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LARGE OVARIAN TUMOR, WITH 60 Lbs. OF FLUID.

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Patient, a Chinese woman of about forty-five years of age, an opium smoker, with history of enlargement of abdomen for several years. History of manner of growth of swelling and measurements made diagnosis of ovarian tumor from left side easy. She entered hospital on 14th November, and it was decided to operate on the following Tuesday. On the 15th, however, she developed a temperature of 100.2°, so it was necessary to postpone operation for a time. In the meantime she was carefully prepared and generally toned up.

For two days before operation special attention was paid to diet and bowels, and enemata and douches were given daily. On the morning of 26th November she was put on the operation table, and, Dr. Cundall giving chloroform, with the assistance of Dr. Morley, of Tehngan, I operated. The incision was made in the middle line, commencing about two inches below the umbilicus and extending downwards for four inches. Reaching the peritoneum all hæmorrhage was stopped before opening it. The peritoneum was then picked up with two dissecting forceps and a cut made with a pair of scissors; a rush of ascetic fluid followed immediately. The peritoneum was then slit up and down on a Hey's director; the edge being seized with special catch forceps. A hand was then passed in as far as possible to free tumor wall from peritoneum, to which the former was adherent above. Abdominal towels were then packed in around the edges of wound between tumor and abdominal wall and the cyst punctured with a large Spencer wells trochar. No fluid escaped at the sides of the trochar; all passing through the tube into a large "kang" under the table.

As the fluid escaped and the walls of cyst became lax, large forceps, Nelaton's and others, were clamped in the cyst wall, and by aid of these the assistant lifted the tumour more and more out of the wound until sufficient fluid had escaped to allow several inches of cyst wall to come out and hang over the edge of the wound and thus drain. The flow of escaping fluid was controlled, so that the emptying of cyst should not affect the heart and respiration. When nearly emptied the opening in cyst was clamped and a hand was passed in to ascertain the extent of adhesion. It was found that the lower half of the tumour was perfectly free from adhesion, but the upper half was adherent to the peritoneum, to the under surface of liver, to the omentum and stomach. None of these adhesions were dense; all being easily peeled off with a

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sponge, and little or no oozing took place, except in one and two places and then it was easily controlled by pressure with a hot sponge. (It was necessary to prolong the incision above the umbilicus several inches in order to get room to deal with these adhesions.) It was found that a subsidiary cyst occupied the upper segment of the large cyst, and subsequently it was found that the contents of this cyst had become purulent, explaining the adhesions being located in this part, while the remainder of the parent cyst wall was quite free. Before freeing the deepest adhesions the pedicle was ligatured and the tumour cut away from it, thus enabling the adhesions above and behind to be more easily dealt with.

All adhesions being freed the tumour was removed and the toilette of the peritoneal cavity commenced. Sponges wrung out of hot sterile water were used and all the cavity was carefully gone over. Following the advice given by G. Smith and others, "when on doubt, drain," it was decided to drain, as the adhesions had been fairly extensive, though none had been dense. A Keek's glass drainage tube was inserted into Douglas' pouch and left protruding from the lower end of the abdominal incision. The peritoneum was brought together with a continuous suture of Pagenstecker's celluloid thread and the muscles were next united by a continuous chromic gut suture; the skin being finally brought into apposition with interrupted sutures of silkworm gut. No antiseptics were used from beginning to the end of operation, everything being aseptically prepared, with the exception of the scalpels, which had been previously soaked in pure carbolic. The operation from first cut to last suture took 1¾ hours. The 'kang' which held 60 'chin' of fluid was two-thirds full; there being in all about 60 lbs. of fluid removed. Dressings were put in position with separate dressing surrounded by indiarubber sheet for the drainage tube. All dressings were held in position by broad bands of adhesion plaster, and finally a many tailed bandage was put on over all.

The patient was then removed to her bed, which had been arranged in the corner of the operating room. Her subsequent history was uneventful; a rise of temparature the night after the operation being a good sign, showing that she was reacting well. Her thirst and restlessness was controlled by large enemata of warm saline solution, to which was added her quantium of nepenthe to counteract the craving for opium.

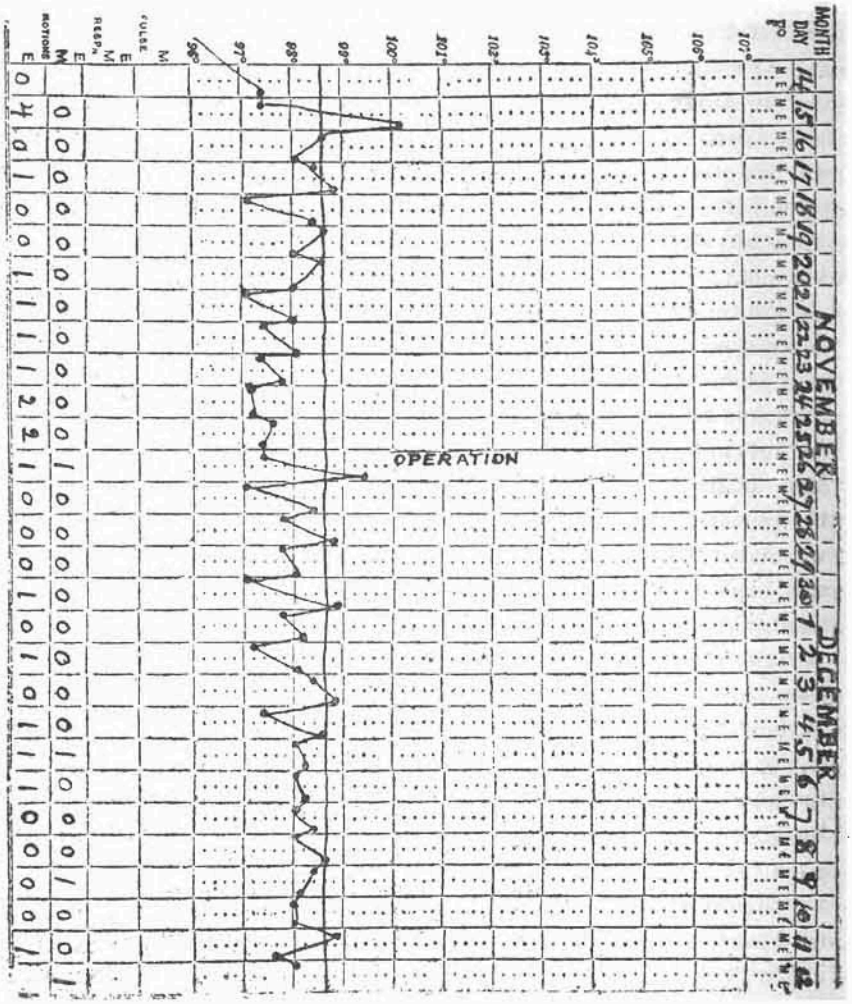
The dressing around the glass drainage tube was opened in twenty-four hours, but as there seemed to be still some amount of sanguineous fluid in Douglas' pouch it was decided to leave it in position for another

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twenty-four hours. Everything being sweet and pure, and the amount much less the next day, the tube was removed and the edges of the wound brought into apposition by a deep silkworm gut suture passing through muscles and skin, but avoiding the peritoneum. Dressings were changed a week later and half the sutures removed, and the wound was soundly healed. The remaining sutures were removed seven days later, and strapping placed right around the abdomen.

After the first four days the patient was gradually brought back to ordinary diet and the recovery was entirely uneventful. Her husband, who was a tailor, made her a strong abdominal belt, and with this on she left the hospital in about six or seven weeks after operation.

TEMPERATURE CHART OF ABOVE CASE.



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