

## OVARIOTOMY.

## OPERATING UNDER DIFFICULTIES—RECOVERY.

BY ALEX. FORIN, M.D., ROSSLAND, B.C.

In the following account of a laparotomy there is nothing exceptional to report, but in the house and surroundings as seen in the illustration.

On the 15th of last April I saw the patient for the first time at her home about two miles out of Rossland. I learned that she had been under the care of Dr. H., who advised that she be taken to Spokane, some 150 miles distant, for operation. The patient was suffering severely from pain in the right pelvis. Upon examination I found a tumor in the region of the right tube; but the examination was not satisfactory on account of the tenderness of the parts internally, and a large, raw surface externally, the result of a blister that had been applied some days before. From the meagre examination I diagnosed ectopic gestation. The symptoms experienced by the patient substantiated such a diagnosis. Then, again, for about two weeks before and at my first visit, she had a bloody discharge from the uterus of a dark, shreddy and malodorous nature, also pointing to that condition. Consequently, I advised operation as soon as convenient. Sunday, the 18th April, was the time chosen. There was not much choice between removing her to Rossland, where we have no suitable place for aseptic work, or attempting the operation at her own home, which was a two-roomed slab shack, one room used as a sleeping-room, the other used as sleeping, kitchen, and dining-room combined; but finally the latter was selected. I told the husband that I wanted him to procure a new outfit for her bed, to be put in place during the operation, as the discharge that had been present for the previous two weeks had contaminated the bed and rendered it unsafe for the patient after so serious an operation. These instructions were not carried out; but this I did not find out until I put the patient back in her bed after the operation—there was not even clean sheets to put next her.

*Technique.* The patient was given a bath the night before—the abdomen scrubbed with green soap and warm water, then with alcohol, followed by bi-chloride solution 1-1,000. A poultice of green soap and olive oil was then put on the abdomen where it remained until the patient was on the operating table. The bowels were moved by cathartics and enemata; the bladder emptied by catheter. As for the dressings, I had them all sterilized the day before at my home; the gauze, sponges, pads, etc., were rolled in cotton and sterilized in a Boeckman (St. Paul) sterilizer for two hours, afterwards put in stout paper bags and tied securely; my gowns were treated in the same manner; the towels used were kept clean by putting in a pillow-case before being put in the sterilizer, and taken out as wanted for use. The sheets used on the table were also sterilized. My Kelly pad was washed in bi-chloride 1-500.

The instruments were boiled with the silk and silkworm gut in a soda solution for half an hour before operating.