

and thus insure a firm and solid union. Some operators seem to think that this is not an important matter, but I am satisfied a better union takes place when raw denuded fascia is sewed upon fascia, than when a smooth, peritoneal surface is sewed upon a fascial surface.

Another interesting case, whom I saw in consultation with Dr. Gaertner and the photo of which I shall pass around, was a large, double adeno-cystoma, complicated with a huge umbilical hernia and abdominal dropsy. Mrs. B., æt fifty; mother of eight children, youngest sixteen. For a number of years had noticed a large swelling in the lower abdomen, but for the past year the abdomen had increased in size very rapidly. She was pale and very thin in her body and extremities, and breathed with great difficulty. The legs were not swollen and the heart sounds were normal, and the urinary examination was negative. She had not been able to lie down in bed for six months and slept usually propped up in a chair or on the lounge. She walked about and carried her tumor in a sling made from a piece of sheet, swung around her neck. She weighed 210 lbs. A diagnosis was made of ovarian cyst, and she was sent to the German Hospital, and I tapped her upon admission and removed seventeen quarts of a blood-stained fluid, which at once made me suspicious of malignancy. The posterior wall of the vagina was pushed down by the great intra-abdominal pressure and hung between the legs like a proscidentia uteri, but the uterus was high up behind the pubes. Three days after the tapping she could lie in bed, while previously any attempt to assume the prone posture brought on the most intense dyspnoæ and stridor, and on the seventh day, under chloroform anæsthesia, the abdomen was opened. I made a large circular incision around the navel, and removed the hernial sac and its adherent omentum, and released a piece of small bowel which was in the mass, and dropped it back into the peritoneal cavity. A large-sized trocar was then pushed into the cyst and thirteen quarts of a bloody mucilaginous fluid was removed. The pedicle was tied off close to the uterus, when another cystic tumor about the size of a turnip was found growing from the right side. It was punctured, delivered and tied off. The incision was closed by the Mayo overlapping method, and the patient put to bed. She re-acted beautifully and left the hospital on the twenty-seventh day much increased in flesh and in fine physical condition. She now weighs 147 lbs. The tumors proved to be of the cyst-adenomatous variety, with carcinomatous degeneration. Upon the uterus were two little papilomatous tufts. When the patient was tapped, the trocar was introduced several inches above the umbilical hernia, and the fluid which was evacuated was peritoneal exudate, as the cyst wall had not been penetrated and was due, no doubt, to the papilomatous growth which existed freely on the outer surface of the tumor.