

Original Communications.

NINE CASES OF OVARIOTOMY.

By SURGEON A. J. WILLCOCKS, M.D.,
Civil Surgeon, Benares.

OVARIOTOMY is still so rare an operation in India, that I think my experience, which, though it comprises but nine cases, may still be useful to some, who have had no opportunity of studying it. The extraordinary measures adopted to prevent the admission of infective germs, and the jealousy with which visitors are excluded from the ovariologists' operating room, have done much to enshroud in mystery one of the simplest of operations, and to give an exaggerated idea of its difficulty. When last at home on furlough, I had the greatest difficulty in obtaining permission to be present at two or three operations.

Now, it is very desirable to watch a case before undertaking the operation for the first time, if only to learn how much may really be done with perfect impunity, for no one without some experience will credit the seemingly rough handling the peritoneum will stand, when secured against septic infection, without developing the slightest symptom of inflammation. I was amazed when for the first time I saw the abdominal cavity kept open for nearly an hour, with its whole anatomy as clearly displayed as at a *post-mortem* examination, and perfectly illuminated by reflected light. Sponges were again and again plunged into every recess where a drop of blood or fluid might have lodged, and every little bleeding-point carefully secured by catgut ligatures before the wound was finally closed. What I had seen left a profound impression on me, and I went away feeling sure that, if that patient recovered, the operation would be perfectly safe in my hands; and she did recover. On my return to India, in my very first operation, so firm and general were the adhesions, that I would fain have given it up; but, encouraged by what I had witnessed, I did not hesitate to enlarge the external incision till the umbilicus came almost into its centre, and notwithstanding this frightful wound, the woman made an excellent recovery. This and my second operation which proved fatal on the eighth day owing to the slipping of the ligature on the pedicle, have been reported, along with the year's surgical work, in the August-number of *The Indian Medical Gazette* for 1884.

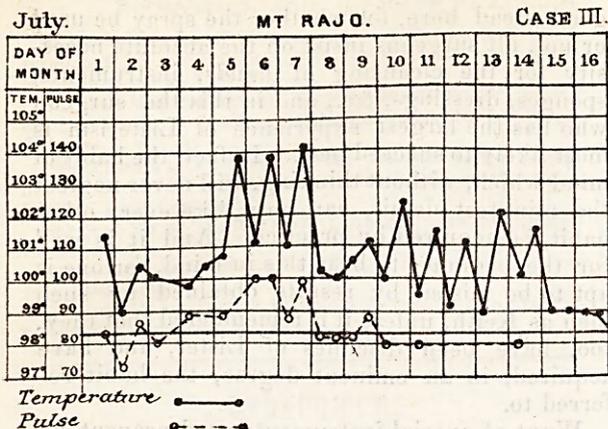
Before describing the remaining operations, and without entering into the question of the advantages or disadvantages of the spray in this operation, I think that all will agree with me that the antiseptic habit of mind (if I may be permitted the use of the phrase) acquired by a thorough practical acquaintance with Listerism

in general surgery, will stand the surgeon in good stead here, for whether the spray be used or not, all surgeons insist on the absolute necessity for the cleansing of hands, instruments, sponges, dressings, &c., and in this the surgeon who has the largest experience of Listerism is most likely to succeed best. In fact, the habit of mind which, without thinking, will never neglect the minutest detail, can only, like every other habit, be acquired by practice. And it is well for the beginner to bear this in mind, for one is apt to be misled by results obtained by such men as Keith, unless it is remembered that they, too, have been disciples of Lister, and have acquired, in an eminent degree, the habit referred to.

Want of special instruments need prevent no one from undertaking the operation. My first six cases were done with only the instruments in my pocket-case and two or three pairs of torsion forceps. Well's trocar is a great convenience if at hand, but a pointed tin tube would answer equally well. Three or four of the softest sponges of the quality known as "Turkey" should be procured. It is a mistake to keep them soaking in carbolic lotion, or to boil them as is constantly recommended, but they should be thoroughly cleansed and dried in the sun before they are put away. I have no remarks to offer regarding the operation itself, which is simply described in any of the text-books, but will merely supplement the pulse and temperature charts which I have preserved, a glance at which will give a very fair idea of the condition of the patient during the critical period following immediately on the operation. For cases I and II, I must refer the reader to the report above quoted.

Case III.—Mt. Rajo, a married Hindu woman, aged 30 years, was admitted into the Bramley Hospital, Aligarh, on the 27th June 1884. By her own statement the tumour was of many years' standing, and had long been stationary. Health indifferent, menstruation regular. July 1st.—With the assistance of Dr. Chard, Medical Officer, E. I. Railway, and Assistant-Surgeon Mullraj, the operation was performed under the spray with all antiseptic precautions, the external incision being about three inches long. The tumour consisted of a single cyst, with a long pedicle, and there was only one slender adhesion, which was ligatured with catgut, and divided. The pedicle was tied with No. 4 silk and catgut as well.

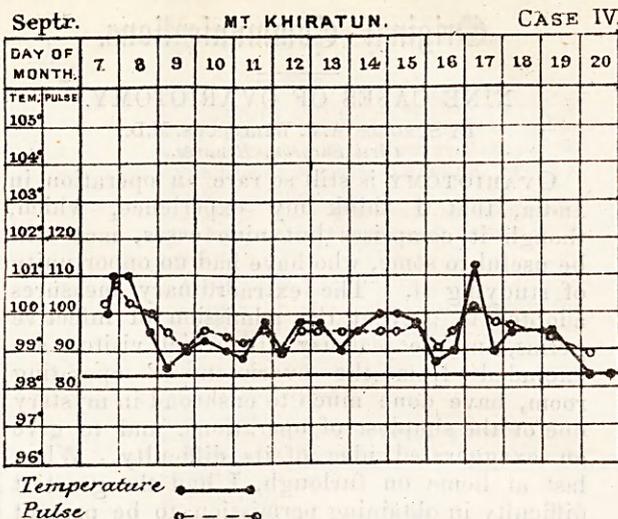
For the first three days she was very well, and had no difficulty with her water. 4th.—Unable to pass water, complains of pain and tenderness in the lower part of the abdomen. After this the catheter was regularly employed. On the 5th, 6th and 7th, she had severe fits of ague, and 5 grains of quinine were given daily. 8th.—The bowels not having acted, castor oil ʒi



was given, and she passed two motions. The wound was dressed, and the stitches removed, union was perfect throughout. After this, though the temperature rose every evening for some days, there was never any cause for anxiety, and she was convalescent in a fortnight, and left the hospital three weeks from the date of the operation.

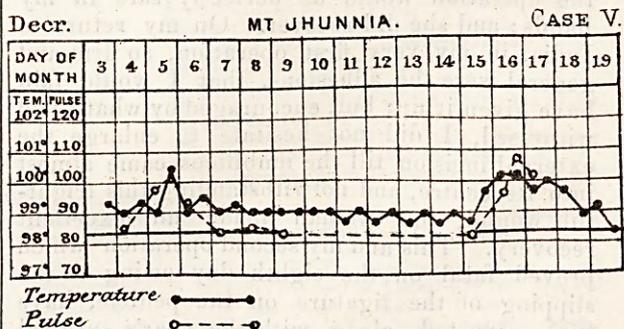
Case IV.—I did this operation at my old hospital at Bulandshahr, by the kind permission and with the assistance of Dr. Armstrong, the Civil Surgeon. Mt. Khiratan, a Mussalman woman, aged 37, married, and has had children, was admitted into hospital on the 29th June. She first noticed the tumour shortly after the birth of her last child, now about three years old. The cyst was tapped after she had been in hospital some days, and a large quantity of fluid drawn off. It speedily reaccumulated.

September 7th.—After a warm water enema, the operation was performed at 9 A.M. The cyst was adherent nearly over its whole surface; by slow degrees these were broken down with the fingers or tied with fine silk and divided, and now I had much reason to regret that I had forgotten to bring any catgut with me, for from 12 to 15 silk ligatures were required for the very vascular adhesions to the intestines. It is in dealing with these deep-seated adhesions, which can scarcely be brought into view, that the chief, I may say almost only, difficulty is encountered. No. 4 silk prepared in carbolized wax was used for the pedicle, two ligatures being applied close to each other. I have adopted this practice since I lost my second case by the slipping of the ligature. Much blood and some fluid had escaped into the abdominal cavity; this was now very carefully removed till not a particle appeared on the soft sponges dipped into every recess; but though free from any extraneous matter, the peritonæum presented a most extensive raw surface in places deeply blood-stained. The external wound was closed with five silk sutures, and dressed in the usual manner.



13th.—Wound dressed under spray, sutures removed, it was firmly united throughout; but there was a trace of pus at one point. It does not appear from the notes that the dressings were again disturbed. The rise of temperature on the 17th was due to ague. She had another attack on the following day, but the temperature was not taken. She was permitted to get up on the 25th, and returned to her home on the 9th October.

Case V.—Mt. Jhunnia, Hindu woman, aged 30, was admitted into the Bramley Hospital, Aligarh, on the 1st December, 1884. She had a child over a year old with her, and it was not suspected that she was suckling it. The operation was performed on the 3rd. The cyst was of great size but single, and a small part of the tumour was solid. There were no complications, and the operation was exceedingly simple.

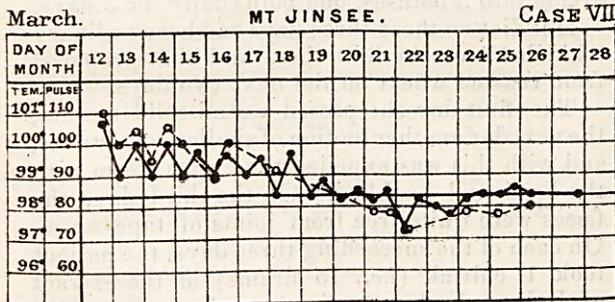


The only medicine she had was castor oil ʒij on the 11th. She had no pain or other trouble, nursed her child throughout just as if nothing had happened, and left the hospital in three weeks from the date of the operation.

Case VI.—Mt. Belesia, Hindu, aged 26. She had been suffering for over three years, and was a poor ill-fed little woman, whom I found at one of

my Branch Dispensaries. Admitted into the Bramley Hospital on the 9th February 1885. On examination a considerable part of the tumour was found to be solid, and not unlike in appearance and feel to a greatly hypertrophied spleen. Though very weak, she was not considered unfit for the operation. With the assistance of Dr. Chard I did the operation on the 11th. A free incision was made, when it was found that the adhesions were very firm and almost continuous, and had to be tied in all directions. Much blood was not lost, but considerable traction was sometimes necessary to bring the deep parts into view. By slow degrees the tumour was entirely freed, but the external wound had to be again enlarged before it could be removed. Every bleeding point was carefully secured, and the peritonæum perfectly cleansed, but a very extensive raw surface was left. The wound was now closed, but the pulse was extremely weak and fast. She was placed in a warm bed with hot water bottles, and stimulants were freely given, but she never rallied, and died exhausted from the shock next day. No *post-mortem* examination was made.

Case VII—Mt. Jinsee, Hindu, aged 40, admitted into the Prince of Wales' Hospital, Benares, 10th December 1884, when the tumour was tapped, and a large quantity of fluid removed which steadily reaccumulated.



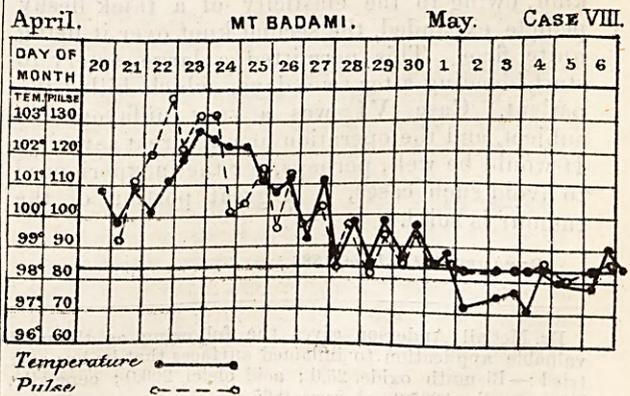
Temperature ———●———
Pulse - - - - ○ - - - -

March 12th—Assisted by Dr. Johnson, of the C. M. S., and Assistant-Surgeon Gunga Singh, in medical charge, the operation was done under the spray. As is usual after tapping, adhesions were very general, but were soft and easily broken down, or tied with catgut and divided. A glance at the chart will show how steadily the case progressed to recovery, and never gave the least anxiety. She has so long been an invalid, and has no home of her own, that she is still living in the hospital, and every day improving in health and strength.

Case VIII—Mt. Badami, aged 50, Hindu, admitted into the Prince of Wales' Hospital on the 14th April. The tumour dates from two years, and she has twice before been a patient in this hospital, but was not tapped. She has

had nine children, and she has for some years past the change of life. April 20th—The operation was commenced under the spray, which, however, broke down after a few minutes, and it had to be continued without it. Fortunately, in this case there was not a single adhesion. The tumour consisted of two cysts, which were both emptied, and the pedicle was tied with two silk ligatures. As there was no bleeding except from the external wound, which continued to ooze a little, very little cleansing of the peritonæum was necessary, nor was it exposed for more than a few minutes, and the greatest care was exercised in closing the wound. Of all the operations this was by far the simplest, yet a reference to the chart will show that it was followed by the greatest constitutional disturbance, and for want of a better reason I can only attribute it to the absence of the spray. Certain it is that this case gave the greatest anxiety, and, for the present at least, I mean to adhere to the use of the spray in this as in all other operations. From the 25th April, quinine, grs. xx, was given daily in two doses till the temperature fell to normal. The sutures were all removed on the 5th day, when union was found to be perfect, and there was not the least trace of pus.

Besides *ziii* of castor oil on the 29th no other medicine was given. The chief point of interest in this case is that, in spite of the severe constitutional disturbance, immediate union of the wound was in no way interfered with: indeed, it is a remarkable fact about abdominal section that clean wounds heal more kindly and quickly than in almost any other part of the body. Adhesions constitute the only difficulty to be met with, and if the case is taken in hand early, in all probability none will be found. It follows then that the operation should be undertaken as soon as the abdomen is moderately distended and before the general health has suffered. And it will be found that there are few, if any, operations in general surgery which give greater satisfaction to both surgeon and patient.



Temperature ———●———
Pulse - - - - ○ - - - -

Case IX.—Mt. Bachia, admitted into the Bhelupur Hospital, Benares, on the 6th June. She gives her age as 55, but is probably ten years younger. She was an in-patient of this hospital, 16 months ago, suffering from ovarian dropsy, for which she was then tapped. On admission, the abdomen was only moderately distended, and a considerable solid tumour could be felt in the right side.

On the 9th June, with the assistance of Drs. Jack and Lambkin, chloroform being administered by Assistant Surgeon P. C. Banerji, in charge of the hospital, the operation was performed in the usual manner, under carbolic spray, and with all other antiseptic precautions. There were no adhesions, and the cyst was single, but the solid portion, which was fairly big, offered considerable resistance, and gave the impression of being firmly bound down to the pelvis, and not till the wound was enlarged up to the umbilicus was I able to extract it. There was practically no pedicle, and the double ligatures were applied almost on the angle of the uterus. The wound was closed with seven fine silk sutures, and dressed with carbolic gauze. The temperature next morning was 99°, and the pulse 100; that evening the temperature rose to 100°, which is the highest recorded. She has had no pain or inconvenience from the first. On Saturday, the 13th, the sutures were removed under spray. The wound looked exactly as we had left it on the morning of the operation, with no sign of redness, swelling or any sort of discharge.

June 16th.—I saw her again this morning and with difficulty dissuaded her from leaving the hospital, as she insisted that she was perfectly well and was longing to return to her household duties; and I also learnt that, after the dressing, she had left her bed and was found walking about the verandah of her ward. The bowels have been moved naturally, and she has a very good appetite.

To sum up, I have lost two out of the nine patients. Case II, by a pure accident, *viz.*, the slipping of a ligature on the pedicle, the first knot, owing to the elasticity of a thick fleshy pedicle expanded, the second knot over it being quite firm. This permitted a large artery to start bleeding after two days, which killed the patient. Case VI was a very unfavourable subject, and the operation one of great severity. It would be well, perhaps, for the inexperienced to avoid such cases, if a great portion of the tumour is solid.

BENARES, 16th June, 1885.

Dr. McCall Anderson gives the following as the most valuable application to inflamed surfaces that he has ever tried:—Bismuth oxide, 25.0; acid oleici, 200.0; cereæ alb., 75.0; vaseline, 225.0; ol. rosæ, 0.25.

NOTE ON THE USE OF BĀBARANG (*EMBELIA RIBES*) AS AN EFFICIENT REMEDY FOR TAPEWORM.

By ASSISTANT SURGEON CHETON SHAH,
In Civil Medical Charge, Jhang.

IN a practice extending over 19 years in the Punjab and Afghanistan, I have had numerous cases of tapeworm under my treatment, and I have used a variety of drugs to treat them. After a long and pretty extensive trial of different remedies, I adopted the view that male-fern oil was the best remedy for tapeworm, and that oil of turpentine stood next to it: kamala and pomegranate-root were tried and found to be inferior. The refuse of the tin water of the Peshawar cloth-printers was as good as, but no better than, kamala. Kouso was little better than kamala.

Amongst other remedies that I tried at Peshawar was Babarang. It was tried in 1 to 2 dram doses, and was given up as an inferior agent. Lately, at Jhang, my attention was drawn by Assistant Surgeon Lala Khazan Chand to a female patient, who had treated and cured herself of a large tapeworm by three 10-dram doses of Babarang. She had borne these very large doses without any inconvenience, beyond a slight feeling of heat at the pit of the stomach. Her prescription was:—Babarang 2 chittaks, Gur 2 chittaks, mix and divide into 3 boluses, one bolus daily for 3 days.

Her diet on these three days had been ordinary “khichri” on the first day, and bhāt prepared from roasted wheat on the next two days.

The first day she passed a semi-solid motion, the next day another motion of similar consistence, and with this was expelled the entire worm with the head and hooklets. On the third day, the fæces were quite free from joints of tape-worm. On each of the succeeding three days, the patient took 1 chittak (*i.e.*, 15 drams) of the extract of Indian barberry dissolved in water as a prophylactic against the recurrence of the worm.

Upon this, I thought of giving Babarang another series of trials, and this time in large doses. I have given it since in six cases with a uniformly good result. The 10-dram doses are effectual in expelling tape-worms entire from the bowels, and they give rise to no untoward symptom. The result is in no way inferior to that of Male-fern treatment. Male-fern extract is costly, and only procurable at druggists' shops, while Babarang is very cheap and can be procured in every town, if not in every village, in India. Male-fern extract, of course, is given in small doses and is more easily to take, but it produces more unpleasant sensations of heat in the bowels than Babarang.

No reference is made to Babarang in the British or Indian Pharmacopœias, nor has Dr. Waring thought it of sufficient importance to