

A Case of Ovariectomy: WITH SECONDARY HÆMORRHAGE, FOLLOWED BY ENTERITIS.

By MISS MARY LUCY EDGAR.

On Tuesday, July 9th, 1895, E. B., aged 44, and an inhabitant of Folkestone, was admitted into the L.H.H. suffering from an ovarian cyst.

The patient was married and had three children, the first labour was instrumental, the others lingering, no miscarriages. The menstruation, which commenced at the age of 17, has always been irregular until the last five months; the flow is very profuse, no clots, and no pain in the abdomen, but frontal headache the day before period begins.

In the beginning of May she had been suffering from a dull aching pain in the right side of chest causing dyspnoea, this lasted fourteen days; ceased under treatment, and she was able to do her ordinary work until date of admission, but had frequent retching, also swelling and aching in right leg.

On admission the patient was feeling better in general health than she had for some time. The abdomen had increased rapidly in size in the last eighteen weeks, but during the last three weeks the other portion of her body has wasted considerably. Her temperature was normal and her pulse 76. The period commenced the day after admission and lasted four days.

On Tuesday, July 16th, ovariectomy was performed. At 7 a.m. the abdomen, which had been thoroughly cleaned and a carbolic compress applied the night before, was again washed and sponged with ether and a fresh carbolic compress applied.

At 7.30 an enema of soap and water was administered and the bowels were well opened. Her chest and limbs were then covered with cotton wool secured by domette bandages, 3iv. of urine was drawn off by catheter, and at 8.45 she was removed to a ward specially prepared, and the operation commenced at 9 a.m.

The anæsthetic was ether given in Clover's large inhaler, and the patient took it very well indeed. All the water used during the operation had been previously boiled and filtered through cyanide gauze, the towels were carbolized, and the instruments laid in a tray with a solution of carbolic acid 1 in 40, the sponges were made of cyanide gauze.

The operation was very successfully performed by Dr. B—, helped by Dr. N—. An incision was made about five inches in length; 3i80 of thick brown fluid was then drawn from the cyst by the trocar, and afterwards the right ovary and the sac were removed, the pedicle was tied with cat-gut ligatures, the incision was stitched with silkworm gut sutures; the dressing consisted of a dusting of iodoform powder, iodoform gauze shreds, and a covering of absorbent wool all secured by a flannel many-tailed bandage. The operation lasted forty-five minutes.

At 10.45 the patient was put back to bed, packed with hot water bottles and kept in the recumbent posture; her pulse was good and her face and hands warm; an enema of brandy 3ss. and hot water 3iiss. was given and was ordered to be continued every hour. At 11.45 she vomited a small quantity of fluid and retched a good deal. At 12 p.m. her temperature was 98.8°, her pulse 72. At 12.30 she was quite conscious and vomited again. At 1.30 she was sleeping quietly.

At 12.15 she awoke and was retching a great deal; she vomited about 3ii. of greenish fluid and complained of severe pain in the abdomen. At 2.45 her head was aching, and her face and hands were cold and clammy. At 3.15, pulse was very feeble, profuse perspiration all over body, and very restless. At 4 p.m. she still complained of severe pain in the abdomen. At 4.15 vomited again, and was in a very collapsed condition, no pulse felt at either wrists, quite unconscious, dressing soaked with hæmorrhage. At 4.15 Dr. N— came and the wound was reopened, the whole of the abdominal cavity was filled with blood, and a quantity of clots; the hæmorrhage was mostly soaked up with cyanide sponges, but the patient being in so collapsed a condition, there was no time to do more, so the large forceps were attached to the pedicle and a drainage tube inserted. The stitches were left untied and held with small artery forceps; the wound was then redressed as before; the radial vein in the left arm was opened, and three pints of tepid salt and water injected (per transfusion apparatus); during the operation she had two enemata of brandy 3ii. and warm water 3xviii.; both were well retained. At 7 p.m. she began to rally a little, her pulse was slightly felt at wrist, she was again packed with hot water bottles frequently removed, and the room was kept at a temperature of 70°. At 8 p.m. her temperature was 98.8°, pulse 100; 3viii. of urine were drawn off by the catheter. At 8.15 she was wandering. At 8.30 her lips were livid, and she had sharp pains in left side and shoulder. At 9 p.m. she was again in a very collapsed condition, profuse perspiration all over body, pulse feeble, still a good deal of oozing through the wound, and she was very restless. At 10 p.m. the dressing was changed, patient still unconscious, enemata still being given every hour containing brandy 3ss. and hot water 3iiss., all retained well.

July 17th, 12 a.m.—Her temperature was 98.4°, pulse 104 and a little stronger, she was short of breath. At 12.45 she was dozing and had no pain or discomfort in the abdomen; 2.45, sleeping quietly, face warm, but hands still cold and clammy; 4 a.m., her temperature was 97°, pulse 110, she was retching a little, but appeared more conscious; 5v. of urine drawn off. At 7.15, she was sleeping soundly, her respiration was quiet and regular; 7.45, she complained of pricking sensation in the abdomen; 8 a.m., her temperature was 97.4° and pulse 112. At 10 a.m., Dr. B— came; the dressing was changed and there was less oozing; enemata ordered every hour, each containing Valentine's meat juice 3i., brandy 3i., and peptonised milk 3i. At 11 a.m. she was troubled a good deal with flatulence, perspiring very freely, hands cold, temperature 97.8°, pulse 112. At 2 p.m. Dr. B— came again and the whole of the abdominal cavity was washed out with a solution of boracic acid; the water as it returned was very discoloured, apparently with dissolved clots of blood. At 3.15, the patient vomited about 3ii. of greenish fluid, and she had severe pain in the abdomen. At 5.15, retching; a good deal of flatulence dispersed. At 9 p.m., she was very thirsty, part of 8.30 enemata returned. At 10 p.m., 3vii. of urine were drawn off. Her temperature was 98.2°, pulse 128. At 10.45 the dressing was changed again. At 11.30 she was restless and feeling faint.

July 18th.—At 12 a.m. her temperature was 97.2°, pulse 126. At 1.30 3x. of urine were drawn off. At 4 a.m. the temperature was 99°, pulse 130. At 6 a.m. she was feeling more comfortable and was free from

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