

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XX.] TORONTO, MAY, 1888. [No. 9.

Original Communications.

OÖPHORECTOMY, AS PERFORMED BY DR. JOHN B. DEEVER, OF PHILA- DELPHIA.

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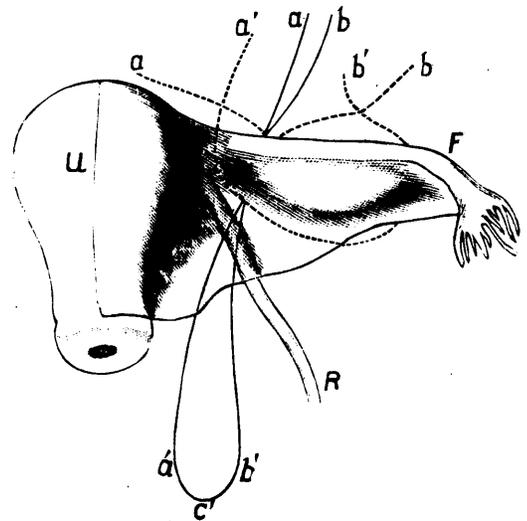
CASE.—N. W., æt. 36, married. Patient having been in hospital for a week; the bowels were thoroughly emptied two or three times by salines; appetite improved by tonics, and skin brought into healthy action by baths and friction. On 23rd Jan., '88, the day preceding the operation, the patient was given a saline cathartic, and had hair on abdomen and part of pubes shaved off.

Jan. 24. In a.m. patient was given an enema, and had abdomen and genitals washed with soap and warm water, the creases around umbilicus being thoroughly cleansed; this was followed by a boracic acid bath. The abdomen and pubes were then washed with the following solutions, in order named: linimentum saponis co., spts. turpentine, sulphuric ether, and solution of corrosive sublimate (1 in 2000). Towels wet with the last solution were then placed upon the parts until time of operation, four hours later. Some beef-tea, and milk and lime water were also administered.

The patient having been anæsthetized with ether, was carried into operating room and placed on a narrow, short table, with buttocks resting close to the lower end, over which the legs projected, supported by an assistant.

The operator and assistant were arranged as follows: the operator on patient's right side, chief assistant on left, behind whom was a third who took charge of instruments, etc., the fourth administered the anæsthetic, and the fifth supported the patient's legs.

An incision about two inches long in median line, was made, midway between the umbilicus and pubes, dividing skin, superficial and deep fasciæ. The small divided vessels were immediately caught up with hæmostatic forceps, a point which was particularly noticeable, and the surfaces of the wound sponged. The incision was then continued through the linea alba down to peritoneum. The operator and chief assistant now washed their hands in hot boiled water. The peritoneum was now caught up with forceps, incised with knife, and slit up to extent of $1\frac{1}{2}$ inches, using finger as director. The operator again dipped his hands in hot water and then passed the index and middle fingers of left hand into abdominal cavity, hugged the under surface of abdominal wall, displaced



a a' and *b b'*, two halves of ligature which has been divided at loop.

c. The dotted lines show how the two ends of each ligature are brought together and tied.

r. Round ligament. *f*. Fallopian tube. *u*. Uterus.

upwards the great omentum, and located the fundus uteri. He then placed the index finger in front and middle finger behind the left Fallopian tube, by which means he was able to grasp the left ovary. It was bound down to the floor of the pelvis by adhesions, which having been carefully separated by fingers, it could be brought to the opening in abdomen, when its pedicle was transfixed, close to the cornu of the uterus, by an ordinary aneurism needle threaded with strong twisted Chinese silk. The loop of silk was then grasped and needle withdrawn. The loop was then divided,