

FORTY-FIVE CASES OF REMOVAL OF THE UTERINE APPENDAGES FOR MYOMA.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.	D.
1879.									
1	Leamington.....	Dr. Tomkins	47	W.	Oct. 18..	..	P.	R.	..
2	Cannock.....	Dr. Tylecote	52	W.	Nov. 30..	..	P.	R.	..
1880.									
3	Walsall	Mr. John Clay	34	M.	Jan. 13..	H.	..	R.	..
4	Southwell.....	Mr. Calvert	52	S.	Mar. 10..	..	P.	R.	..
5	Leicester	Dr. Clifton.....	42	S.	April 7..	..	P.	R.	..
6	Chasetown.....	Dr. Clarke	39	M.	April 22..	H.	..	R.	..
7	Solihull.....	Dr. Insull.....	46	S.	May 8..	H.	..	R.	..
8	Birmingham.....	Dr. Drummond.....	49	M.	Aug. 17..	H.	..	R.	..
9	Coventry.....	Dr. Fenton.....	47	M.	Sept. 1..	H.	..	R.	..
10	Stourbridge.....	Dr. Hammond Smith.....	50	S.	Sept. 2..	..	P.	R.	..
11	Bloxwich.....	Dr. Somerville.....	35	M.	Oct. 26..	..	P.	R.	..
12	Bradnich.....	Dr. Stephenson.....	42	W.	Oct. 16..	H.	D.
13	Birmingham.....	Dr. J. W. Taylor.....	44	S.	Dec. 18..	H.	..	R.	..
1881.									
14	Coventry.....	Dr. Plowman.....	32	M.	Jan. 13..	H.	..	R.	..
15	Brierly Hill.....	Dr. D'Arcy Ellis.....	41	M.	Feb. 5..	H.	..	R.	..
16	Birmingham.....	Dr. Kenny.....	43	M.	Feb. 12..	H.	..	R.	..
17	Darlaston.....	Dr. Sutton.....	35	S.	April 20..	..	P.	R.	..
18	Droitwich.....	Dr. Cuthbertson.....	43	M.	June 15..	H.	..	R.	..
19	Birmingham.....	Mr. Hallwright.....	47	M.	June 17..	H.	..	R.	..
20	Iron Bridge, Salop.	Dr. Law Webb.....	38	S.	Aug. 25..	..	P.	R.	..
21	Birmingham.....	Dr. Kenny.....	43	S.	Aug. 27..	..	P.	R.	..
22	Wolverhampton.....	Dr. Pope.....	40	M.	Sept. 19..	..	P.	R.	..
23	Broseley.....	Dr. Bartlam.....	51	S.	Oct. 4..	H.	..	R.	..
24	Ludlow.....	Dr. Brooks.....	37	S.	Oct. 30..	..	P.	R.	..
25	Bloxwich.....	Dr. Somerville.....	40	M.	Dec. 27..	..	P.	..	D.
1882.									
26	Birmingham.....	Mr. C. J. Bracey.....	36	M.	Jan. 4..	..	P.	R.	..
27	Wolverhampton.....	Dr. Lycett.....	40	M.	Jan. 4..	..	P.	R.	..
28	Gloucester.....	Dr. Eshelby.....	37	S.	Jan. 10..	..	P.	R.	..
29	Conway.....	Dr. Pritchard.....	46	M.	Jan. 29..	..	P.	R.	..
30	Llandudno.....	Dr. Nicol.....	45	M.	Mar. 13..	..	P.	R.	..
31	Birmingham.....	Dr. Gaunt.....	49	S.	Mar. 21..	H.	..	R.	..
32	Birmingham.....	Mr. Fairley.....	45	M.	Mar. 29..	H.	..	R.	..
33	Wolverhampton.....	Dr. Lycett.....	40	S.	Mar. 31..	..	P.	R.	..
34	Birmingham.....	Dr. J. W. Taylor.....	44	M.	April 8..	..	P.	R.	..
35	London.....	Dr. L. Atkins.....	33	M.	April 11..	..	P.	R.	..
36	Dudley.....	L. T.....	21	S.	April 20..	H.	..	R.	..
37	Oxford.....	Mr. G. Jones.....	46	S.	April 27..	..	P.	R.	..
38	Alfretton.....	Dr. Fielding.....	45	M.	May 6..	H.	..	R.	..
39	Southampton.....	Dr. Seaton.....	44	M.	June 9..	H.	..	R.	..
40	Leicester.....	Dr. Clifton.....	35	M.	June 12..	..	P.	R.	..
41	Droitwich.....	Mr. Spofforth.....	35	M.	June 16..	H.	..	R.	..
42	Chesterfield.....	Dr. Hale.....	44	M.	June 27..	..	P.	R.	..
43	Birmingham.....	Mr. Bracey.....	45	M.	July 13..	H.	..	R.	..
44	Birmingham.....	Dr. Thomas.....	32	M.	Sept. 9..	..	P.	R.	..
45	Ludlow.....	Dr. Brookes.....	35	S.	Sept. 29..	..	P.	R.	..

H means hospital case. P, private case. R, recovery. D, death.

I have already said enough about hydrosalpinx and pyosalpinx to render it quite unnecessary to discuss them further than to insert here a complete list of all the cases upon which I have operated for these diseases. Both conditions are far more common than was believed previous to my experience, yet they have been quite well known, and described for at least half a century.

Of the forty-four cases only four have occurred in single women, and the leading feature in the history of many of the cases was an attack of gonorrhœa. In one case I had to operate in the acute stage of the disease, which had arisen, on the admission of the husband, from this cause. In many other cases the origin of the condition could clearly be traced to an attack of inflammation after a miscarriage or after a labor.

A very frequent feature in the history of the cases was found to be that they had one child, and after that were never free from pain till relieved by the operation.

The leading symptom is persistent pain, intensified at the periods, especially just before their onset, and always made worse by intercourse. In the great majority of the cases married life had to be completely suspended, and the function was always restored by the operation.

Metrostaxis, sometimes so severe as to amount to hemorrhage, is a very frequent symptom, though in some of the cases menstruation is scanty.

Of course if the disease is bilateral the patients are sterile, and this is usually the case, though in some only one tube has been found to be affected, and then that only has been removed.

The operations are generally very difficult, for it is quite exceptional not to find the tubes and ovaries densely adherent to the viscera and to the pelvic wall, and in some of my operations the difficulty in overcoming these adhesions has transcended anything I have ever seen in the removal of cystic tumors of the ovary. In some cases the hemorrhage during the operation has been alarming, but it has always been controlled by sponge-packing. In three of the cases the diseased organs have been removed only at a second attempt; that is, in my early practice I had not the courage and necessary dexterity to complete the operation, the patients returned with increased sufferings and submitted to a second attempt in which I was successful. In one case I made three attempts to remove the tubes, the third being successful.

All the patients recovered, and, with two exceptions, are still alive and well. One of these died of English cholera, and the

other from acute melancholia, having been allowed to starve herself to death, the folly of her husband standing in the way of her removal to an asylum, where she could have been forcibly fed.

TWENTY-FOUR CASES OF REMOVAL OF UTERINE APPENDAGES FOR HYDOSALPINX.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.
1879.								
1	Birmingham	Mr. Watkin Williams.	28	M.	May 23	..	P.	R.
1880.								
2	Birmingham	L. T.	37	M.	April 3	H.	..	R.
3	Birmingham	L. T.	28	M.	Sept. 24	H.	..	R.
4	Birmingham	Dr. Hoare	32	M.	Oct. 5	H.	..	R.
1881.								
5	Redditch	Dr. Dodsworth	39	M.	July 14	H.	..	R.
6	Stourbridge	Dr. Hammond Smith.	27	M.	Aug. 19	H.	..	R.
7	Walsall	Dr. Sharp	37	M.	Oct. 7	H.	..	R.
8	Birmingham	Mr. Hallwright.	34	M.	Oct. 19	H.	..	R.
9	London	Dr. T. Chambers	29	M.	Oct. 24	H.	..	R.
10	Walsall	L. T.	38	M.	Nov. 9	H.	..	R.
11	Warwick	Dr. Watson	33	M.	Nov. 14	H.	..	R.
12	Warwick	Mr. Bullock	37	M.	Nov. 30	H.	..	R.
13	Walsall	Dr. Hubbard	32	M.	Dec. 10	H.	..	R.
14	Birmingham	Mr. J. R. Harmar	49	M.	Dec. 16	..	P.	R.
1882.								
15	Birmingham	Mr. Holbeche	34	W.	Feb. 27	H.	..	R.
16	Walsall	Mr. Willmore	46	M.	March 7	H.	..	R.
17	Birmingham	Dr. Hickinbotham	38	M.	April 11	H.	..	R.
18	Lichfield	Mr. Clay	28	S.	May 16	H.	..	R.
19	Birmingham	Dr. Quirke	34	M.	July 13	..	P.	R.
20	Birmingham	L. T.	25	M.	Aug. 17	H.	..	R.
21	Redditch	Dr. Mathews	20	M.	Sept. 5	H.	..	R.
22	Coventry	Dr. Fenton	39	M.	Sept. 8	..	P.	R.
23	Birmingham	Dr. Sawyer	40	M.	Sept. 27	..	P.	R.
24	Wanganui, N. Z.	Dr. Conolly	23	M.	Oct. 12	..	P.	..

TWO CASES OF REMOVAL OF OVARY FOR ABSCESS.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.
1872.								
1	Birmingham	Mr. Hallwright	42	M.	Feb. 11	..	P.	R.
1880.								
2	Wolverhampton	Dr. Lycett	37	M.	June 28	..	P.	R.

H means hospital case. P, private case, R, recovery.

TWENTY CASES OF REMOVAL OF UTERINE APPENDAGE FOR PYOSALPINX.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.
1879.								
1	Sutton	Mr. Evans	26	M.	Oct. 11	..	P.	R.
1880.								
2	Hanley	Dr. C. H. Phillips	37	M.	Aug. 3	..	P.	R.
3	Birmingham	L. T.	28	M.	Sept. 24	H.	..	R.
4	Birmingham	Dr. Hoare	32	M.	Oct. 5	H.	..	R.
1881.								
5	Church Stretton	Dr. McIntock	37	M.	March 6	..	P.	R.
6	Darlaston	Dr. Cameron	40	M.	May 21	..	P.	R.
7	Cradley	Dr. Standish	29	M.	June 13	H.	..	R.
8	Dudley	Mr. Samuel Berry	31	S.	Oct. 21	..	P.	R.
1882.								
9	Birmingham	Mr. Green	28	M.	Feb. 2	H.	..	R.
10	Birmingham	Mr. J. R. Harmar	35	S.	Feb. 9	H.	..	R.
11	London	..	27	M.	Feb. 22	..	P.	R.
12	Stafford	Dr. Day	28	M.	March 4	H.	..	R.
13	Stonehouse	Dr. Eshelby	37	W.	March 10	..	P.	R.
14	Wednesbury	Mr. J. C. Garman	49	M.	March 13	H.	..	R.
15	Walsall	Dr. Holliday	31	M.	April 12	H.	..	R.
16	Birmingham	Dr. C. J. Bracey	38	M.	April 21	..	P.	R.
17	Walsall	Mr. G. Sharp	28	S.	April 27	H.	..	R.
18	Manchester	Dr. Lloyd Roberts	32	M.	June 28	H.	..	R.
19	Budleigh	Dr. Evans	28	W.	June 28	..	P.	R.
20	Birmingham	Mr. Briggs	27	M.	Aug. 17	H.	..	R.

The gratifying success which has followed these efforts in abdominal surgery has induced me to venture into fields hitherto untrodden, or very sparsely traversed, and in these my success has been quite as great.

The following is a list of operations of various kinds which have directly issued from the great advance in ovariectomy in 1878, all of which, with one exception, have been successful :

Nephrectomy.....	1
Nephrotomy.....	8
Cholecystotomy for gallstone.....	4
Hepatotomy for hydatids of liver.....	10
Laparotomy for pelvic abscess.....	20
Laparotomy for abscess of spleen.....	1
Laparotomy for hydatids of peritoneum.....	4
Laparotomy for chronic peritonitis.....	8
Laparotomy for acute peritonitis.....	2
Laparotomy for removal of extra-uterine pregnancy...	7

The only fatal case was one of extra-uterine pregnancy with a living child. The mother died of exhaustion, but the child is now about three years old and is thriving.

By no means the least satisfactory groups in the above list are those of acute and chronic peritonitis. In these cases absolute cures have been effected, in every instance, by the simple plan of opening the peritoneal cavity, cleaning it out, and draining it for a short time. That they were cases of an extreme kind might be shown by their details, but probably one will suffice. I take the following description of the patient's condition from a letter written to me by Dr. Justin McCarthy, who sent her to me: "The condition in which I found her was one of the greatest emaciation; seldom have I seen it greater, unless in the last stage of phthisis. There was an enlargement of the abdomen of rapid growth, and she had incessant vomiting and diarrhoea." I opened the abdomen, cleansed it, and drained it on May 18, 1882, and I saw her five months after, stout and robust, and able to perform any kind of work.

In Mr. Spencer Wells' recently published book is given a list of thirty-nine cases of removal of uterine tumor with twenty deaths. This terrible mortality would be more than enough to condemn the operation, and up to a short time ago, in my own practice, the results were nearly as bad, and I did condemn it very strongly. I found, however, from my failures, that it was, as in ovariectomy, the method of dealing with the pedicle which was at fault, and now that I have altered and amended this, I have obtained results which seem to promise that I shall do almost as well in the removal of uterine tumors as I have done in ovariectomy.

Of the twenty deaths in Mr. Wells' list, fifteen occurred with the use of the ligature for the treatment of the pedicle, and only one with the clamp. My experience is quite in harmony with this. I found when I used the ligature, however tightly it was tied, and however carefully I stitched it up like a stump, as advised by Mr. Wells, the stump shrank in a few hours from the escape of serum, the ligature loosened, and the patient died of hemorrhage. In only two cases have I been successful with the ligature, and in both I added the cautery, and did not sew up the stump. Therefore, it need hardly be said that my experience is not in favor of Mr. Wells' recommendations; and it seems to me more than curious to see Mr. Wells deserting the clamp in the very field where its use is promising to be an advance, after he had used it for twenty years in a field where it was a detriment and a hinderance to all progress.

I do not gather from his writings that in the cases where he employed the clamp, that it was other than the old caliper

form, the use of which he made familiar. He seems to have used it in six cases, of which only four recovered, which is much better than his results with the ligature, for with that treatment of the pedicle he had fifteen deaths and only fourteen recoveries. In my own practice I found that the caliper-clamp was fatal because it was quite impossible to close the abdominal wound accurately around the flattened stump, just as in ovariectomy.

I found that Koeberle's plan was open to objection because the small size of the wire cut the pedicle and gave rise to secondary hemorrhage (in two cases), and that (in one case) the wire broke some hours after the operation and allowed fatal hemorrhage to occur. I therefore devised the clamp which is figured on page 285, and which has proved completely successful in every case to which I have applied it, as may be seen from the following list:

EIGHT CASES OF HYSTERECTOMY FOR MYOMA IN WHICH THE PEDICLE WAS TREATED BY TAIT'S CIRCULAR WIRE CLAMP.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.
1880.								
1	Glasgow	Dr. Bruce	41	S.	Sept. 8	..	P.	R.
1881.								
2	Stoke-on-Trent	Dr. Craig	43	M.	Nov. 17	H.	..	R.
1882.								
3	Ellesmere	Mr. J. W. Roe	32	M.	April 23	..	P.	R.
4	Liverpool	Dr. Graham	32	S.	June 13	..	P.	R.
5	Nottingham	Dr. Beddard	41	M.	Aug. 5	..	P.	R.
6	Birmingham	Dr. Hickinbotham	45	M.	Sept. 8	H.	..	R.
7	Cheltenham	Dr. Gooding	44	M.	Sept. 28	H.	..	R.
8	Derby	Mr. Wright Baker	38	M.	Sept. 28	..	P.	R.

H means hospital case. P, private practice. R, recovery.

In one of these cases (4) the responsibility of performing the operation had been declined by Mr. Spencer Wells, and another (7) came to me from the Samaritan Hospital, where she had been under the care of Mr. Knowsley Thornton.

CHOLECYSTOTOMY.¹

Dr. Marion Sims attributes to Dr. Handfield Jones,² and I think correctly, the merit of first suggesting that the liver and

¹ Reprinted from Vol. LXIII. of the Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London.

² Mr. Whitaker Hulke has pointed out that Dr. Handfield Jones' proposal was anticipated by Jean Louis Petit (Memoires de l'Académie de Chirurgie, Tome I, p. 155). How curious that so valuable a suggestion should lie dormant for nearly a century and a half!

gall-bladder should be included within the field of surgical practice more fully than they had been up to that point, and particularly that surgical interference should be made in cases where death is threatened from the impaction of a gall-stone.

To Dr. Marion Sims himself must be given the credit of having followed out this suggestion with his usual boldness and ability, and he himself points out that the case in which he did it was not successful only because the operation was too long delayed.

To my good fortune it has fallen to be the first to follow out Dr. Handfield Jones' idea and Dr. Sims' plan successfully.

Elizabeth M—, aged forty, was admitted to the hospital on August 18, 1879, having been sent to me by Dr. Abraham Colles, of Bridgnorth, on account of an abdominal tumor.

She had been married eighteen years, had borne six children, her menstruation had always been normal, and she had enjoyed perfectly good health until the summer of 1878. At that time she began to suffer from severe spasmodic pains in the right side, these being always aggravated by walking or by lifting even slight weights. In September she noticed a swelling at the seat of pain, and this slowly increased. During last winter her pain became much more intense, her appetite failed, she lost strength and flesh rapidly, and on admission she presented an emaciated and almost cachectic appearance. She also suffered at that time from incessant headache and sickness, and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, in which no fluctuation could be detected, and which was extremely tender to the touch. On examination under ether, this tumor was found to be perfectly movable toward each side; indeed, it could be pushed completely across the middle line to the left side. All round it a note of intestinal resonance could be produced. When pushed over to the left side, its heart-like shape became very apparent, and when it lay on the left side of the vertebral column, with its apex directed downward and to the left, its base evidently retained a connection with the right side.

A careful examination of the urine gave only negative results, though she spoke vaguely of its having been occasionally dark in color, muddy, and deficient in quantity.

At the consultation held upon the case, a variety of suggestions were made for diagnosis, the chief of which were cystic enlargement of a floating kidney, a tumor of the head of the pancreas, and dropsy of the gall-bladder. But no decided diagnosis was attempted, and my proposal to open the abdomen, and thus ascertain the nature of the tumor, was agreed upon.

On August 23d I opened the abdomen in the middle line to the extent of four inches, the umbilicus forming the centre of the incision. It then became at once evident that the tumor was a distended gall-bladder. I passed the needle of an aspirator into the apex, and drew off a quantity of white, starchy-looking fluid, probably amounting to between twelve and fifteen ounces, but I cannot speak positively as to its amount, as it was unfortunately thrown away by a nurse immediately after the operation. I then opened the gall-bladder at the point of puncture, so as to admit my finger, and came at once upon a large, round gall-stone, lying loose in the cavity. This I easily removed, and on further search I found another of rather larger size, and probably of pear-shape, at the entrance of the duct, impacted in it, and evidently the cause of the dropsical distention of the gall-bladder. The removal of this stone was a matter of very great difficulty; in fact, it took a very much longer time to effect than all the other steps of the operation put together. From the long, narrow, funnel-like cavity in which it was lodged, and from the mobility of the bladder, it was very difficult to seize, and when at last I did get hold of it, I found it adherent to the mucous surface. I had then to consider the extreme likelihood that in removing this impacted stone I might tear the walls to which it was attached, and thus certainly kill my patient. I therefore performed a very careful and protracted lithotrity, chipping little fragments off the stone regularly all over its exposed surface till I had the satisfaction of lifting out its nucleus. I then passed a blade of a fine pair of forceps on each side of it, and by a gentle squeeze broke up the remainder, and was then enabled to lift it all out. The weight of the stone removed entire is 4.2 grammes, and that of the fragments I could gather of the broken stone is 2.9 grammes, but of the latter stone as much again must have been lost on the sponges which were packed into the wound during the process of crushing, and upon which I had constantly to wipe my instruments. I washed the cavity out repeatedly, and took every precaution that I could to secure that no fragments were left. I then stitched the wound in the gall-bladder to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and then I closed the rest of the abdominal opening in the usual way. The operation was performed with complete antiseptic precautions, and the anæsthetic employed was ether.

She rallied from the operation completely in a few hours. I dressed the wound antiseptically the same evening at 11 P.M., and found the dressings stained with healthy bile. In the fur-

ther progress of the case there is very little to report, save that the flow of bile from the wound continued till September 3d, when the dressings were discontinued and zinc ointment was used in their place. The stitches were removed and the wound was completely healed on September 9th, when she began to take solid food, up to that time her diet having been restricted to milk and beef-tea. On the 14th she sat up for the first time, and on the 30th she went home quite restored to health, free from pain and all her former symptoms, and having gained at least fourteen pounds in weight.

Looking back upon this case, I do not think that a more accurate diagnosis was possible, for there was an entire absence of those symptoms which usually characterize cases of gall-stone. After the operation she told us that one of her neighbors had said to her one day that she thought the patient was jaundiced, but beyond this no history could be got at of any symptoms pointing clearly to the true nature of the case. The singular mobility of the tumor was also a most puzzling condition. Fortunately, our advanced practice in abdominal surgery makes our limited powers of diagnosis in such a case of less importance, and I thoroughly agree with Dr. Sims that we should not wait till the approach of almost fatal symptoms puts the diagnosis in unmistakable fashion, but that "we shall make an early exploratory incision, ascertain the true nature of the disease, and then carry out the surgical treatment that the necessities of the case may demand."

Since the original publication of this paper I have operated three times for gall-stone, and these have recovered completely.

FOUR CASES OF HEPATOTOMY.¹

I.—On August 15, 1880, I was asked by Dr. Thelwell Pike, of Malvern, to see a lady, Miss E. G—, aged thirty-seven, whose illness had the following history:

Between 1870 and 1872 she broke down in health, suffered from obscure symptoms of which she can now give no very clear account, but which were referred, by three practitioners whom she consulted, to the spine. In 1872 she consulted the late Mr. Carden, of Worcester, who diagnosed some hepatic mischief, but gave no decided opinion.

In 1873 she had a severe inflammatory attack, the symptoms of which were regarded by her medical attendants as being due to diaphragmatic pleuritis. That illness continued for three weeks.

¹ Reprinted from the Birmingham Medical Review, October, 1881.

Since then she has never been well, suffering from bilious attacks, swollen legs and feet, dyspepsia, inability to walk, and great mental depression. She asserts that the right leg has always been more swollen than the left.

In 1876 she and her friends noticed an alteration in her size, she had to have her dress let out, her breathing became interfered with, and an enlargement on the right side became apparent. This increased slowly till 1879, when it was evident that the whole of the right chest and abdomen were enormously increased in size, but it was not till February of this year that any attempt at diagnosis seems to have been made, and the opinion then seems to have been that the enlargement was due to malignant tumor. In July she came under Dr. Pike's care, and he diagnosed it as a case of hydatids of the liver, and this diagnosis was confirmed early in August by Sir William Jenner, who advised the use of the aspirator. Dr. Pike and Mr. Dawson, of Malvern, aspirated the tumor on August 11th, and withdrew a few teaspoonfuls of clear serum, enough to establish the correctness of the diagnosis of multiple hydatids, even though they could find no scolices in it.

When I saw her on the 15th, I found her in such a condition that it was evident death from suffocation and exhaustion was imminent if relief could not be given. She was propped up in bed to relieve her breathing, and was vomiting incessantly. She was extremely emaciated, had a hay-like odor of her breath, pinched features, and yellow skin, and all the symptoms of extreme exhaustion. The hepatic dulness extended from the third rib down to the umbilicus, crossing the middle line to the left all the way for about two inches, and much more at the lower margin. The whole of the right side was occupied by the tumor, no air was entering the right lung, the left was greatly interfered with, and the heart was pushed much over toward the left. Below the right ribs distinct fluctuation could be obtained over the tumor.

Acting upon the principle which I have already advocated in previous communications to the Society, of opening the abdomen in all cases of tumors where life was threatened, and of the malignancy of which there was no certainty, I had no hesitation in proposing abdominal section in this case.

Dr. Pike at once concurred in my proposal, and it was readily accepted by the patient and her friends.

I therefore returned to Malvern the next day (August 16th), and performed the following operation: Dr. Pike gave ether, and I was assisted by Mr. Dawson and Mr. Raffles Harmar. I made an incision four inches long and about two inches to