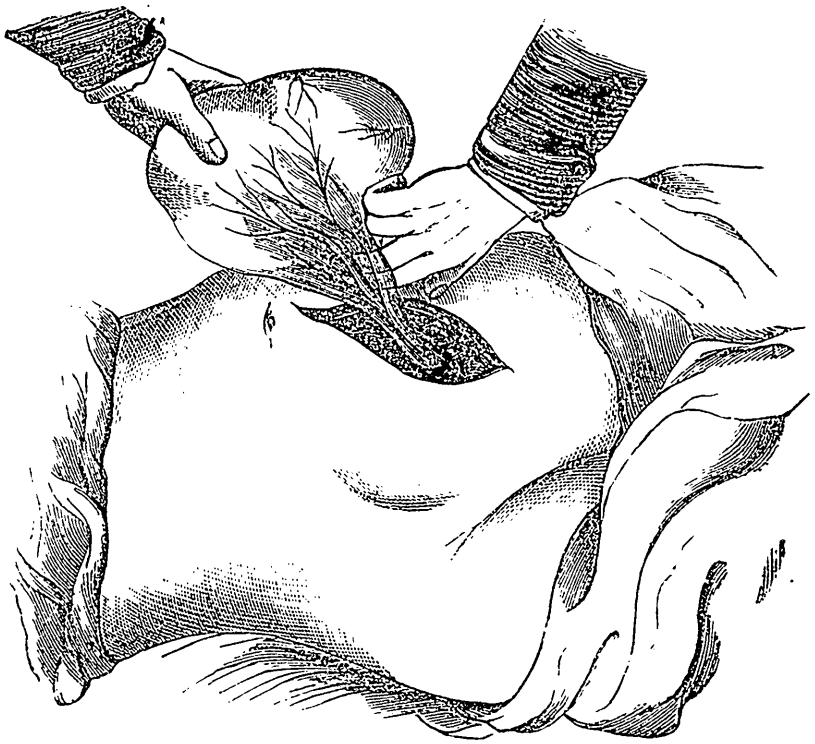
OVARIOTOMY BY ENUCLEATION.



allow of securing it with a double ligature. This happy thought enabled me to complete the operation satisfactorily, and the result was successful. I therefore feel indebted to Dr. Miner, for giving his valuable discovery to the profession.

Dr. Miner's remarks were reported in the *Transactions of the International* Medical Congress, and may be abbreviated as follows:

"It is well known that the ovarian tumor is surrounded by a peritoneal covering; that the pedicle, proper, usually divides into three or four parts, passing up over the walls of the tumor in bands of variable width, which contain vessels, often of large size, and which gradually diminish in thickness and in the size of the contained vessels, until finally they are lost in simple, thickened portions of peritoneal covering. The peritoneal investment is not closely attached to the cyst, but separates readily, just as the peritoneum separates elsewhere in the pelvic cavity, being immediately lined by the subserous cellular tissue; thus no vessels of any considerable size enter the cyst. The tumor separates from its attachments with remarkable readiness, so much so that, in several instances, it is reported to have escaped the grasp of the operator, and fallen spontaneously from the pedicle by accident, thus plainly indicating the natural and proper method of removal. The accompanying cut,† from a drawing by "Dr. Edward N. Brush, who has several times assisted me in operating, will give a very fair idea of the proceedure." The fingers of the operator are represented beneath a vascular portion of the pedicle, separating it from the walls of the tumor."

This separation is to be carefully made, until the vessels are traced to their termination. To make the illustration plainer, the tumor is represented as raised from the abdominal cavity, and supported by the hand of an assistant, but, of course, where extensive adhesions are present, this is impossible and the risks of removal are greatly augmented.

Formerly, the operation in such cases was abandoned. When adhesions exist, they are to be separated, and the process continued to the pedicle. The capillary vessels thus broken (during the process of enucleation) do not bleed, for the band contracts, and corrugates the larger trunks, while the broken off capillaries ooze a little for only a minute or two, and a dry napkin, applied for a short time, is all that is required."

As for securing the pedicle by the less valuable methods—acupressure, *écraséur*, the galvano-cautery, or by twisting and torsion, I shall not take up your time in discussing, as they possess no

* See Appendix Case III.
†Kindly loaned by Dr. Miner.