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Two Cuses of Ovariotomy; one unsuccessful and one successful. By ROBERT CRAIK, M. D., Professor of Chemistry in McGill University; Consulting Physician to the Montreal General Hospital, &c., &c., &c.

At the present time, when everything connected with the operation of ovariotomy, and indeed with ovarian disease in general, is attracting more than usual attention, both from the greatly increased frequency of the operation itself and the constant improvements in the manner of performing it, even individual cases, when faithfully reported, become instructive, and more particularly so when the course of the disease has been followed from its commencement to its close. This is especially the case in a country like ours, where there are as yet no great operators, and where patients are dealt with in almost all cases by the practitioner into whose hands they happen first to fall.

As my experience in this department of the profession has been quite limited,—confined in fact to my own two cases and about half a dozen occurring in the practice of others,—I propose simply to give a report of the cases, as nearly as possible as they were set down in my notes at the time, leaving them to convey their own lesson in their own way, and only venturing on such brief remarks or explanations as the peculiarities of the cases seem to render necessary.

I would ask my readers to remark that the first of the two cases ocurred more than six years ago, at a time when the operation of ovariotmy was almost if not altogether unknown in Canada, except from reading; and even in Europe its success was far below the point to which it is now attained, and by many writers it was still looked upon as a derive resort, to be undertaken after all other means of cure had been tried and failed.