

CASE.—A girl about twenty years of age had ovarian dropsy, which, from the first perception of it to when I removed it, lasted eighteen months. It was non-adherent although nearly thirty pounds in weight. Other patients with similar tumors of about the same size and standing, were without adhesions. A fibroid outgrowth from the uterus of ten years' standing, had reached only a little above the umbilicus, when it suddenly took on rapid growth, and in two or three months after, when I removed it, it was unadherent, although it now filled both iliac regions and reached half way up between the umbilicus and scrobiculus; but then for a long time it was small, and when grown large at last had done so in a period too short to have contracted union by pressure to adjacent parts. It is quite different in large tumors of long standing. A girl twenty-nine years of age had a very large ovarian tumor of over two years, standing. It was adherent to the whole front of the abdomen and sides, to the anterior third of the diaphragm, to a portion of the spleen, and to a part of the liver, but no where to the intestines. After removal it weighed fifty-five pounds. The anterior adhesions were easily severed by the hand and outspread fingers, while in other places the adhesions tore into tough ribbons, and a few had to be cut through. No blood escaped. She quickly recovered notwithstanding the great extent of the adhesions severed. No peritoneal inflammation or fever followed, doubtless because no true peritoneum remained at the seat of adhesions. In several other cases of large and long standing tumors adhesions existed, which must be expected. They will be found strong, according to the length of time they have existed, requiring considerable force to tear through them. In all these cases there need be little fear of hemorrhage as a consequence of their severance.

Before treating of the operation it may be well to examine the subject of inflammation; this is the ghost that haunts many surgeons before and after an operation—especially so when its seat is a serous membrane—bewilders and obfuscates the judgment, induces preparatory measures that always add to the disorder, and after an operation is so prolific through fear of it, of numerous injurious medications to the risk of the patient.

INFLAMMATION.

Many practitioners regard wounds of the peritoneum as peculiarly dangerous from the inflammation that is apt to follow. Hence has arisen the dread of performing operations within the abdominal enclosure. This fear has so greatly influenced the judgment and practice of some surgeons that they decided, in cases of hernia, to divide the stricture without cutting into the sac, and, in this way avoid wounding the peritoneum, and not