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HYSTERECTOMY WITH AND WITHOUT A PEDICLE: A CRITICAL REVIEW BASED ON CLINICAL HISTORIES.*

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For many years ovarian tumors were left inside of the abdomens of the poor unfortunates who carried them to their graves, after many tapings. To-day the weight of opinion is against such an apparently innocent procedure as tapping. Ovarian tumors that have never been tapped and that have never been the seat of inflammation can be readily removed in five or six minutes. No operation in surgery is simpler. Ovarian tumors that have been tapped or left so long that they have repeatedly become the seat of inflammation *cannot* be readily removed in five or six minutes. Such operations will tax the patience of the operator and the endurance of the patient. *Fibroid* tumors that grow, as they very frequently do, from a pedicle, or that fill up, as they frequently do, the fundus uteri, if they have not been left so long that they have repeatedly become the seat of inflammation or have not been tampered with (not by the trocar, but by the electrode), *may* be readily removed by an experienced operator, not, it is true, in five or six minutes, but at least within an hour. Fibroid tumors that have

been left to inflame after child-birth or miscarriage, after the use of electrodes introduced per vaginam or through the abdominal wall, fibroids that have become firmly adherent, can *only* be removed with *great* difficulty, and at times *cannot* be removed at all. Early operation for ovarian tumors is now the fashion, and rightly so. Ovarian tumors were said by the older authors to do but little harm, and patients were advised to have no graver operation than a tapping done—a temporary but grateful relief. It has for some time past been the habit of the profession to advise against the removal of fibroid tumors of the uterus, not because they could be tapped from time to time, but because they were supposed to be innocuous and to disappear at the menopause as readily as the stars do at the uprising of the sun. Instance upon instance has been quoted of patients suffering for years with fibroid tumors, suffering with pressure pains, with hemorrhages, with inflammatory attacks; going around with distended bellies carrying in their abdomens tumors that may suddenly take on some cellular change that will imperil the possessor as much as if she had a charge of some deadly explosive in her abdomen; and yet because such patients drag on a miserable existence, and because operation for the relief of such a condition is believed to be extremely hazardous, they are advised to let nature take her course. In no other instance is such a surgical blunder made. As the experience of any one becomes extended, he must be convinced that if operation for the removal of

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