

**Original Communications.***(Reported for the Dominion Medical Journal.)***MULTILOCULAR OVARIAN TUMOUR AND ASCITES OVARIOTOMY AND RECOVERY.**BY DR. T. MACK,  
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As it is most expedient just at this stage in the progress of pelvic surgery to record, faithfully, all cases of Ovariectomy, whether they terminate successfully, or otherwise, I take the liberty of transmitting, for publication, the following summary of the minutes of a case operated upon by me on the 21st November last, at the Suspension Bridge, New York :

Mrs. Eagan, a spare woman, of low stature, et. 41, came into the private wards of the "General and Marine Hospital" at this place, to put herself under my care, for the relief of a very considerable abdominal enlargement about the exact nature of which, she stated, that she had received very discrepant opinions from the various surgeons she had consulted upon the subject.

Upon a careful examination, with the assistance of my brother, Dr. F. L. Mack, we diagnosed dropsical effusion in the peritoneal cavity, and an ovarian tumour on the right side. Dr. J. Goodman, who was present, coinciding in the diagnosis, and pointing out, especially the probability of the right ovary being the organ involved. In a few days she left the Hospital, and returned home, avowing her purpose to submit to a surgical operation, if no relief could be obtained by purely medical means. After the lapse of about a fortnight she sent for me to perform the operation at once. I then fully explained to her the dangers, and serious nature of the operation, and she expressed her readiness to undergo it, and to commit herself entirely to my judgment. She could not be induced to come back to our little hospital here, preferring to remain

at her own residence, and there abide the issue. Finding her determination not to be shaken, I appointed the 21st. Nov. for the operation, although every external circumstance about her abode was unpromising for a successful result.

On the 21st November, 1868, in consultation with Professor J. P. White, of Buffalo, Doctors Ware, Eddy, Watson, Aberdeen, Clark, of Niagara Falls, and several other professional gentlemen, I proceeded to the operation, without previous tapping.

It was intended to secure the peduncle by the actual cautery a la Baker Brown, but we found that, by an oversight, the large clamp for the purpose had been left behind by Dr. White, who improvised a substitute, by wrapping a forked piece of shingle, with lint, and covering it with glazed paper, to render it a non-conductor of heat.

Chloroform having been administered by Dr. Aberdeen, I made an incision through the linea alba, down to the peritoneum, from the umbilicus, downwards towards the symphysis pubis, about five inches in extent. Having made sure that no vessels required securing, and a small opening having been effected, a director was introduced, and the peritoneum slit up the length of the external wound; a large gush of clear ascitic fluid followed instantly, and Dr. White pushed forward the tumour toward the opening. About forty pints of serum having escaped, the tumour was carefully examined, slight adhesions, chiefly omental, were easily broken down, the surface was found to be irregular and lobulated, the peduncle proved to be on the right side. Upon thrusting the large trocar into this mass, the contents did not escape. Upon attempting to eviscerate it, the parenchyma resembled hepatic structure in colour. After enlarging the incision, sufficiently, the tumour was drawn out, and a metal clamp was passed around the peduncle; this having broken, at one end, when screwing up tight, a silk cord was wound round the end;