EXTIRPATION OF THE UTERUS PRACTISED A SECOND TIME, BY M. RECAMIER.

SINCE the first operation of extirpation of the uterus, performed by M. Recamier, it has been twice put in practice at La Charité, by M. Roux,—unfortunately both patients died. Nevertheless, Recamier, nothing daunted, has just performed this formidable operation a second time.

A lady, aged 35 or 36, was attended by M. Broussais for a chronic affection of the uterus, characterised by considerable swelling of the lips of the os tincæ. The posterior edge of this was already deeply ulcerated, and the mischief extending downwards towards the vagina, and upwards into the uterus. Under these circumstances, despairing of success by the ordinary means, M. Broussais called in M. Recamier, who gave it as his opinion, that extirpation was the only means left to be tried. Various consultations were held, at which MM. Marjolin and Desormeaux assisted, and these ended in a resolution to perform the operation, which was accordingly done by M. Recamier on the 13th of January, in the following manner :

The patient was placed upon an elevated bed, in the posture adopted in lithotomy, M. Lisfranc on one side, M. Sanson on the other ; MM. Amussat and Broussais holding apart the lips of the vulva, while M. Recamier, stationed in front of the patient, introduced the index finger of the left hand into the vagina, as far as the neck of the uterus, and then taking one of the pincers, he placed it transversely on the anterior lip of the os uteri, and gave it to an assistant to hold, while he introduced another in a similar manner in the antero-posterior diameter of the same part. He then took both pincers himself, approximated them, and gently drew the neck of the uterus towards the external opening. At this moment one of the pincers slipped. It was reapplied higher up and more firmly than before. M. Recamier then gave both instruments to an assistant to hold, desiring him to keep them directed downwards, that they might not interfere with his manipulations. The next step consisted in pushing up the fundus of the bladder and corresponding part of the vagina, while with a small bistoury, having a convex blade, he gently divided the texture of the vagina at the bottom of the sinus formed by the union of this canal with the anterior lip of the os tincæ : he enlarged his incision laterally, to the extent of about an inch and a half. The operator now laid aside the cutting instrument, and with the nail and forefinger of the left hand, he separated the dense cellular tissue which unites the lower part of the bladder with the anterior part of the neck of the uterus, and in the same manner tore away the peritoneum, which forms the bottom of the *vesico-uterine* depres-

sion; the finger immediately passed into the peritoneal cavity, and was carried, first to the left of the uterus along the upper edge of the broad ligament, and then to the right, in the same manner. At these two times M. Recamier, by means of a bistoury (concave on the cutting edge, and guarded by a sheath), divided a small part of the upper border of each broad ligament, to the extent of about six lines. Then a needle, armed with a double-waxed thread, was successively carried up to the same ligaments, and passed through their bases from behind forwards; one of the ends of the thread was carried forwards, the needle being afterwards removed by a movement the reverse of that employed for its introduction.

In this way each broad ligament was included in the noose of the thread, except at the upper edge, which had been cut, that the peritoneum might not be pinched in the ligatures. A knot was run upon the thread, and firmly tied, so as to exert pressure on the uterine arteries, sufficient to interrupt the circulation through them. These precautions having been adopted, the uterus was instantly seized with the fingers at its base, and held from behind forwards, the broad ligaments cut within the ligatures, the uterus separated from the vagina and rectum, and the operation completed.

During the incision of the broad ligament on the right side, the cutting instrument was carried too close to the ligature, so as to divide it, and cause the knot to slip. M. Recamier immediately said that he would make pressure, which accordingly he did with success. In the former operation, the epiploon alone presented itself at the wound, but on the present occasion, in addition to this, several folds of the small intestine were seen. These were retained by M. Amussat, whilst the operation was being completed. The section of the broad ligament was made a little beyond the ovary and fallopian tube, so that these parts were removed with the uterus, a circumstance which did not occur in the former case.

The patient had hemorrhage in the course of the day, which was arrested by plugging; notwithstanding this, however, blood flowed from time to time till next day, when she died in consequence.

Nothing can be more injudicious than an ill-timed compliment. The narrator of this case, immediately after informing that the cutting instrument was carried too close to the ligature, so as to divide it, and that the patient bled to death in consequence, adds, "Il est superflu de mentionner la *sûreté*, l'addresse, et le rare merite, que M. Recamier deploya dans l'execution de cette operation." We are far from calling the surgical skill of M. Recamier in question, but a better opportunity might have been taken of dwelling upon it.—*Jour. Hebdomadaire.*