

## MAINE GENERAL HOSPITAL.

## SURGICAL CLINIC.

*Elastic Ligature in Fistula in Ano.* — S. D. P., aged thirty-three, admitted to hospital December 2, 1875, with a history of fistula in ano, the result of an abscess. It extends up along the rectum about two and one half inches; has fecal matter in it, but no communication can be found with the gut. General health rather below par; bowels quite regular.

December 3d. Dr. Tewksbury with a curved needle put in an elastic ligature.

December 12th. There has been but little discomfort since the operation. Ligature has cut through and the wound is granulating finely. To take gentian and cinchona.

December 25th. Wound nearly closed, general health much improved, and she is discharged. This is a typical case of several in which Dr. Tewksbury has used the elastic ligature. It is done without ether or incurring much pain, and the result is as good as by the ordinary method.

*Stiff Knee.* — T. C. B., aged twenty-one, admitted to the hospital January 21, 1876, with the history that on the first of September, while mowing, he slipped and fell upon the scythe, receiving a cut the depth of the scythe on the inner and upper third of the patella, reaching the quadriceps extensor tendon, but probably not severing all of it. He says the wound was brought together with adhesive straps; healed without much inflammation; that he was not confined to his bed, but that it was some two months before any weight was borne upon the leg, for fear of reopening the wound. The tissues about the knee are tense and unyielding; he can flex the leg but slightly, and in walking swings the foot outward, and limps. His general health is good.

Dr. Tewksbury ordered the limb to be rubbed and kneaded, and at the same time as much flexion made as could be borne for ten minutes at a time, night and morning.

January 28th. The tissues about the knee have loosened; he can flex the leg to nearly its normal extent, and walks very much better.

February 8th. There has been constant improvement; the leg can easily be flexed to its normal extent; he walks readily without limping, and is discharged with orders to continue the treatment a while. This case is very interesting, for it came from the hands of surgeons of good standing, who thought it would be a long time before the limb would become useful, if it ever did. It is also one of those cases in which persons employing the same treatment, and achieving such a happy result, attribute it to "spirits" and call themselves "spiritual doctors," or they soon find their pedigree will warrant them in styling themselves "natural bone-setters."

*Ovariectomy.* — L. D. M., aged twenty-five, single; occupation, teacher. Nativity and residence Mount Vernon, admitted to the hospital April 17, 1876. History is that of ovarian tumor, which commenced about ten years ago by a slight enlargement in the right iliac region. For four years it gradually became more prominent, when it took on a more active growth, which continued for three years, the tumor then occupying a large part of the abdominal cavity.

She has enlarged an inch or more at different times within the last three years. This always reduced her strength, which was never fully regained during the intervals. She never has been tapped, and has enjoyed very good health, although the weight and pressure have annoyed her very much. Her menstruations have been regular. Of late her health has been failing; she is much larger than a woman at full term of pregnancy, and the abdominal cavity is occupied by a distinctly circumscribed fluctuating tumor. She is very hopeful and desirous of an operation, and her courage is unsurpassed.

April 19th. She has been taking ten drops of tincture of the chloride of iron after meals, which she took under the impression that it was for a cathartic effect, and it has so acted with her.

She was kept on a light diet yesterday, and at bedtime she took six grains of blue mass, followed this morning by a teaspoonful of citrate of magnesia, hourly, commencing at five, till free evacuation occurred. Breakfast of milk.

The room she occupied was on the third floor of the main building, south-east corner, called St. Nicholas. It never had been occupied, and everything was new and fresh. The room adjoining was for the operation. It was light and well ventilated, with a fire-place in the centre of side wall, in which was made a wood fire and the temperature raised to 80° F., moistened with steam. No pains was spared to have things in perfect order and readiness. The sponges were new, had been beaten to get out the sand, and cleansed in permanganate of potassium. Hot water was ready to cleanse them in, and to warm the hands and instruments. She took an ounce of brandy a few minutes before etherization, which was done in the St. Nicholas room. She was conveyed to the adjoining room, and laid upon the table, and at 11.45 A. M., after drawing the urine, Dr. Greene proceeded to operate in the presence of Drs. Tewksbury, Dana, Hunt, Holt, and Gibson, by making a vertical incision three inches long midway between the umbilicus and the symphysis pubis. As soon as the incision was carried down through the rectus muscle it was enlarged to about five inches. When the supposed true sac was met, a steel sound was introduced and adhesions broken up, then a portion of the sac caught up by forceps, and Spencer Wells's trocar and canula introduced. Ten quarts of fluid came away. A ligature was then passed around the opening made by the trocar, and the sac, with the remaining fluid, removed. This sac completely peeled out, and for a moment it was somewhat a surprise to find it had no pedicle, but it was soon ascertained that this was the inner, secreting sac, and that the outer, vascular one remained attached by a long pedicle to the right ovary, from which it sprung and which it involved. The sound had been introduced between the two sacs, and there were no adhesions between the outer sac and the peritoneum, except at the point of incision for a radius of three inches. Silver wire was stitched through the pedicle in such a manner as to entirely surround it, and the sac with what remained of the ovary was then removed. The ends of the wire were turned in such a manner as to produce no irritation, and the stump returned to the abdomen. The left ovary was found normal. Hot sponges were used to cleanse the abdominal cavity of serum and blood, there being but very little of either lost during the operation. The wound was closed by deep silver and superficial horse-hair sutures, a compress of cot-

ton with a wide abdominal bandage applied, the patient put to bed, a foot bottle of hot water applied, and morphine ordered hypodermically pro re nata. There was very little vomiting during the operation, which occupied forty-five minutes, and the pulse ranged between sixty and eighty per minute. The fluid and sacs weighed over thirty pounds. The fluid was clear, slightly albuminous, alkaline in reaction, and had a specific gravity of 1010.

Ten P. M. Has been little restless, and morphine (gr.  $\frac{1}{2}$ ) has been given. Catheter introduced, but no urine found.

April 20th. Fair rest during the night. Pulse 90, temperature 100° F. Eighteen ounces urine drawn. Eight P. M. Pulse 92, temperature 102°. Has taken but one fifth grain morphine to-day.

April 24th. There has been considerable pain in the bowels, with painful passage of flatus, though but little morphine has been used. Quite a free movement of the bowels has been obtained after an injection of warm soap and water, with salt and molasses added. Fair amount of urine has been drawn by catheter. Menstruation has commenced ten days earlier than it should. The pulse and temperature have not been above that recorded on the 20th inst. Tongue becoming coated, skin moist, milk diet continued.

April 28th. All the stitches were removed; union by first intention; very little suppuration along the edge of the wound. Adhesive straps put on, and compress and bandage reapplied. In addition to milk she is allowed chicken broth, dropped egg, and blanc-mange. Colic pains continue, and it is thought best to move the bowels. To take six grains of blue mass, followed in five hours by elixir of buckthorn, tablespoonful every two hours till a movement is obtained. Catheter has not been used for three days; there is some urethral irritation.

April 29th. The elixir was so objectionable to her stomach that it was given but twice, and an injection used, but no stool was obtained till to-day. Her rest was disturbed, and the physic has not worked kindly.

May 1st. The pulse has become accelerated, but temperature remains about the same, varying between normal and 102° F. Distention and tenderness in ileo-lumbar region. Morphine (gr.  $\frac{1}{4}$ ) three or four times daily to relieve pain.

May 7th. The bandage and adhesive straps removed. Little pus on edges of wound. Oakum applied, to be changed as often as necessary. There was an uneven swelling of the abdomen, the most prominent point being in the ilio-lumbar region, and Dr. Greene thinks the pain and inflammation had its seat here, namely, in the stump of the pedicle.

May 14th. Since the last note the pain has gradually subsided, and morphine has been left off accordingly. The tongue has cleared up; appetite improved; the distention of the abdomen has subsided, the bowels have voluntarily moved, and she is able to sit up.

June 10th. She has suffered but slight pains since last note; has had an excellent appetite; walks about with ease; has ridden out and has got along nicely with her second menstruation, which came on four days since. It would be about the usual length of time, provided her first one after the operation had not come ten days early.

E. F. HOLT, M. D.