

and each half of ligature was tied tightly around the corresponding half of the pedicle; the one ligature thus encircling the Fallopian tube close to cornu of uterus, the ovarian ligament and part of broad ligament; the other half, the remainder of broad ligament; the whole pedicle was then tied with the remaining part of one of the ligatures. The pedicle was then divided with scissors close to the point of ligation, sufficient only being left to prevent the ligatures from slipping off. The stump was sponged off carefully and held up for a short time, when, no hemorrhage occurring, it was allowed to drop back into the abdominal cavity. The right ovary was now grasped and found enlarged, and bound down in Douglas's pouch by adhesions, being closely adherent to the rectum, about one inch above the internal sphincter. In order to get more room, the superficial part of the wound was enlarged three-quarters of an inch. The adhesions were separated, the ovary brought to the abdominal opening, and the pedicle treated in the same manner as its fellow.

The abdominal cavity was then carefully wiped out with soft sponges, wrung out of hot boiled water. Two sponges were then left in abdominal cavity, attached to a sponge-holder, until sutures were inserted, when they were removed. The stitches were of silk, and included the entire abdominal wall and peritoneum, and were placed about three-eighths of an inch from the edge of the wound, and half an inch apart.

To procure a nicer apposition, slight traction at either end of the wound was made with a tenaculum, before tying the sutures. The wound was now washed with boiled water, well dusted with iodoform and dressed with about sixteen layers of carbolized gauze, the whole being kept in place by a nicely adjusted, many tailed, flannel bandage. The only antiseptic solution used was boiled water, in which all instruments sponges, sutures and ligatures were cleansed previous to use.

The thread was prepared by being first placed in boiling water for a few minutes and then wound on glass spools, enclosed in a glass box having small holes in the top (one over each spool), through which the thread could be drawn. Previous to the thread being used, it was drawn through a towel wrung out of boiling water.

AFTER-TREATMENT.—During the first twenty-four hours the patient received only a little soda

water to sip. She also had morph. sulph. gr. $\frac{1}{8}$, pot. brom. gr. xxx, the first night. This was the only narcotic given during treatment. The next twenty-four hours she received a teaspoonful of magnes. sulph., every four hours, in soda water, till bowels moved; also barley water and some beef tea. On the third day some milk and lime water was administered. Soft food and animal broths were given her on the fourth day, and the bowels were regulated with salines as before.

During the second and third days the patient suffered from pains in the lumbar region. On the third day she had the usual bloody discharge from the wound, which lasted more or less for five days.

The temperature ranged from 98° – $99\frac{1}{2}^{\circ}$ F., and never rose higher than the latter figure; pulse between 80–100. On the ninth day, the patient being in good condition, the dressings were removed for the first time, when the wound was found to be perfectly united. The stitches were then removed, the parts washed and dried, and strips of adhesive plaster and the many tailed flannel bandage applied to support the abdominal wall.

The patient was allowed to sit up on the sixteenth day, and left the hospital on the twenty-third day after operation. Since leaving the hospital, the patient has greatly improved, and gained flesh, with no return of her former symptoms.

The unique element in the above description of the operation, is the entire setting aside, during the operation, by one of the first gynecologists of the day, of all antiseptic measures, except boiled water, and assured perfect cleanliness. The result, as shown by the patient's rapid and uninterrupted recovery, warrants my placing it before your readers.

LARGE SPINDLE-CELLED SARCOMA OF THE BRAIN IN A GIRL ÆT. 16.

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Mr. Auld, who attended her prior to her admission to the General Hospital, kindly furnished me with the following history of this rather interesting case:

Nellie S., æt. 16, has always been in good health, except seven years ago, when she had typhoid