

very few cases of natural obstruction so complete as will not admit of instruments capable of extracting the foetus, piecemeal at least, by the natural passage, and so save the mother in preference to the foetus. I have seen several Cæsarian operations performed in 1832 and 1834, to satisfy or rather gratify a bigoted clerical prejudice. They were all unfortunate and cruel.

A FEW MISCELLANEOUS REMARKS.—It is not without great interest that we can look into the empty abdomen after the removal of a large tumor—for the cavity looks empty. The stomach will be found very small, and all the intestines nearly empty, and so reduced in size as to resemble flat ribbons; no fat anywhere, in long standing cases,—even about the kidneys. In this state of emptiness, and no support on the vessels, we cannot help smiling at the caution so seriously inculcated in cases of paracentesis to keep up great pressure, without which it is supposed that syncope—even mortal syncope—may occur.

Whipcord as a ligature to the pedicle is too large to be capable of being drawn sufficiently tight to compress the small vessels it is so disproportionately applied to. It will stand a strain of nearly a hundred pounds without breaking, a force much greater than needed. A single thread well applied I have found adequate to every purpose.

The Ecrasure (crusher), a novel instrument recently introduced to sever parts without the risk of hemorrhage. It is a more barbarous instrument, if possible, than the gelder's clamp, and equally disgraceful to the progress surgery has made. Where it can be applied with precision, and bruise its way through parts, a knife can cut with exactitude, and any severed vessels tied, should the surgeon possess no more than limited abilities.

One word more about hemorrhage in the case of extirpating ovarian tumors. Here, hemorrhage can come from two sources only—I say nothing about adhesions. The first is from the spermatic vessels; these cannot give trouble. The second source is more important, furnished by the uterine vessels, deep in the hollow of the sacrum, where, in a few cases, difficulty may be encountered from the "welling up" of blood. But this can be easily commanded by a good assistant, compressing the internal iliac with his finger against the brim of the pelvis—alternately pressing and relaxing—to enable the operator to see the point of escape, and there apply a ligature with the aid of a forceps or tenaculum, or the old method with a needle.