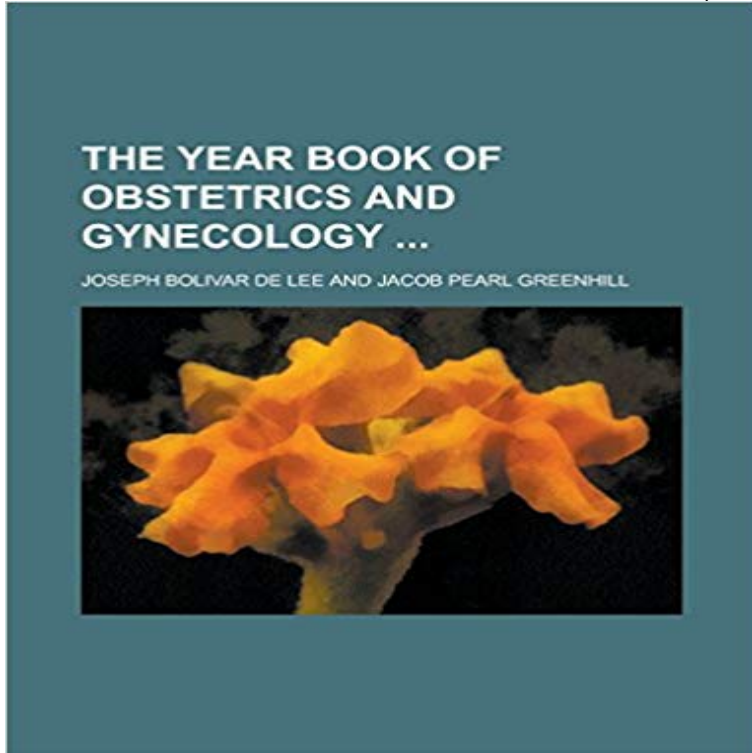


# The Year Book of Obstetrics and Gynecology



This historic book may have numerous typos and missing text. Purchasers can usually download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1902 edition. Excerpt: ...abdominal wound; C, ligature of the ovarian and uterine arteries, and removal of the tumor together with the corpus and supravaginal portion of the cervix uteri; D, toilet of the peritoneum; E, closure of the abdominal wound. A. In case of a large tumor the abdominal incision should be made nearer the umbilicus than the pubes, to avoid the bladder, which by the growth of the tumor is not infrequently drawn up out of the pelvis. The incision, large enough to admit one or two fingers for exploration, may, if the operation is to continue, be sufficiently enlarged to permit the delivery of the tumor. B. The delivery of the tumor through the abdominal wound is sometimes made by pressure on the abdominal walls, around the incision, so as to squeeze it out as one would squeeze pus out after opening an abscess. Usually, however, the tumor is delivered by traction with the hands or with heavy vulsellum forceps. In many cases the tumor is so firmly fixed in the pelvis that it cannot be brought through the abdominal wound until after some pressure forceps or ligatures have been placed upon the arteries and the mass partially severed from the ligaments. If the abdominal incision has been very long, and the intestines are much inclined to protrude through the wound, they may, as soon as the tumor has been brought through, be held back by a large flat gauze pad, or by suture of the upper part of the wound. It is clearly important to prevent protrusion of the intestines and thereby to lessen exposure of the peritoneum. G. In a majority of all cases of hystero-myomectomy, whether complete or incomplete, the operation may be facilitated by the use of long-bladed forceps to secure temporary hemostasis of

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