

Original Communications.

A case of Ovariectomy. By E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Montreal.

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The patient in this case is an Englishwoman of fair complexion, rather above the medium height, of good muscular development, and very good general health. She has been in Canada about one year, is eight years married, has had no children, of regular habits of life, and by occupation an envelopemaker. She first consulted me in December last about an enlargement of her abdomen, and wished to know if she was pregnant.

Upon enquiring I found she had been ill and treated for inflammation of the bowels, in January, 1871, at which time she had severe pains all over the abdomen, but most markedly in the umbilical and lumbar regions. This attack was accompanied by constipation of the bowels and considerable nausea. So far as she can remember there was no difficulty with the generative or urinary organs. She fancied, however, that after her recovery there was more than usual fulness of the abdomen. She had always been quite regular and natural in her monthly flow, and therefore wished to know what made her so stout.

On examination, I detected and drew her attention to a large tumor occupying the cavity of the abdomen, which had heretofore escaped her notice. The tumor was exactly in the middle of the cavity, and about the size of a uterus containing a six months' fœtus. It was also freely moveable, and had never caused any pain or inconvenience. The areolæ was dark-colored, and the sebaceous tubercles enlarged. On making an examination per vaginam, found the uterus occupying a median position. The brim of the pelvis is occupied by the tumor but not bulging into the cavity of the pelvis; could detect no fœtal or placental murmur. Under these circumstances, I told her I could not give a decided opinion at the present time, but that probably she was in the family way. This state of uncertainty continued up to March, when the patient affirmed most positively that she frequently felt movements in her abdomen, which she believed were due to the child kicking. In April, the abdomen began to enlarge rapidly

and caused considerable dyspnoea. In June, the enlargement was so considerable that she not only was short of breath, but was beginning to lose her appetite and growing emaciated. The menses were still regular, and as she had passed the period when gestation should have been completed, and as all positive signs of pregnancy were absent I now informed my patient that she was not pregnant, but that she had an ovarian tumor, which fact had been intimated to her months before. On 1st July she had a sharp attack of peritonitis, which, however, rapidly subsided under appropriate treatment.

In order to render the diagnosis certain, I now tried to introduce the uterine sound, but after much persevering effort failed to do so.

Dr. Hingston saw the case with me early in July, and also failed to introduce the sound. The same result attended Dr. Craik's efforts, who saw the case with me a week or two afterwards. Both gentlemen agreed with me, however, as to the diagnosis and the desirability of an early operation. I suspected the tumor was connected with the left ovary, from the fact of the patient being able to sleep with more comfort on the left than upon the right side. Fluctuation was fairly well marked. The external surface of the tumor was unequal, from which fact and its rapid growth it was believed to be multilocular.

OPERATION.

The patient being very anxious to have the operation performed without further delay, and having ordered her some lithia water to correct a slight derangement of the kidneys, and aperients to regulate the bowels, on 2nd Sept., 1873, at 3 p.m., assisted by Drs. Godfrey, Craik, F. W. Campbell, Kennedy, Gardner, and Wilkins, the operation was undertaken. Anæsthesia was produced by the administration of half a drachm of chloroform, and then continued during the operation by ether. The patient went quietly and quickly under the influence of the anæsthetics, the pulse and respiration being regular and tranquil throughout.

An exploratory incision was made in the linea alba to the extent of about four inches, the tissues below the integument being divided separately on a director till the tumor was reached, which was found to be as diagnosed. The incision was then extended upward and downward till it was about $5\frac{1}{2}$ inches long.