

THE AUSTRALIAN
MEDICAL JOURNAL.

FEBRUARY, 1875.

MEDICAL SOCIETY OF VICTORIA.

The following paper was read at the meeting in December 1874 :

A CASE OF OVARIOTOMY, COMPLICATED WITH PREGNANCY. CÆSARIAN OPERATION. CURE.

By THOMAS HILLAS, M.R.C.S. Eng.

Late Honorary Surgeon, Ballarat District Hospital.

Mary M'C., aged twenty-four years, single, was admitted to the Ballarat District Hospital, June 4, 1872. The history of her case was peculiar. She believed that she became pregnant in March, 1871, and not wishing to be confined in the district in which she lived, she sought admission to the lying-in-ward of the Ballarat Benevolent Asylum. She was admitted there in November, 1871, and after staying there until the following June, a consultation of the honorary staff was called, and she was discharged, her case being deemed ovarian dropsy, and not pregnancy. On her admission to the hospital, she was examined by the resident surgeon, and subsequently by the honorary surgical and medical staff, all agreeing that she was suffering from ovarian dropsy, and that it was a suitable case for operation. On June 13, assisted by the honorary surgeons, Messrs. Nicholson and Whitcomb, and the resident surgeon, Mr. Owen, and the honorary medical staff, the patient being under chloroform, I commenced the operation, by an incision midway between the umbilicus and pubes. On arriving at the peritoneum, I made a small opening into it, when out spurted a large jet of venous blood which the pressure of the finger controlled. I came to the conclusion I had wounded, unwittingly, a gravid uterus, and feeling sure of this, I extended the first incision upwards to the umbilicus, when a large uterus rolled out on to the thighs, and the ovarian sac protruded. This was tapped, and

about eleven quarts of fluid were drawn off ; there were but few adhesions, which were easily broken down, and there was no hæmorrhage. The sac contained about a dozen small cysts, but the external wound being large, there was no occasion to tap them. The pedicle was short and thick, and after being tied firmly with a double whipcord ligature, the clamp was securely applied, and the pedicle divided, the ends of the double ligature being tied over the ends of the clamp. Now came the difficulty. The uterus was all this time lying on the thighs, with a foetus in it, and a wound through its muscles, probably into the placenta. Some of the bystanders advised that the wound in the uterus should be sewn up, and that organ replaced in the abdomen, but seeing that labour must come on soon, and that rupture of the uterus would most likely occur at the seat of injury, I personally decided to perform the Cæsarian operation, as being the most likely means of giving the patient a chance to recover. The uterus was incised to about five inches, and the placenta and a foetus, alive, and well developed, at about the eighth month of gestation, extracted. I then stitched up the wound in the uterus, with about nine or ten silver wire sutures, carefully tucking the cut ends down into the incision ; immediately on completing this, the uterus contracted firmly. I then sewed up the wound in the abdomen, with deep and superficial stitches, the deep stitches including the peritoneum, leaving the clamp at the lower margin of wound, and a good deal dragged upon. The right ovary was the one affected, and the patient measured sixty inches round the abdomen before the operation. The sac and its contents after removal weighed thirteen pounds, and are preserved in the hospital dispensary. The patient vomited for about forty-eight hours after the operation, having been an hour under chloroform. This was relieved by morphia and ice, and on the fourth day all unfavourable symptoms abated. There was a discharge of pus from the lower portion of the wound, which ceased in about a fortnight, and then it completely healed. She was discharged, cured, at the end of six weeks. On July 3, a month after the operation, she menstruated moderately for four days, and again on August 28. I have seen her several times since, and she is in perfect health.

Mr. GILLBEE thought the case unique. It was of the greatest value, as showing what could be done in the way of operative surgery under very difficult circumstances. Such a complication was very startling, and the result was most creditable to the operator.

The PRESIDENT complimented the author upon the success which had followed his endeavours, and expressed a hope that he would derive every possible advantage from the successful result which had ensued.