

previously, or an enema in the morning before the operation, merely to empty the bowels; and the enema should simply be tepid water.

The patient well under chloroform, being on her back, should the tumor incline to one side more than to the other, let an assistant push it so much to the other as to make its centre of convexity lie directly under the linea alba. The operator now commences by making a steady, deliberate cut from a little above the pubis to half way above the umbilicus, or higher up or quite to the scrobiculus, according to his judgment of the size of the tumor. Let it be made fearlessly through the skin down to the fascia over the linea alba. No blood, or less than a spoonful, will escape if it be made exactly in the median line. Let him next, either above or below the umbilicus, exactly in the centre of the linea alba, neither to the right nor to the left of it, cut carefully three or four inches long until he comes to the peritoneum, which is readily distinguished should the tumor be non-adherent in the centre. To enter the abdomen in this way there is no need of probes, directors, forceps, &c., and that scratching and lamina, after lamina dissection too often seen done. Having entered the cavity of the peritoneum he will insert two fingers; on one or between both, place the back of his knife, the edge forward, and then carry it down and upward in the direction of the first incision to the extent needed, and thus effectually and safely open the abdomen. This much completed, insert the hand, palm towards the tumor, one on each side of it, and if there be no adhesions, turn the mass out; but care must now be had that an assistant support it when outside of the abdomen, lest by its great weight it draw too much on the broad ligament, tear or do other injury. The next step is to secure the vessels, which is easily done by collecting them as already said, into two groups, since they roll freely under the investing folds of the peritoneum, one set at the upper edge of the broad ligament, the other set or group at the lower edge, dividing the space between, which contains no vessels. A careful cut must be made through the peritoneum, which lies on and under the vessels, which can be done without the slightest risk of wounding them, in which cut the ligature must be buried; in this way the peritoneum will suffer less than when strangulated. Let the ligature, a small one, be drawn quite tight, and the same done to the other group. Leave at least nine inches long of the ligature to hang out at the lower end of the incision over the pubis. Next cut through the attachment or pedicle of the tumor about half an inch from the ligatures; in this way no fearful "stump" will be left behind, more than is left in the case of arteries in amputations. The tumor is now extirpated. Wait a few minutes and see that all is right—there need be no hurry. During the