid-way, between the umbilicus and scrobiculus, filled both iliac regions and encroached on the hypochondria; its pedicle, if pedicle it might be called, was over three inches in diameter, and was blended with the substance of the enlarged fundus of the uterus. It was severed close to the uterus; the patient recovered perfectly in three weeks' time. At the time of the operation it was hard to say which of the two, severance from the uterus, or extirpation of the latter with the tumor, was likely to be the safer operation. Had I decided on the removal of both, I should have first tied the two internal iliac arteries, a simple and easy operation in the then open abdomen, where the vessels lie very apparent. In such a case the principal difficulty will be to sever the organ from the urinary bladder in front, and from the rectum behind, besides a careful regard not to wound the ureters. The open vagina can be closed with a couple of sutures, so inserted as to permit the ends to come through the vulva.

Very rarely gastrotomy may be needed for the removal of a foetus in case of its escape into the abdomen through a ruptured uterus, and for the removal of the remains of an extra-uterine conception. Such an operation is very simple in its execution, and the incision will be of very limited extent.

Cæsarian section I think ought never to be performed. There are