

surrounded it, but the hæmorrhage attending this procedure proved to be so alarming that it had to be desisted from. The pelvic adhesions were now separated, which proved to be the most tedious part of the operation. A powerful chain écraseur was now with difficulty put around the neck of the uterus, but with it we failed to cut the mass through. It, however, had the effect of controlling the circulation so that we were able to "shell" the tumor out without any hæmorrhage whatever. A strong, double, carbolized hempen ligature was now passed through the neck of the uterus and all the parts above it cut off. All bleeding points were now secured with fine antiseptic silk, the ends of the ligatures being cut short. The abdominal and pelvic cavities were carefully sponged. The external incision was now closed with deep and superficial sutures of antiseptic silk. A drainage tube of rubber, which was cut off close, was inserted between the lowest sutures. The "protective" was now laid over the wound; this was covered by loose and moistened folds of gauze, and over the latter was laid twelve layers of gauze, a piece of mackintosh intervening between the first and second layers. The whole was then firmly bound by numerous turns of antiseptic rollers. The operation, which was performed throughout antiseptically, lasted two and a-half hours.

At 3 30 P.M., half-an-hour after the completion of the operation, the pulse was 93, and full. She complained of thirst, and was given some ice to suck. At 6 P.M. the pulse had fallen to 88, and she expressed herself as feeling very comfortable.

*July 20th, 6 A.M.* She passed a comfortable night. Slept at intervals; is free from pain. The pulse is 90 and temperature normal.

9 A.M. Dressings changed under the spray; the discharge is considerable, but sweet.

9 P.M. Pulse 94, temperature 99. Is free from pain.

*21st. 7 A.M.* Pulse 96, temperature 99½. The dressings again changed and found to be stained. About half a drachm of reddish serum was removed through the drainage tube.

7 P.M. Pulse 100, temperature 100½. A drachm of reddish serum having a putrescent odor removed through the drainage tube. When the protective was removed this evening the lower part was found covered with putrid serum.

*July 22nd. 6 A.M.* Pulse 116, temperature

101. She complains of a pain in the region of the umbilicus. Dressings again changed and found to be saturated with badly smelling serum. The upper ¼ of the abdominal incision is about healed by first intention. Vomiting has set in; there is slight tympanitis also.

7 P.M. Pulse 120, temperature 102½ (in the rectum). The tympanitis has increased and the vomiting still persists.

12 30 P.M. Pulse 118 and weak, temperature 99½. Diarrhœa has set in.

11 P.M. Vomiting frequent and excessive. Diarrhœa uncontrollable. The dressings require to be changed every 12 hours. The pulse is 136, temperature 98. She is sinking fast.

Died on the morning of the 23rd from a low form of septic peritonitis. She lived 89½ hours after the completion of the operation.

*Post mortem.* The upper ¼ of the abdominal incision was entirely healed by first intention. The bowels were greatly distended and some flakes of recent lymph were found adherent to them. A considerable amount of putrid serum was found in the abdominal and pelvic cavities. The urerine stump presented a healthy appearance. The cervical canal was open.

*Examination of the tumor, etc.* The tumor with the uterus, ovaries, etc., weighed 25 pounds. The tumor itself weighed 23½ pounds. On cutting into it, it was solid with the exception of a small cyst capable of holding about an ounce of fluid. In the interior there was found a small quantity of calcareous matter. It sprang from the posterior surface of the body of the uterus at its junction with the neck. The shell of uterine tissue, which enveloped it, consisted of the peritoneum and a thin piece of the muscular tissue of this organ.

The portion of uterus removed, admitted a sound to the depth of 7¼ inches. The left ovary was the seat of a multilocular tumor, about the size of a hen's egg. The right ovary presented also a slight trace of cystic degeneration.

*Remarks.* The cause of death in this case was, no doubt, septic peritonitis. Before the abdominal cavity was closed we thought we had secured the cervical canal completely, but at the post mortem it easily admitted the entrance of the little finger from above. We have no doubt but that it was through this passage the serum became putrid. Septicæmia has heretofore been the most