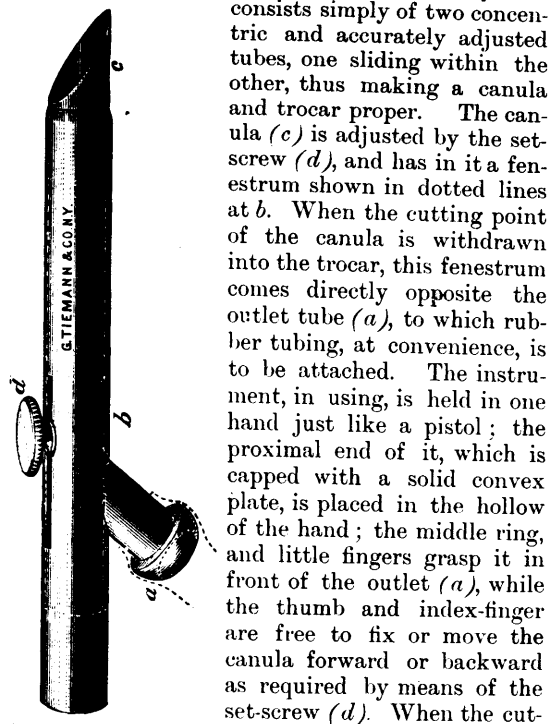


A NEW OVARIOTOMY TROCAR.

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With a view of obtaining a less complicated as well as a less expensive ovarian trocar and canula, than the well-known and excellent instruments of Sir Spencer Wells and the "Fitch dome," I suggested to Mr. Stohlmann (senior partner of the house of George Tiemann & Co.), to make for me the instrument illustrated in the accompanying wood-cut engraving. The drawing (which is of half size) shows so clearly what the instrument is, that no elaborate description of it is necessary. It



consists simply of two concentric and accurately adjusted tubes, one sliding within the other, thus making a canula and trocar proper. The canula (c) is adjusted by the set-screw (d), and has in it a fenestrum shown in dotted lines at b. When the cutting point of the canula is withdrawn into the trocar, this fenestrum comes directly opposite the outlet tube (a), to which rubber tubing, at convenience, is to be attached. The instrument, in using, is held in one hand just like a pistol; the proximal end of it, which is capped with a solid convex plate, is placed in the hollow of the hand; the middle ring, and little fingers grasp it in front of the outlet (a), while the thumb and index-finger are free to fix or move the canula forward or backward as required by means of the set-screw (d). When the cutting point (c) is withdrawn into the trocar, there is no sharp edge or point which can damage the tissues into which it may be introduced.

The special advantages claimed for the instrument are: 1, it can be held and used with one hand alone, leaving the other hand free for the operator to use as may be required, while the grasp (pistol-fashion) is so firm that the instrument is under perfect control; 2, the construction is so simple that the instrument can be cleaned and kept clean with ease; in these days of antiseptic surgery this feature in an instrument is an important consideration. By removing the inner from the outer tube every portion of both inner and outer surfaces of the instrument can be easily reached with a carbolized cotton swab, and there are no sharp angles, corners, or crevices in which septic matter can lurk to do its deadly work by being

carried into the tissues in operating; 3, it is, or ought to be, furnished at much less expense than either the Spencer Wells or the "Fitch dome."

The instrument is nickel-plated and burnished inside and out. I have used it in several ovariotomies, and it works with perfect satisfaction. I would suggest that if made of various smaller sizes and lengths it will be found an excellent and handy substitute for the trocars in use in general surgery.

TREATMENT OF PELVIC HÆMATOCELE.

[This affection is so comparatively rarely met with that we are apt to become rusty in the treatment, hence it seems well to reproduce the following remarks of Dr. Alfred Wiltshire's from the *Lancet*.]

As to the treatment of pelvic hæmatoceles, the cardinal injunction in most cases is absolute rest and opium. The value of opium is here transcendent. It tranquilizes, relieves pain and enables the exhausted and collapsed patient better to bear the blood loss, while it compels repose, both mental and bodily. But to procure these desirable ends it must be given in full doses, and be repeated as may be necessary. The best method is to give it in one grain-doses of the solid opium, either in pill or powder. Next to solid opium, Battey's sedative solution of opium is good; but morphia is much less useful in these hemorrhages, especially in the cataclysmic forms. Ice and brandy, champagne, or other suitable stimulants may be requisite; and, above all, Valentine's meat-juice is most valuable. Peptonized meats and other foods (Bengers's, Darby's and others) may be useful adjuncts. In certain cases the hypodermic injection of ergotine of Tanret (Paris) may be helpful, and tincture of hamamelis may help in certain forms. The bladder should be relieved by catheterism with antiseptic precautions, as may be required. The use of astringents, such as gallic and other acids, is not great in these accidents, nor can I recommend the use of heavy bags of ice to the abdomen. But besides medical treatment, certain grave surgical questions arise in some cases, and demand urgent solution; for example, in cases where there are reasonable grounds for suspecting the source of internal hemorrhage to be a ruptured tubal or other pregnancy, and in similar accidents, such as bursting of a vein in the pampiniform plexus or elsewhere, where the diagnosis is sufficiently clear; in short in those cataclysmic intra-peritoneal bleedings where rapid dissolution is threatened, prompt operation may not only be justified, but become imperative to rescue the patient from impending death. It must not be forgotten, however, that even in ruptured ectopic gestations many patients recover without operation, as has happened several times within my own experience.