

Carson, and Dobie:—Incision from ensiform cartilage to the pubes; about two quarts of ascetic fluid escaped; tumor found free on anterior surface; a cyst at its upper part tapped, and about ten ounces of thin serous fluid drawn off. In right iliac region, at site of pain, which was felt ten or twelve days ago, the tumor was glued to parietes by soft adhesions, which easily broke down. Posteriorly the small intestine was closely and firmly united to growth at one point, requiring to be dissected carefully away with knife. Several catgut ligatures used to control bleeding from raw surface of wound. On left side the tumor was also closely connected with sigmoid flexure of colon.

After freeing the tumor, a wooden skewer about eleven inches long was thrust through its anterior surface and a thick piece of twine looped over its ends, thus affording a means of holding and steadying tumor while lifting it out of the abdominal cavity. Tumor found to grow from lower side of left body of uterus and from upper part of left cervix, the fundus being thereby pushed over to right side. As a better pedicle could be got by removing fundus and body of uterus along with tumor, it was determined to do this. The broad ligament vessels were ligatured in two places on either side, and an incision made between them so as to loosen up the parts, then a rubber tube was wound three times about neck of mass and tied; the tumor with uterus was now cut away, a knitting needle being thereafter thrust through stump to prevent any possibility of the tube slipping off.

The right tube and ovary were removed with the tumor; left not seen. A large number of silk ligatures were used to control bleeding from left side of stump, which extended two or three inches in this direction; main portion of stump was fashioned so as to come together in two flaps, one on either side of median line; then a continuous buried catgut suture was put in so as to bring the deep parts of flaps tightly together, and a half dozen or more silk sutures were applied along the peritoneal edge of the flaps, their ends being left long. By occasionally loosening rubber ligatures, other bleeding points were recognized and secured by ligatures. Finally, when no further hemorrhage of consequence occurred, the rubber tube was removed, and the stump stitched with catgut all around to edge of wound

in peritoneum. The ends of the silk sutures which had been left long were now tied over a broad abdominal director placed transversely across lower end of abdominal wound, a glass drainage-tube introduced an inch or so above stump, and the abdomen closed by sutures; iodoform powdered over stump, and salicylated cotton applied to this part; a carbolized sponge was placed over the end of the drainage-tube in the usual way; and the upper wound dressed with bichloride gauze. A large amount of cotton wool was required to fill up the concavity in the epigastric region, lying between the expanded thoracic walls, which stood out on either side like a pair of wings.

Altogether the operation and dressing lasted about four hours, an hour being consumed in securing bleeding points after stump had been sutured. When put to bed, the patient's condition was good, pulse being only 84.

On examination the tumor was found to be smooth and round at its upper three-fourths. At the base, however, there were a number of out-growths from its surface, varying from the size of a walnut to that of the fist. Some of them were pedunculated. They consisted in large part of cysts, containing a slightly opalescent thin fluid. The weight of tumor was a little more than forty pounds.

Aug. 22, 9 A.M. Rested fairly well; has had two $\frac{1}{2}$ gr. morphia suppositories since operation; pulse 88; temperature in axilla normal; some tympanites, and considerable raising of wind, but not much vomiting; \mathfrak{ss} . of sulph. magnesia and \mathfrak{ss} . ol. terebinthinæ administered as an enema in a cup of warm milk and water.

11 P.M. Bowels have moved freely, and tympanites is less; pulse 96; temperature 100°.

During the first week following the operation the temperature never rose above 100° in the evening, and it was but little above normal in the morning. Drainage-tube removed on the seventh day. All the sutures removed on the ninth day. On the evening of the ninth day the temperature suddenly rose to 101.2°, and on the following morning there was a slight discharge of pus from about stump, after which the temperature soon became normal.

Two weeks after the operation the silk ligatures (or sutures) which were fastened to the abdominal director were removed.