

THE  
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, DECEMBER 16, 1891.

Original Communications.

THE NEW FIELD IN ABDOMINAL HYS-  
TERECTOMY FOR FIBROIDS.\*

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In the September number of the *American Journal of Obstetrics* I gave some of my views regarding the old and unsurgical operation of supra-vaginal amputation of the uterus for fibroids. From that I will quote:

"The great difficulty before us in the abdominal hysterectomy of to-day is the separation of the extra-abdominal pedicle. After many years the extra-peritoneal pedicle of ovariectomy was replaced by the intraperitoneal pedicle, the one now generally adopted. But two facts preclude the possibility of such a treatment for myomata, namely, the impossibility of controlling hemorrhage by ligating the stump, and the danger of necrosis of the pedicle on the proximal side of the ligature when the pedicle is formed of myomatous tissue. This hemorrhage occurs with the extra-peritoneal wire clamp; this necrosis also occurs with the extra-peritoneal wire clamp. We must, therefore, give up all ideas of any new treatment in this direction; one line alone remains: A return to and an improvement of the old ' Freund ' operation."

These were my words at the meeting of the Huron Medical Association in July, 1891. I then demonstrated, on a model made of an inflated and covered rubber bag, my ideas in the direction of a new operation. Convinced that in suitable cases the vaginal wall shutting off abdomen from vagina could be readily and safely tied with little danger of hemorrhage, I began to think out the best method. To experiment on the cadaver would be unsatisfactory for two reasons: First, the loss of natural elasticity and pliability of the parts; and secondly, the want of a tumor. The operation then outlined read as follows:

"The operator begins by personally disinfecting the vagina with a  $\frac{1}{3000}$  solution of bichloride of mercury, so strong that it coagulates the albumen of the superficial epithelial cells. He provides himself with a long thread of strong and tried silk, well boiled, threaded in the eye of a sharp-pointed, blunt-edged perineum needle. This needle must be very firm and stiff, and only slightly curved, and should have a longer handle than usual. He should have practised the stitch on a piece of chamois leather previously, so that he can, without hesitation and without bungling, run a chain suture.

"The operation is now performed in the usual way by tying off the broad ligaments, putting on the temporary rope clamp, removing the tumor, placing a pedicle pin in situ, and adjusting the wire clamp. The rope clamp is then removed and the pedicle rapidly trimmed down to the limit of safety. The assistant can now

\*Read in abstract before the Southern Surgical and Gynecological Association at Richmond, Va., Nov. 11th, 1891.