

and which is now overcome by chloroform. In all other respects it is exceedingly defective. The short cut is utterly useless in all cases where the tumor is solid; also in cystic tumors that are adherent; for the solid tumor cannot be reduced in size since its contents cannot be evacuated, and therefore it cannot be brought through a small opening. Should the tumor consist of cysts and be adherent, the adhesions must be severed in the dark, with great risk to the parts to which it adheres, and in total ignorance of any hemorrhage that may occur. It is only ovarian cysts that can be diminished in size by evacuating their contents, and subsequently dragging the flabby portions through a short cut; a slovenly procedure, as any one who has seen this mode of operating can testify; a mode that favors the entry of some of this unnatural fluid into the abdomen, there to set up irritation and that inflammation which is so greatly feared.

The advocates of this method say a great deal about the advantages it gives of fixing the "stump" in the cut, and outside of the abdomen by means of a clamp, which is to strangulate the peritoneum and tissues within its grasp, until the part sloughs off outside; rather than leave it within the abdominal cavity, therein to slough, to putrefy, and empoison the patient.

All this surgical complication is due to hypothetical speculation in advance of what is expected to happen; to a fear of hemorrhage; to a fear of leaving ligatures in the abdominal cavity; to a fear of exposing the viscera to the malignant influence of the atmosphere; all of them imaginary and unfounded fears, completely disproved by experience; and what my old friend Blundell would call "meddlesome surgery."

The long cut admits of the only means of severing adhesions safely, without injury to adjoining parts, and admits of means to arrest any hemorrhage that, possibly, might happen from a divided artery; and in the case of a solid tumor is absolutely necessary to get space for it to pass through; enables the operator to see what he is about, and to get at the few small vessels going to it that may require ligatures.

Some operators advise and employ a thick ligature—whip cord—with which to tie the whole stump in a single noose. In this way a large "stump" will no doubt be left to putrefy; a disgraceful piece of surgery, when it is so easy to tie the few arteries that enter into it, divide it, and leave no stump of any notable size, behind. But to tie these vessels neatly and efficiently, it is requisite to have room, which the short cut cannot give; hence the lugging out of the stump, and strangulating the whole in a clamp; thus carrying surgery back to the epoch of horse-gelders and sow-spayers, who know not how to arrest hemorrhage otherwise than with clamps and searing irons.