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REMARKS ON OVARIOTOMY.

WITH AN APPENDIX.

CONTAINING THE HISTORY OF SEVERAL TYPICAL CASES MET WITH IN PRACTICE.*

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APPENDIX.

CASE I.—*Ovarian disease, of four years duration.—Ovario'omy—Unilocular cyst.—Pedicle secured by the Extra-peritoneal method.—Recovery.*

M. H., Canadian, aged 23, single; a smart, active, dark-complexioned, healthy looking young woman; but presents the appearance of a pregnant female at full term. Has always enjoyed good health; menstruates regularly; and her appetite and digestion are good.

The enlargement commenced "low down" in the pelvis at least four years ago, but cannot remember that it was on one side more than on the other, when, however, she became very large, the left side was fuller and more uncomfortable than the right. Her size, she is sure, varies. The abdomen measures 35 inches at the umbilicus, and 15 from the ensiform cartilage to the pubes. It is oval and convex, perfectly smooth under palpation, dull on percussion, and yields fluctuation in every part of the enlargement. There is neither hardness nor tympanitis at any point, even on change of position from side to side. The uterus is normal both in size and position. Neither bulging nor fluctuation can be elicited through the vaginal walls.

Diagnosis: ovarian tumour—unilocular.

Ovariotomy.—Four days after the cessation of the menses, the patient having been well prepared and settled in a cheerful well appointed room, was chloroformed, and an incision, four inches in length, was carefully made on a groved director, in accordance with the method recommended on page 227. On opening the peritoneum a small quantity of ascitic fluid escaped and the white, glistening wall of the cyst came into view. No adhesions being within reach of the fingers, a large steel sound, warmed and disinfected, was also passed carefully around the tumour without meeting with any obstruction. The patient was then turned on her left side when the tumour immediately bulged into the wound. It was now seized near the upper end of the incision by a pair of strong, long-toothed forceps and firmly held *in situ* while a large trocar was plunged into the cyst. Three gallons of thin water colored fluid quickly flowed away through the canula, and as the cyst collapsed it was easily brought through the wound by means of gentle traction with the forceps. The cyst was found to have sprung from the anterior edge of the left ovary and the corresponding portion of the broad ligament. The right ovary was in a normal condition. The pedicle which was about two inches wide and of moderate length was secured by Keoeberle's clamp, but as this did not constrict the stump satisfactorily, a ligature was also used and the stump mummified by the actual cautery. Not a drop of blood nor cyst fluid had escaped into the peritoneal cavity, and as there was no hemorrhage along the course of the abdominal wound it was immediately closed by three deep, and four superficial, silver wire sutures. A light compress of lint saturated with carbolized oil was placed over the wound, then several layers of cotton-batting, two or three napkins and a wide bandage completed the dressing. The patient was then placed in a good warm comfortable bed, with the shoulders and thighs raised for the purpose of diminishing the tension upon the abdomen. Forty drops of laudanum with fifteen of aromatic hartshorn were given in a desert-spoonful of cold water; pulse 84; head cool, but somewhat excited and flighty—the effect of the chloroform. The cyst and contents weighed 27 pounds; thepatient slept nearly all the afternoon and evening, waking occasionally, and vomiting three or four times. Had nothing but small pieces

*Read by title at the meeting of the Canada Medical Association held in Montreal, 12th and 13th Sept., 1877.