

The proposition originated with Dr. Battey, some six years ago, and as Dr. Goodall observes, somewhat startled the medical profession. The object aimed at is that of lessening or stopping the periodic congestion of the womb, in fact establishing an artificial menopause, thus by cutting off the supply to, and causing decrease or dispersion of the fibroid growth. The doctor puts forth a plausible theory, but more time and experience will be required to test his method in practice. Some supporters of the doctor's views seem to think that it may be considered by many as an objectionable mutilation, causing barrenness, and unsexing the woman, yet they consider it quite justifiable in consequence of its being far more successful and less dangerous than enucleation, or even attempted enucleation, and not so great or so dangerous a mutilation as extirpation of the fibroid uterus. If this operation is ever regarded with favor by the profession, its early performance should be done in suitable cases, before the patient is worn out by exhausting hemorrhages and long suffering.

#### CASE OF OVARIOTOMY—RECOVERY.

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Mrs. G., aged 34, applied to me in the latter part of 1877, concerning an enlargement of the abdomen, which she had noticed since the birth of her last child, then two years old, and which she said had been gradually and steadily increasing.

After a careful examination I pronounced her trouble to be an enlarged ovary, and explained to her the probable result. I told her that after a time she could have the palliative operation (tapping), or the curative and more formidable operation of removing the sac. She declared she would die before she would consent to the latter. I saw her occasionally until September 1878, when, owing to the burden of the tumor she willingly consented to be tapped, but persistently refused the major operation. We tapped her with a large sized trocar, and removed 34 lbs. of a dark colored grumous fluid, after which she gained flesh rapidly for a time, but before three months she noticed that she was again increasing in size, and after this increased very fast. As soon as warm weather set in last spring, she found herself considerably burdened and lost flesh rapidly, so that by the middle of

September she concluded something must again be done or she must soon die from exhaustion. By this time she had become so emaciated that she only weighed 128 lbs., her ordinary weight before the growth of the tumor being 135 lbs. About this date she again consulted with my partner in business, Dr. Stanley, and myself, when we again gave her the choice of the operations, and told her candidly of the probable result. This time she chose ovariectomy, and we decided on the 1st of October as the day for the operation.

Having selected as assistants, besides Dr. Stanley my partner, Drs. Harvey and Newell, of Watford, all three of whom were formerly my students, knowing their reputation and ability as practical surgeons, which, by the way should always be taken into consideration by the surgeon, before commencing any major operation, as a great deal depends on the efficiency of the assistants at such times, we commenced the operation, using pure chloroform as the anæsthetic, Dr. Newell attending to it very carefully. As soon as she was profoundly under its influence I made an incision through the integument, extending it from the umbilicus to within 1½ inches of the pubes. I then carefully cut down to the peritoneum, made a small opening in that membrane and after introducing the grooved director extended the opening to the same extent as the external cut. The tumor being thus exposed, we tapped it with a large trocar and canula, and after drawing off about 12 quarts of fluid, we tied a cord tightly around a section of the sac just below the trocar, the assistants having kept the sac well drawn up into the wound. This cord not only prevented any of the fluid escaping when the canula was withdrawn, but also gave us something by which the tumor could be conveniently raised as might be required. I then proceeded to break up the adhesions which I found to be very extensive all over the right hypochondriac region, and also some firm bands at the upper and on the left side. This having been accomplished we raised the tumor pretty well out of the abdomen and emptied the sac of the remaining portion of the fluid, then after carefully examining the pedicle as to length, size, &c., we concluded to treat it by ligature, and accordingly transfixed it with a needle armed with a double thread of carbolized whip cord; we then tied it on either side and cut off the pedicle, bringing out the long ends of the ligatures near the