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A NEW OVARIOTOMY CLAMP.*

ALSO APPLICABLE FOR OTHER SURGICAL PURPOSES.

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THE operation of ovariotomy is rapidly attracting increased attention, and while but a short time since it was performed by a few surgeons, we now hear of its being undertaken by many young and inexperienced physicians with the boldness of old ovariotomists.

Notwithstanding, however, the frequency with which the operation is performed, and the consequent progress made in the procedure itself and the after-treatment of the patient, yet it cannot be denied by any one who studies the subject but that much, very much, remains yet to be learnt, before it can be classed amongst the perfected operations of surgery.

Even yet, some of the eminent ovariotomists of Europe

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and this country are at variance as to many of the most important points in the operation ; for instance, as to the treatment of the pedicle, whether it is best to ligate and return it or not into the peritoneal cavity ; to clamp it, and keep it external to the abdominal wound ; or to dispense with both ligature and clamp, by substituting the *écraseur*, the actual cautery, or laceration.

The proper treatment of the abdominal incision is also a mooted question, the majority advising immediate and perfect closure, while a few, and not the least distinguished, advocate the practice of leaving a small opening, to allow the exit of septic gases and material, and the advised washing out of the peritoneal cavity.*

Although there exists such difference of opinion in regard to the treatment of the pedicle, yet the majority of the distinguished ovariotomists are becoming more in favor of clamping the pedicle than of ligating it, and some have given the most conclusive proofs of the former in the statistical results of their cases (Spencer Wells, Thomas, Atlee, etc.), by far a greater number so treated recovering, than where the various forms of sutures are used, and the pedicle returned into the abdomen.

The advocates of the latter method, as well as those in favor of the clamp, have been active in endeavors to perfect each detail of the individual methods, and have given us as results varieties in ligatures as regards material and application, and clamps of different principles and special peculiarities.

As it is not my purpose in this paper, however, to

* See Prof. E. R. Peaslee's paper on "Injections into the Peritoneal Cavity after Ovariotomy," in *THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN*, Vol. III., No. 2, p. 300.

discuss the various methods of treating the pedicle, but only the application of the clamp, and especially one possessing new principles, I will pass immediately to the subject.

The object of all clamps is to so compress and retain the ovarian pedicle as to perfectly control all hæmorrhage, either temporarily until the ligature is passed, or permanently, without the latter, as the operator may desire.

With one exception (Atlee's clamp), the principle of action of all clamps is the same—compression of the pedicle between two parallel arms of steel, which are brought into co-aptation by two screws, or a hinge and screw combined. Such instruments compress the tissues in but two directions, and thus allow them to spread more or less between the bite of the clamp, and this very spreading of the pedicle is somewhat essential for the proper closing of the clamp.

Now, two great objections seem to me to be attached to this *spreading* of the pedicle: 1st, it must somewhat prevent (perhaps only in a slight degree) *perfect* ligation of the pedicle by any of the various ligatures, for, after ligation, that portion between the ligature and clamp is spread out in a fanlike manner, and therefore offers unequal resistance to ligation; and, 2d, if the clamp only is used, the pedicle expands transversely to the wound, and thus prevents sufficient approximation at the point where it is situated.

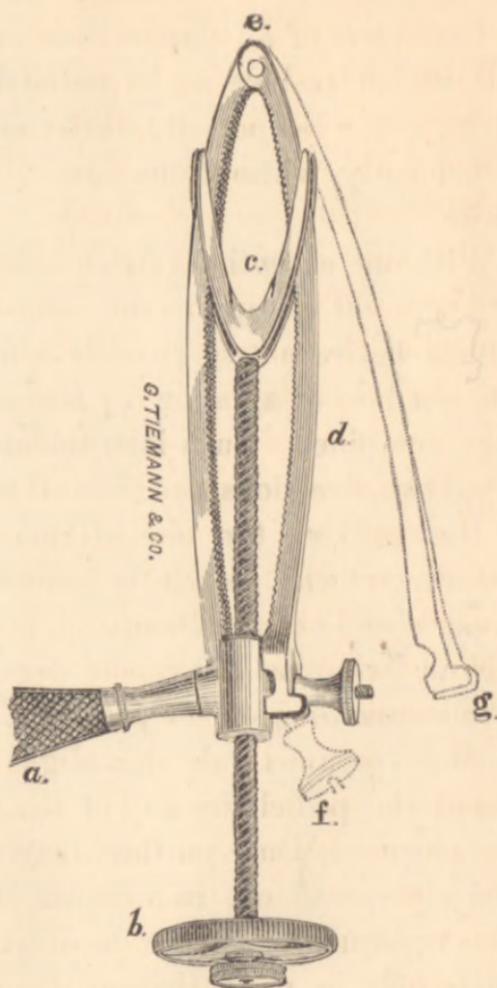
The above conclusions have been arrived at after having been present and assisted at some sixteen operations for ovariotomy, performed respectively by Drs. T

Addis Emmet, T. G. Thomas, E. R. Peaslee, Joseph Kammerer, John Byrne, and Stephen Merritt.

To overcome one of these objections, Dr. Washington L. Atlee, of Philadelphia, has recently invented a clamp "to limit, within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together." *

By his clamp the pedicle is compressed in four directions, and thus made to occupy a very small space in the abdominal wound. This one has certainly great advantages over other instruments, but, as its mechanism is somewhat complicated, there is yet an opening for further improvements.

I will therefore call attention to a clamp of entirely new action which I have recently had made, and the mechanism of which is exceedingly simple.



* *Am. Journal Med. Sciences*, April, 1871, page 370.

The principal features of this clamp are: 1st. It compresses the pedicle in a uniform manner and into as small a compass as may be needed; 2d. The compressing force is exerted by a single screw; 3d. Its application around a pedicle is quick and exceedingly simple; 4th. With it a ligature can be passed directly around the compressed portion of the pedicle, and be made more secure than with other instruments; 5th. Ecrasement could be performed if it were desirable.

In the accompanying woodcut, the clamp is seen locked, and in the act of compressing a pedicle, if we imagine the wheel (*b*) to be turning. By the turning of this wheel the slide (*c*) is slowly pushed up towards the joint (*e*), and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm (*d*) is to be opened by unscrewing the nut (*f*), and then passed around the pedicle and closed again, and made fast as before, the slide (*c*), having previously been screwed back towards the handle.

If it should be determined to ligate the pedicle, the clamp is to be armed, beforehand, with the ligature, by passing it between the lower blades of the slide and the arms of the instrument, which is then applied; by this means the ligature is enabled to engage the pedicle as tightly as may be desired, and without any strain being brought upon it until the clamp is removed.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (*a*) and the wheel (*b*) are to be removed by unscrewing them, which renders the clamps much lighter and perfectly

flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (*g*) in the cut show the arm of the clamp opened ready for application, and needs no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hæmorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact, and small that its case may be carried in the vest-pocket without inconvenience. It is manufactured by G. Tiemann & Co., 67 Chatham Street, New York.

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Pacific Medical and Surgical Journal, March, 1871.

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