

*Dec. 8—9 a.m.*—Passed a pretty comfortable night. Did not use suppository; vomited a little, and had some eructations of wind; pulse 84, temp. 100° F. As there was some blood stain on dressing, I changed it under carbolic spray, removing the drainage tube.

*Dec. 9—9 a.m.*—Two suppositories used since yesterday morning, for pain and soreness. Slept well most of the night; vomited once this morning; pulse 68, temp. 99.5° F.

*Dec. 10—9 a.m.*—Rested well, one suppository being used at bedtime. Not much vomiting and less eructation of wind. Takes very little nourishment and desires but little; pulse 72, temp. 99.4°.

*Dec. 11—10 a.m.*—One suppository last night. Rested well; pulse 76, temp. 100.2°. Complains of dressing feeling stiff and uncomfortable. I therefore changed it under spray; wound looks well; only slight stain on inside gauze.

*Dec. 12.*—Took a drachm and a half of paregoric last night instead of using suppository. No vomiting for the last two days; pulse 88, temp. 99.6°.

*Dec. 14.*—One and a half suppositories used since the 12th; pulse 88, temp. 100°.

*Dec. 15—9 a.m.*—Some pain in back last night; also a chocolate-colored discharge, amounting to about 3ss, came from vagina this morning; pulse 96, temp. 99.6°. 3.30 p.m.—pulse 96, temp. 101.4°. Not much pain complained of. Wound dressed; no discharge; no redness of skin, nor marked tenderness on palpation; an induration of deep tissues, about three inches in diameter, however, was felt in the region of the wound. Sutures removed. On examination per vaginam, I felt no marked induration of roof of vagina, nor was there noticed any want of mobility of the uterus. I did not however push my examination, but touched the parts cautiously, and some slight change from the normal condition of the parts may have been present without my observing it. On withdrawing fingers, I found them covered with a thick purulent fluid, which the nurse stated was exactly like what had been discharged previously. Ordered hot vaginal douches of carbolized water three or four times in twenty-four hours.

*Dec. 16—9 a.m.*—Rested fairly without opiate. Had a dejection this morning, being the first since operation; pulse 96, temp. 99.6°.

*Dec. 18—9 a.m.*—Not much discharge for last day or two from vagina; pulse 72, temp. normal.

Considerable discharge found on dressing, which was changed. Probe entered an inch in centre of wound. Discharge was of a thin dirty character, and the odor somewhat fecal. A small drainage tube put in.

*Dec. 21.*—Discharge from wound is growing much less; none from vagina. Bowels moved yesterday; appetite improving; temp. normal. Has been taking a quinine mixture for a few days.

*Dec. 25.*—A sinus still keeps open, at the bottom of which is felt the wire suture. I therefore with some difficulty removed it.

*Dec. 30.*—Still slight discharge; pulse 80, temp. 98.8°.

*Jan. 15.*—Doing well; has sat up more or less for a week. Only a superficial sore now, the sinus having closed.

*Jan. 28.*—Wound soundly healed. No impulse felt by me on coughing, though patient herself feels something "give" at the point of hernial opening. A soft, easy truss applied.

*April 20, '83.*—Patient has been doing general housework as a servant for the last year or more. Rupture gives her no trouble, though truss is still worn. On examination, I find a distinct impulse on coughing, but no protrusion of consequence occurs. She is very subject to coughs and colds, and has suffered several times pretty severely from them during the year.

REMARKS.—There are two or three points in the above case worthy of notice. First, the rather uncommon presence of an ovary in the hernial sac, and its removal along with the omentum. Secondly, the occurrence of suppuration in the deep parts of the wound and the discharge of pus through, I believe, the stump of the Fallopian tube into the uterus and hence into the vagina. Suppuration in this situation would probably much more likely occur on account of air entering through the uterus to that part of the wound, especially as three or four inches of Fallopian tube were removed with the ovary. I believe that, under the antiseptic precautions used, there would have otherwise been no suppuration at all.

Thirdly, we have the return of the hernia to a certain degree after its apparent cure. This is a result only too apt to follow some time after any operation for its radical cure. Many patients after Wood's operation, who have seemed thoroughly cured at the time, subsequently suffer from a re-