

spirits, it judged that the present state of things could not last more than two or three months before death would supervene. When seen during last fall, I refused to operate so long as she could enjoy life, and as she had reached the limit of that period I now, at her earnest solicitation, concluded to remove the tumor, together with the uterus and its appendages. The condition of the urine indicated the administration of carbonate of lithia (effervescing) for some days before operating.

OPERATION.

Reported by Mr. John T. Davis, medical student.

On the 12th of June, 1874:—

The patient having been laid on the table, Drs. Gardner and Perrigo administered first chloroform and then ether. Anesthesia was quickly produced; the patient passing very rapidly into a tranquil sleep. The pulse and respiration were at this time pretty fair.

At 12.15 p.m., assisted by Drs. Hingston and Kennedy—and in the presence of several other physicians—the operator commenced by making an exploratory incision in the mesial line to the extent of about six inches—the upper end of the incision reaching to within one inch of the umbilicus. The subjacent tissues were then carefully divided on a director, but their very tense condition, and the consequent difficulty in picking up each layer, occupied a good deal of time. The sheath of the rectus was opened close to the linea alba, and afterwards the posterior layer and subjacent fascia. The abdominal parietics were found to be exceedingly attenuated. A small portion of the peritoneum was divided and a director placed beneath, until the cavity was opened the whole length of the previous incisions. It was found that the peritoneum was extensively adherent to the whole surface of tumor. During this part of the operation many small bleeding points appeared, but were perfectly controlled by the unsparing use of Peans' forceps. The adhesions on the anterior surface being now all separated, Wells' trocar was introduced at a point where there seemed to be indistinct fluctuation, but no fluid obtained. It was then found necessary to extend the incision $2\frac{1}{2}$ inches above the umbilicus, and downward to within 2 inches of the pubis, in all making an incision of about 13 inches in length. The divided abdominal walls having been relieved of their pressure, were pressed outward and below the level of the tumor, hugging closely to the surface, by which means the tumour forced to protrude from the ab-

dominal cavity. The adhesions on its posterior surface were found to be numerous.

The tumor was then firmly grasped by the operator, and elevated from below upwards and forwards—adhesions were separated, and the uterine ligaments divided by the actual cautery. Whenever it became necessary to ligate vessels that were divided during the operation, fine flaxen carbolized ligatures were employed, and the ends cut off near the knot. About forty such ligatures were used and left in the cavity of the abdomen. The separation of all adhesions, among which was an attachment of the bowels about ten inches in extent, being accomplished, the tumor was elevated, and the vessels by which it had been nourished—passing from behind forwards to the posterior surface of the uterus just about the junction of the fundus with the cervix uteri, and on the left side—were secured; and strong carbolized linen ligatures applied and cut short, and the vessels divided. A triangular piece of peritoneum, three inches long and two broad (at the wide end) was torn from its connections—by the weight of the tumor—and removed. The tumor was then drawn upwards and backwards to bring into view the cervix uteri, which was found much elongated. The position of the ostium externum was next ascertained by external palpation. The vagina was observed to be much elongated likewise. A bougie about three-fourths of an inch in diameter was then introduced into the vagina, so as to elevate the pedicle, which was now transfixed with a long curved needle armed with a strong hempen ligature. The two halves were then securely ligated, and the wire écraseur applied about one-third of an inch above the ligatures. A few revolutions of the handle of that instrument sufficed for the constriction of the pedicle, which was then divided just above the constricted portion, and the tumor thus extirpated in two hours and fifteen minutes from first incision. The parts in the neighborhood of the wound were now carefully sponged, and the abdominal cavity cleared of clots of blood and other foreign matter—carbolized sponges being constantly used. Considerable oozing, deep down in the right inguinal region, soon became apparent. It was ascertained to be arterial, and the bleeding vessel was secured and ligated—the ends of the ligature being cut off short near the knot, in this as in every other instance of ligation. The edges of the wound were brought together and closed by eight deep sutures of strong carbolized linen, and superficially by the same number of horsehair sutures. The pedicle was transfixed by two