

Midwifery.

DEATH AFTER OVARIOTOMY, DUE TO PRELIMINARY TAPPING.

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In the last series of one hundred operations which I have performed for the removal of ovarian cystoma, there have been three deaths, and in all of these cases the patients had been previously tapped. The deaths were all of the same kind, and were due to the same cause—heart-clot; and they would, I feel sure, most certainly not have occurred but for the tapping. With such an experience, I think it quite time that a strong opinion was pronounced against the practice of tapping ovarian tumors in all cases where removal of the disease is possible.

I propose to allude particularly to only one of these cases, and to give it without any details, such as might lead to its identification, for I do not desire to convey an impression that I blame the gentleman who performed the tapplings. He was but carrying out the principle which until lately governed our practice in such cases: to palliate and stave off the major operation as long as possible. Whilst the mortality of ovariectomy with the clamp was *twenty-five per cent.* this was the correct thing to do, but now that the mortality is only *three or four per cent.*, especially when the whole of that very small death-rate seems to be due entirely to conditions produced by delaying the operation, we must reverse our practice and perform ovariectomy in an early stage of the disease. If my operations were confined to cases which had never been tapped, I think I should have no mortality at all, or, at any rate, less than one per cent.

The case in question was one in which neither the age of the patient nor the character of the tumor were such as to warrant an unfavorable prognosis, but I told my friend who sent me the case that she would probably die of heart-clot in thirty or forty hours after the operation, because she had been tapped a great many times. On the day of operation she was of immense girth, yet sixty pints of fluid had been taken from her only a few days before.

The fluid was intensely albuminous, that is to say, it was made viscid by a large amount of one or more of those mysterious inconstant coagulable substances found in ovarian and ascitic fluid. I have made prolonged researches on the nature of these substances, and so far I have found no two exactly alike, and, therefore, I look upon it as hopeless to expect that we shall ever be able to reduce them to order or to a satisfactory nomenclature. It is perfectly certain that the abstraction of these albuminous substances in large quantities deprives the blood of some very important items of its constitution, and it is no less certain that when the blood has been robbed of these substances the rest of its constituents, or some of them, have a tendency to coagulate in a most unusual way. The patient of whose case I am speaking did not look anæmic, and she was not very much emaciated, but within three years she had had at least seventy gallons of fluid, with about eight per cent. of solid matter in it, removed by tapping.

Unfortunately the result of the operation fulfilled my prediction. In a few hours the swelling of her legs, the difficulty in breathing, the slight delirium, the rapid rising of her pulse and its speedy disappearance from the extremities, showed me that my previous experiences were being repeated. From the point of ligature in the stump a firm, colorless clot began to grow. It gradually occupied the whole venous system, finishing its work in thirty-six hours. Such an ending I have never seen in any case in which there had been no repeated previous tapping. I conclude from this and from the fact that all the three deaths in my last hundred cases have been of exactly the same kind, that ovarian tumors should never be tapped until it has been ascertained that they cannot be removed.

If a patient is once tapped she insists on its repetition, as long as she gets a few weeks' relief from it, whereas, if she had the tumor removed in an early stage, she would have permanent relief without risk. The first tapping is, therefore, the step that is to be avoided, for not only is it risky in itself—far more risky, I believe, than the removal of an untapped ovarian tumor—but it complicates the subse-