

TRANSACTIONS OF THE ULSTER MEDICAL SOCIETY.

SESSION 1889-90.

Notes of a Case of Hysterectomy. By J. ST. CLAIR BOYD, M.D., M. Ch.; Surgeon to Hospital for Sick Children, Queen-street; and Gynæcologist to the Ulster Hospital, Fisherwick-place, Belfast.

S. M., aged thirty-eight, spinster. Previous history:—Patient's attention was first attracted to her condition about four and a half years ago, when she suffered from a severe pain in the left iliac region, and about the same time she began to swell. It was not until fifteen months ago that she sought medical advice, and was informed that she suffered from a tumour, which could only be removed by operation.

She came under my care at the Ulster Hospital for Women and Children, and, after consultation with some of my colleagues, I operated on the case in that institution, July 18th, 1889, at 11 a.m. Professor Sinclair assisted me. Dr. Calwell gave the anæsthetic. Professor Dill and Dr. Strafford Smith were present. Having exposed the tumour by an incision three inches long, the centre of which was at a point midway between the pubes and umbilicus, it was not until I had plunged the trochar into the tumour that I discovered it to be a soft œdematous myoma of the uterus, and that hysterectomy would be required for its removal. The incision was then prolonged upwards to a point level with the middle of the umbilicus, and downwards to within one inch and a half of the pubes. The tumour was withdrawn by the aid of a cork-screw, the broad ligaments tied with silk, and the whole secured at its lower part by Tait's temporary or rope clamp; two pins were passed through the lower part to prevent the pedicle slipping back into the abdomen, and below the pins a Koeberlé's serre-nœud clamp was applied and screwed tight. The tumour was then cut off above the point where it had been transfixed, the temporary clamp removed by cutting the rope, the abdominal incision closed with silk sutures, and the stump dressed with perchloride of iron and glycerine.

The operation lasted fifty-five minutes, ten of which were occupied in adjusting the wire of the serre-nœud, leaving the actual time of operating forty-five minutes. I submit the temperature chart, which shows that only on one occasion did the temperature reach 100°, being on the evening of the third day 100·4°.

For the first forty-eight hours after operation the patient was allowed

nothing by the mouth except teaspoonfuls of hot water to allay her thirst. A $\frac{1}{2}$ gr. morphin suppository was given at 7 15 p.m. on the day of operation; during the first night patient complained of pain in the lower part of her abdomen, and was troubled with flatus, passing a good deal.

July 19th.—Patient had a good day, sleeping frequently; had enemata of hot water and beef-tea, 3 oz. of each, at 10 a.m. and 4 p.m. A morphin suppository at 8 p.m. During this night patient felt sickish in the earlier part; this, however, passed off, and she slept well; at 4 a.m. she awoke with a gnawing hunger. 3rd day.—The wound dressed with iodoform; patient was allowed gruel and whey; a double seidlitz powder was given at 2 30 p.m.; the flatus which had troubled the patient was markedly improved. On this night the patient was restless till 1 a.m., when she had a suppository, and slept fairly afterwards; very little flatus, no pain or sickness. 4th day.—Patient had tea and biscuit morning and evening, in addition to gruel and whey. 5th day.—Bowels moved with a glycerin enema; patient passed her water unaided to-day; was allowed chicken jelly, in addition to yesterday's diet; passed a rather sleepless night, sleeping only three hours. 6th and 7th days.—Two stitches removed on each of these days. 9th day.—Diet consisted of milk, rice, chicken soup, champagne, soda water, &c. 11th day.—There was a slight watery discharge from the vagina, which continued for three days. The pedicle came away on the 3rd of August. She sat up on the 4th August, and was discharged on the 22nd, wearing an abdominal belt.

I may say, in conclusion, that this operation was conducted on the same principles as I had been accustomed to see employed by Mr. Lawson Tait, whom I know has performed it thirty-three times consecutively with a successful result. Moreover, the operation which I have described is exactly similar to Porro's operation, as far as it concerns the uterus. I may say that this operation would seem to me preferable to Cæsarean section, because the uterine wound is in sight, and under control; it is cut off from the abdominal cavity, and the removal of the uterine mass, which would otherwise tax the system with its absorption, must place the patient in a better position for recovery.

LITTRE'S HERNIA.

Two cases of this unusual form of hernia are reported from Philadelphia, by Dr. C. B. Penrose. Both cases occurred in women who were respectively forty-eight years and sixty-four years of age. Abdominal section in the mesial line was performed on both patients. The first case succumbed, the attachments of the gut could not be broken down; but the second case made an uninterrupted recovery.—*Medical News*, November 9th, 1889.