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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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CLEANSING THE PERITONEAL CAVITY.

Before closing the external incision the opposite ovary must be examined, and if cystic degeneration have commenced there, the ovary should be removed and the peritoneal cavity thoroughly cleansed; carelessness at this stage may jeopardize the result of the operation, as every drop of fluid or particle of *débris* remaining is liable to decompose. After the hemorrhage† has ceased and all coagula been removed, the abdominal parietes, the intestines, and particularly the pelvic cavity must be carefully and thoroughly sponged, with new, soft sponges frequently squeezed out of warm, slightly carbolized water.

DRAINAGE.

The propriety of inserting a drainage-tube into the pelvic cavity before closing the incision, in all cases where decomposition and septicæmia are apprehended, is a question still *sub judice*. By reference to the appendix it will be found that in several instances there recorded, the drainage-tube was thus inserted. In each of these cases during the first and second days, a large quantity of reddish serum escaped around the tube and pedicle, saturating the dressings and folded sheets underneath the patient; threatening symptoms also appeared, but so soon as a small quantity of pus and *débris* were withdrawn through the tube, the pulse and temperature immediately fell, and convalescence was progressive thereafter.

I was induced to make use of the drainage-tube from observing its beneficial operation in New York, while on a visit to that city, in 1873. By kind invitation of Prof. Thomas, I enjoyed the privilege of seeing that gentleman perform ovariotomy, and insert the glass drainage-tube; and subsequently by invitation of Dr. Marion Sims, I had the pleasure of visiting the wards of The Women's Hospital, and assisting him in washing out the pelvic cavity of one of his ovariotomy patients. In this case there was not only a tube through the abdominal wound, reaching down into Douglas's cul-de-sac, but also another tube passing up through the fornix vaginæ into the same pouch. Through the upper tube a disinfectant fluid was gently and slowly injected, which came away through the lower one, bringing a quantity of pus with it. The injection was thus continued until the fluid returned free from pus. The patient had the hectic-flush, and, to me appeared very low indeed. Regarding, at that time, such a condition hopeless, I remarked to Dr. Sims, as we left the ward, "that poor woman is near her end," He placidly replied, "She! no indeed, that woman is now convalescing nicely."

The importance of this step in the after-treatment of ovariotomy, justifies, even at the risk of being considered tedious, the following summary of Prof. Thomas's published views thereon:

"No one familiar with ovariotomy," he remarks, "will to-day doubt the assertion that the two factors which prove most fatal after it, septicæmia and peritonitis, are both in great degree due to the retention of putrescent materials within the peritoneal cavity. These materials may have escaped from the cyst during or before the operation, or may consist of blood or serum oozing from vessels while the operation proceeds, or some hours after

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

†"I have had two cases; one complicated with pregnancy, was attended with considerable hemorrhage. This I checked by the application of flannels dipped in hot water. In such cases I can recommend hot water." Dr. Theophilus Parvin. See *Transactions of International Medical Congress, Philadelphia.*

"I have also seen the per-chloride of iron used to sponge bleeding points after the sundering of strong adhesions, and without any of those formidable results which some writers attribute to its passage through the Fallopian tubes after intra-uterine injections." Dr. Robert Barnes. *Transactions I. M. Congress, Phila.*