

fastened to the instrument. By this means, the bulk of the cyst can usually be reduced to such small proportions that it is possible to withdraw it even through a two-inch opening in the abdominal wall; and the smaller the opening which can be made the better, because the chances of subsequent weakness at this point are reduced as much as possible. A long curved needle is then made to transfix the broad ligament close to the uterus (see Fig. AA.), and the double silk ligature, with which the needle is threaded, is drawn through the opening, and its end cut so that in the transfixed point there lie two ligatures; one of these is then tied tightly round the outer side of the tumour (*vide* Fig. LA.), the other round the inner side, and then again around the outer, so that the arteries and veins are doubly secured. The tumour is then cut away, the ligatures cut short, and after careful observation to see that the stump—which is technically called the *pedicle*—is not bleeding, this is suffered to drop back into its place in the pelvis. The operator will then usually examine the condition of the other ovary, because it is almost an invariable rule that disease in one organ is followed sooner or later by similar disease in the other. If, then, the opposite ovary shows any sign of commencing cysts, the operator will probably remove it also, ligaturing it doubly in the manner described just now. Any blood or fluid which has escaped into the abdomen is then either sponged or washed out with warm water; a small flat sponge is inserted to prevent any blood running down from the incision, and stiches are placed in the abdominal opening, each stitch being carefully passed through the cut edge of the peritoneum on each side, so that when these are drawn together, peritoneum will be brought into close apposition with peritoneum—experience showing that, within a few hours after this is done, the serous membrane will have become firmly glued together at the point of contact, so that even if the muscular and fatty walls of the abdomen suppurate and become inflamed, no pus or discharge will pass through the adherent lining membrane into the peritoneal cavity. The stiches are generally left in for six or seven days, and, as catgut is usually employed, they are very easily removed, and, as a rule, set up little or no irritation in the abdominal wound. It will be understood, therefore, that the ligatures around the ovarian pedicle are left closed in the abdomen, and it is interesting to observe what becomes of them. The blood vessels and peritoneum exude a milky fluid, which covers these and the stump of the tumour. Blood vessels form, and the lymph gradually becomes solid, forming in time a dense fibrous-like collar and cap to the pedicle and around the ligatures, and in due time the latter itself appears to become absorbed and to disappear.

(To be continued.)

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



A Meeting of the Executive Committee was held at 5 p.m. on Friday, the 5th inst. Sir JAMES CRICHTON BROWNE in the Chair. Professor A. R. Simpson and the following Registered Nurses, were elected Members of the Corporation :—

Name.	Trained at
Edith Atkinson ...	European Hospital, Bombay.
(Matron, Cama Hospital, Bombay.)	
Elizabeth Allen...	King's College Hospital and Adelaide Hospital, Dublin.
Lena Beecraft ...	St. Bartholomew's Hospital.
Maria Bruce Cleghorn ...	New Somerset Hosp., Cape Town.
Ada B. Coombes ...	St. George's Hospital.
Harriette Dallas ...	St. Bartholomew's Hospital.
Lavinia Fawkes...	Salisbury Infirmary.
Alice Fox ...	St. Bartholomew's Hospital.
Hester Collins Fox ...	St. Thomas's "
Annie Fraser ...	St. George's "
Frances G. Holliday ...	Royal United Hospital, Bath.
Hanne Larsen ...	General Hospital, Nottingham.
(Matron, N.W. Hospital, Haverstock Hill.)	
Jane H. Mills ...	Chelsea Infirmary.
Dorothea Nicholls ...	Charing Cross Hospital.
Rachel A. Osborne ...	Peterborough Infirmary.
Lucy Ann Primrose ...	St. George's Hospital.
Margaret F. Tatham ...	Addenbrooke's Hosp., Cambridge.
(Lady Supt. District Nurses, Kilmarnock.)	
Ellen Florence Walker...	Grey Hosp., King William's Town.
Dora Jane Williamson (Sister)	General Infirmary Leeds.
Sophia G. Wingfield ...	Addenbrooke's Hosp., Cambridge.

A Meeting of the Sub-Committee, to consider the question of Nursing in South Africa, took place at 5.30 p.m. on Thursday, the 11th inst.

An adjourned Meeting of the Executive Committee was held at 5 p.m. on Friday, the 12th inst.

In reply to a letter received from Miss Janes, the Hon. Secretary of the Central Conference of Women Workers, to be held at Glasgow, on the 22nd of October, requesting that a delegate might be appointed to represent the Chartered Corporation of Nurses, Mrs. BEDFORD FENWICK was unanimously selected and consented to act.

The thanks of the members using the Club Room are due to H. STEAR, Esq., M.R.C.S., of Saffron Walden, and to Miss COLLINS, Grove End Road, for kind presents of books towards forming the nucleus of a library.

Miss TAMAR E. BEAN is to be congratulated upon her appointment as Matron of the Homœopathic Hospital at Birmingham. Miss Bean has previously held the post of Home Sister at the Birmingham Infirmary.

Her Royal Highness PRINCESS CHRISTIAN, President of the Royal British Nurses' Association, has graciously consented to open and preside at a grand bazaar, in aid of the funds of the Association, to be held in the Grafton Galleries, on the 6th, 7th, and 8th of December next. Princess CHRISTIAN will preside at a central stall, aided by Her Highness Princess VICTORIA of Schleswig-Holstein, Lady JEUNE and Lady DUCKWORTH.

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