

By the clamp process the stump is forcibly stretched from the broad ligament, or the spine, according to the attachment, to the abdominal surface, like the yoke about a goose's neck. The viscera have to place themselves within the abdomen as best they can, on each side, above, and below, like about a post set up among them. The two edges of the abdominal incision bear on the right and left sides of the hauled out stud and must contrive to unite with the serous surfaces of the stud by some strange process—cut surfaces with serous surfaces.

There need exist no fear of hemorrhage in ovarian cases, since only two sets of vessels travel along the broad ligament to the tumor, both of which can be rolled under the peritoneum and collected into two groups; one, the spermatic at the upper edge; the other, some uterine from the internal iliac at the lower edge, each group to be strangled with a fine ligature into a compass scarcely as large as the size of a crow quill, as is manifest by the loop of several ligatures in my possession that have come off in the course of cure.

The fear of inflammation from leaving two or more ligatures attached near the sacrum, and hanging out at the lower end of the cut over the pubis is unfounded. The greatly relaxed parietes in these cases render them much less liable to inflame than do parietes that have never been stretched and are tense.

Another fear, that of air entering by the side or track of the ligatures, is also unfounded; since, during the first few days after the operation the peritoneal liquor oozes constantly out, a discharge from within being opposed to an entry from without; and this discharge ceases only when by a little fibrinous exudation around the ligatures in their whole track it encloses them in a canal, and by this means virtually excludes them from the abdominal cavity.

There is no difference in the length of time requisite to heal a short and a long cut; since the agglutination takes place throughout the whole length of each at the same moment, and not progressively from one point to the next successively. The process that unites one atom of the cut goes on in all, at one and the same time. In gastrotomy, in cases of a previously distended abdomen, when properly performed and judiciously dressed, I have found union to take place without any inflammation, even of that low degree erroneously called adhesive; and have only seen a little of it with a harmless suppuration where the ligatures come out above the pubis.

**THE OPERATION.**—Any medication of the patient previous to the operation is either useless or hurtful, as fretting the economy to some extent. All that need be done is to give a dose of castor oil the day