

PERITONITIS.

THOMAS says: "The evils which are chiefly to be feared as sequels of the operation are, within the first twenty-four hours, hemorrhage; from second to fourth day, peritonitis; from completion of operation to third or fourth day, nervous prostration; and from 4th to 14th day, septicæmia."

WELLS says: "After ovariectomy, the most frequent cause of death is peritonitis, or some form of fever or blood-poisoning, so often associated with peritonitis."

BARNES says: "A more serious form of peritonitis is one that seems analogous to the puerperal form. Here there is commonly septicæmia, or inflammation is propagated from the seat of the pedicle, in which some unhealthy action is going on. * * Septicæmia may occur, although not commonly without much peritonitis. The symptoms then are very similar to those of septicæmic puerperal fever, and should be treated in a similar manner."

FEVER.

Very recently, Mr. J. Knowsley Thornton, of London, read a paper before the *Royal Medical and Chirurgical Society*, asserting that there is a fever following ovariectomy. For many of his data he was indebted to Mr. Wells, whom he had assisted in the greater number of his last 300 operations. He believed there was a simple fever distinct from that caused by peritonitis or septicæmia, but liable to lead to serious lesions in important organs, if not checked; attributed this form of fever chiefly to the sudden increase in the volume of blood circulating in the body after the removal of the large circulating area contained in the tumor; and indicated the various organs which might suffer, drawing special attention to the brain as receiving a large blood-supply. Mr. Wells, who was present, coincided with Mr. Thornton, and said he had noticed that the chief cause of death after ovariectomy, was not peritonitis so much as fever.

This new theory, sustained by the authority of Mr. Wells, must, I presume, be accepted; and fever—pyæmic fever—added to the catalogue of sequelæ following ovariectomy. This condition, separately, or in conjunction with peritonitis, would certainly make the symptoms, as suggested by Barnes, analogous to those heretofore known as "puerperal fever." But this makes "confusion worse confounded," as the great discussion of the Obstetrical Society, of London, in 1875, decided, if it decided anything, that there is no such dis-

ease as puerperal fever, *per se*. This opens a wide field for discussion which we cannot here enter. The practical question which concerns the ovariotomist, is: are the sequelæ following ovariectomy analogous to those following parturition, be they fever, peritonitis, pyæmia, septicæmia, or ichorrhæmia? We must, I fear, leave these questions to be settled by investigators having the opportunity of pursuing their enquiries on a large scale; and, in the meantime, treat the cases under our care according to the light and knowledge in our possession.

Since the symptoms of peritonitis, and the condition designated septicæmia, are so graphically described in recent works, it is unnecessary to detail them in this paper.

The operator must be constantly on the watch for untoward symptoms, and should, at any time, the temperature advance one or two degrees above the normal condition, while at the same time the pulse and respirations become more frequent, he must immediately take steps to control the circulation, and lower the temperature. The wound, and drainage-tube, if employed, must be examined and carefully cleansed. A full dose of fluid opium must be given at once, and repeated every three or four hours, or, as often as necessary to keep the patient free from pain. In addition I would give ten grains of quinine, in powder, mixed with two grains of aromatic powder, every two or three hours by the mouth, if the stomach will retain it, and if not, then in enemata with the brandy which must be now increased, as well as other sustaining nourishment. Local hot fomentations and turpentine stupes, or dry heat with soft flannels are useful and sometimes afford great comfort.

The head should be somewhat elevated, and kept cool by means of the iced-water cap, or with bladders partially filled with pounded ice constantly applied to every part of it and the nuchal region. I have seen this treatment arrest a violent attack of puerperal peritonitis, and also a pretty high fever following ovariectomy. Some resort to blood-letting, and the administration of aconite, and veratrum viride, as a means of reducing the febrile temperature, but I must confess that I have no faith in such therapeutics; indeed, in a disease of an asthenic type, I believe they do positive harm by unduly depressing the vital forces.