

She was accordingly removed from the hotel to the matron's private rooms in the Lying-in-Hospital, where I knew she would receive the best of care and nursing from that excellent person, Mrs. Winters.

Every arrangement having been made, her bowels relieved by a dose of oil the previous day, and by an injection the morning of the operation, the temperature of the room raised to about 76°, and kept moist by the vapor of water, the operation was performed in the ordinary manner, on Oct. 11th, 1860, in the presence of, and assisted by, Drs. Beaumont, Borell, Philbrick, and Aikins, and two students.

The incision extended from half an inch below the umbilicus to a short distance above the pubes, dividing the integuments and cellular tissue down to the fascia, this was divided layer after layer, until the peritoneum was exposed. A little delay occurred here in consequence of the effects of the chloroform passing off, and she became restless, though unconscious.

The abdominal cavity was now carefully opened, and the omentum exposed, and a small quantity of high colored serum escaped. The small intestines, notwithstanding the great care taken by Drs. Beaumont and Aikins, kept slipping out of the wound, and as the attempts to restrain them impeded the operation, I determined to envelope them in a flannel wrung out of warm water, which most effectually answered the purpose.

The tumor was distinctly seen, white, shiny, and very firm; there being no cyst except one about the size of a filbert. It was wedged into the pelvis and removed from it with considerable difficulty, although there were no adhesions of any kind except the pedicle. The pedicle was short and could not be brought to the inferior angle of the wound; but was secured by a double whip cord ligature, and allowed to remain in the abdomen,—the ligatures being brought out at the lower end of the wound. The right ovary was examined and found healthy, and after sponging away a few drops of blood, the intestines were restored to their natural cavity, covered by the omentum, and the edges of the wound brought together by six needles passed through the whole of the abdominal parietes, and kept together by the figure of eight suture; the interspaces between the needles were kept in contact by six silver wire sutures, through the integuments only. Strips of adhesive plaster, a pledget of lint, and a flannel bandage completed the operation.