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CASE OF OVARIOTOMY.

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Miss O., of Cuttingsville, Vt., a young lady 18 years of age, of rather delicate habit, but usually enjoying good health, applied to me in August last for advice in reference to an ovarian tumor, with which she had been afflicted for the two years previous.

The disease was first noticed as a small movable lump in the left iliac region, rather painful, especially upon handling, and to some extent affecting her general health. During the first eighteen months it increased very slowly, and was scarcely observable through her dress. Six weeks previously to my seeing her, she had consulted Dr. Phelps, of Windsor, Vt., the tumor then being of a size to suggest the idea of the last period of pregnancy. Upon examination, however, it was at once recognized as ovarian—partly cystiform and partly solid.

To relieve present suffering from distension, as well as other symptoms incident to the large size of the tumor, tapping was resorted to at once, and six quarts of yellowish albuminous fluid drawn off from a single cyst.

At the time she came under my charge, the tumor had already attained nearly its original size, and was attended with a still more marked evidence of its impression upon the general health. This was shown by loss of strength, emaciation and a slight cough.

The question of removal of the disease by an operation had been already considered in her consultation with Dr. Phelps. Concurring with his favorable opinion as to its expediency, and in pursuance of the strong desire of the patient herself, this only alternative for relief was finally adopted.

The operation was performed in August. The patient having been put under the influence of ether, the first procedure was simply explorative, consisting of an incision through the parietes in the median line, directly over the most prominent part of the tumor,

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merely large enough to admit of the passing an instrument (a silver male catheter I find the best) to ascertain if there were adhesions. Finding the tumor apparently free in this respect, the incision was now extended upwards nearly to the sternum, and downwards almost to the pubes, thus making an opening much larger than I should have considered necessary but for the large size of the solid mass to be removed. In the course of this part of the operation, the bulk of the tumor had been considerably diminished by opening a cyst, from which there escaped four quarts of fluid, similar in character to that which had been previously drawn away by the first tapping. The cavity of the abdomen being freely exposed, I was surprised to find that the omentum had formed a loose vascular attachment to the tumor, and was so spread out as to embrace nearly its entire surface. I was also surprised to notice, for the first time in my experience in this operation, the omentum, as well as the peritoneum lining the abdominal parietes and the pelvic cavity, studded with an infinite number of distinct and regularly-formed tubercles. Free of attachments, other than what has just been named, the tumor was readily dislodged from its position, and detached from its omental connection without the use of the knife. The hæmorrhage, however, that followed in consequence, was profuse, several of the larger bleeding vessels requiring to be immediately ligated. The pedicle, two inches in width, stout and fleshy, was severed as near to the tumor as possible, having been first transfixed through its centre by a double ligature of iron wire, and each half of it tied separately, and finally the whole stump embraced in another ligature of the same material. Bleeding still continuing from the numberless recently-torn vessels of the omentum, an attempt was made to control it by touching the bleeding points with a solution of the persulphate of iron. After repeating the application of this powerful styptic from time to time, for more than an hour, the hæmorrhage was apparently subdued, and the omentum replaced in the abdomen. The wound was now closed with silk sutures and adhesive straps, the stump of the pedicle being first drawn out and secured between its lips.

To the difficulties that had already rendered the operation tediously prolonged, and exhausting to the patient, another most unexpectedly arose, which came very near proving fatal. A few minutes only had elapsed after the dressings had been completed, when it was observed that the lower point of the incision was giving issue to an undue amount of bloody serum, a circumstance alarmingly significant of bleeding within. Plasters and stitches were speedily removed, and the abdomen again laid open, bringing to view a large quantity of blood, mostly coagulated, filling up the pelvic spaces and extending upwards to a considerable distance among the small intestines.

The bleeding was now more profuse than ever, and apparently

from the same source as at first. The patient was also evidently sinking from exhaustion, and the only alternative that seemed to offer any chance of preventing its proving speedily fatal, was the complete removal of the omentum itself. This was accordingly done without delay, first embracing it in a stout ligature of silk near its root, leaving a stump about two inches in length. In clearing away the effused blood, the coagulated portion of it was removed by the hand; the remainder taken up by soft sponges and cloths carefully crowded into the various spaces in which it was found insinuated, both in the abdomen and pelvis. The wound was now closed again as before, the stump of the severed omentum being first brought out at one point, and the pedicle of the tumor at another, and both secured to the integuments by silk sutures. Adhesive straps, and cloths moistened with warm water medicated with laudanum, laid over the wound, completed the dressing.

Of the subsequent history of this case, there remains but little to be said. Upon returning to consciousness from the effects of ether, the patient complained of great pain in the abdomen; but this was effectually relieved by a liberal dose of morphine, so that she soon fell into a quiet sleep, from which she awoke refreshed and cheerful. From this time onward, till her complete recovery, not a single unfavorable symptom occurred—no pain, no suffering of any kind—nothing, indeed, in point of severity, local or constitutional, to distinguish the case from the simplest form of incised wound.

The treatment during the period of recovery was almost entirely negative:—water dressings to the wound; occasional small doses of morphine at night, merely for the purpose of inducing sleep; but no substantial nutriment of any kind for a fortnight. For the first five days, cold water only was permitted, and that in quantities not exceeding a small teaspoonful. The bowels were kept undisturbed for the first fifteen days, and were then relieved by an enema of simple warm water.

Twenty days after the operation, the patient left my charge, to visit her sister some twenty miles distant; and a few weeks after, she returned to her home in Vermont. Since then, she reports herself from time to time as in good health, restored in flesh and strength, and entirely relieved of her cough—indeed, in all respects better than she has been for several years past.

This case, considered merely as an instance of the successful removal of an ovarian tumor, would scarcely be entitled to special notice. In that view, it would only be reckoned as adding numerically to the already largely-accumulated facts establishing the propriety of an operation, which, though still denounced by a few, is now well nigh regarded by the profession at large quite as legitimate as any other within the range of operative surgery. Differing, however, as it does in several respects, from those of ordinary occurrence, and especially as regards any other that has

ever fallen under my own care or observation, I have not hesitated to submit a report of it for publication.

The operation was undertaken under circumstances seemingly favorable for success. The condition of the patient as to general health was apparently good—excepting, of course, the slight cough, which, as has been not unfrequently noticed in similar instances, was in this case, also, attributed rather to the presence of the tumor, acting as a mechanical cause, than to any positively morbid condition of the lungs. Still further, the unusual mobility of the tumor, as well as the preliminary exploration, gave satisfactory assurance, that, as regards adhesions (ordinarily one of the chief obstacles to success), there would probably be no serious difficulty. The embarrassing complications, however, revealed in the course of the operation, especially the remarkable development of tubercles, the unusual enlargement of the omentum, and its extensive connection with the tumor; the hæmorrhage following its detachment, and the plan adopted for controlling it; and, finally, the rapid and apparently complete recovery, in spite of so many adverse circumstances, seem to render the case one of more than ordinary interest, not merely in its relation to ovariectomy, but in its incidental bearing upon other operations, less important perhaps, but not unfrequently demanding surgical attention.

The existence of adhesions, here noticed, affords a striking illustration of the difficulty, not to say the absolute impossibility, of determining beforehand this important point in diagnosis. The same may be said, also, in regard to the presence of tubercles—a condition of rare occurrence under any circumstances, in this case entirely unlooked for, and, in its relations to diagnosis, one that had shown no symptoms, rational or physical, by which it could have been detected.

The chief point of interest furnished by the first of these difficulties, viz., the adhesions, practically considered, consists in the plan adopted for arresting the hæmorrhage consequent upon breaking up the connection between the omentum and the tumor. Seeing that styptics and ligatures had failed, the case demanded prompt and effectual action; and to this end, the plan pursued proved, in all respects, perfectly successful, rescuing at once the patient from imminent peril, and, so far as bleeding was concerned, rendering her condition entirely safe as to all future danger. Under similar circumstances I should adopt the same practice, and without hesitation.

Another point of important practical value is here illustrated, and that is, that the peritoneum, usually the most important tissue involved in this, as well as in every other form of abdominal section, is by no means so susceptible of inflammation as has been generally supposed. Taken in connection with a very large number of other cases where the lesion of the peritoneum is shown to have been even more extensive than in this, it affords very strong, additional proof,

that its tendency to take on inflammatory action is comparatively slight; moreover, that the direct injuries it necessarily sustains in the ordinary operations of ovariectomy are not to be reckoned among the most serious obstacles to successful results. There are other circumstances to be taken into account, which I deem of more importance. As among the most essential of these, I will here allude to one which I have more frequently met with than any other.

In a large proportion of cases of ovariectomy, it happens that in spite of the utmost precaution on the part of the operator, upon dislodging the tumor from its position in the abdomen, there is found to have escaped into the peritoneal cavity, a greater or less amount of fluid; sometimes from a ruptured cyst, sometimes from bleeding vessels, and not unfrequently from both. However harmless this fluid may chance to be in itself, if retained, it will hardly fail to cause mischief; and more especially, if there should happen to be added to it the decidedly irritating discharge resulting from the sloughing stump of the pedicle. That this difficulty, with its consequences, can always be entirely avoided or controlled, I know is impossible; yet I am forced to believe, both from what I have myself observed as well as from what I have incidentally learned from other sources, that in not a few instances, from want of proper attention to this single point, fatal results have followed. And this belief has been the more fully impressed upon my mind, in view of the successful results of two consecutive cases recently occurring in my own practice, where the operation was rendered peculiarly embarrassing from the large amount of fluid escaping from ruptured cysts and torn bloodvessels, and finding its way in various directions among the viscera both of the abdomen and pelvis. The absence of all signs of inflammation or other trouble in the course of the rapid recovery in both these cases, was owing, as I am disposed to believe, in no small degree, to the careful and thorough removal of this special, and, I fear, too commonly-neglected cause of mischief.

As regards the tubercular condition already alluded to, it was a complication, as before stated, such as I had never before met with, and in this case not even suspected; and although the result of the operation proved it to have been of no serious importance, the mere apprehension of its existence might have been deemed a good reason for withholding all surgical interference. It seems to have been an example of a class of cases in which, according to the observation, probably, of every experienced surgeon, a cachectic condition of the system suddenly makes its appearance upon the rapid development of some serious local malady; illustrating, also, the important practical fact, that the early removal of the local disease, with the view of restraining, and possibly of even curing the constitutional affection, has not unfrequently proved a judicious, and even life-saving practice.

Having already alluded to the negative course of treatment adopt-

ed in this case, it may be proper here to remark, that in my earlier operations of this kind, I was in the habit of administering to my patients large and frequent doses of opium; not merely with a view to its anodyne effects, but with special reference to its supposed efficacy in controlling inflammation. From my experience in more recent cases, however, I have come to the conclusion that whatever remedial value it may possess in the treatment of certain other forms of peritonitis, in that of traumatic origin it has no special power.

Of the advantages of the *clamp* over the usual method of securing the pedicle by ligature, I have no experience. In certain cases where I had purposed using it, the pedicle was found too short to admit of its application. Adopting it under favorable circumstances, I should expect to secure a more speedy healing of the outside wound; but beyond this, I see no reason for preferring it to the ligature, as described in the foregoing case.

ON AMPUTATION OF THE THIGH.

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[Continued from page 380.]

FLAP AMPUTATION OF THE THIGH PERFORMED WITH A SINGLE FLAP, OR WITH TWO UNEQUAL FLAPS.

Method with a single Flap.—This method, invented by Lowdham* about the middle of the seventeenth century, was at first employed chiefly in amputation of the leg. As performed in the thigh it is well described by Benjamin Bell,† who, however, did not often employ it; by William Hey‡ and Charles Bell,§ who advised it in certain exceptional cases, and by Sédillot,|| who adopts it as the regular operation, cutting the flap from the front of the limb. This method may be employed with advantage when the disease or injury for which we amputate has destroyed the tissues upon one side of the limb, leaving enough sound material to form a flap upon the opposite side; we may thus, in injuries by shell or by cannon-shot, occasionally preserve a much longer stump than could be made by a more symmetrical operation, a result which is often of very great importance in fitting and using an artificial limb.

The operation may be performed either by transfixion or by cutting from without inwards. The flap should be cut rather thin, in order that it may be easily bent over the face of the stump, and it must be large enough to cover the whole cut surface without stretch-

* Yonge. *Cursus Triumphalis*, &c., quoted by various authors.

† Benj. Bell. *Op. cit.* Vol. vi., page 398 et seq.

‡ William Hey. *Op. cit.* Page 531 et seq.

§ Charles Bell. *Illustrations of the great operations of surgery.* London. 1821. Pages 66 and 67.

|| Sédillot. *Op. cit.* Tome i., page 455 et seq.