CASE
OF
O V A R I A N D R O P S Y,
OPERATED ON DURING AN ATTACK OF ACUTE
PERITONITIS.

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(Received August 5th—Read October 8th, 1872.)

THE operation of ovariectomy has been so frequently and successfully performed by so many, and in all parts of the world, that it is no longer necessary to publish cases for the purpose of proving the legitimacy of the operation. Results have established its position as being one of the most successful and life-saving of all the capital operations in surgery.

It must, however, be forcibly impressed on any one who has extensive opportunities of observing disease of the ovaries that there are scarcely two cases which come under operation presenting exactly similar features; varieties in the tumour and its contents, in its adhesions and relations

to the organs of the abdomen or pelvis, in the length, thickness, or vascularity of the pedicle, all require attention, and useful lessons are to be learned from nearly every case. Hence the mistake often made by onlookers at those operations; perhaps a surgeon who has never performed ovariectomy is present at an operation on a unilocular cyst uncomplicated by adhesions, with a pedicle of good length, he remarks, "What a simple operation! nothing in it;" let him, however, watch a dozen cases, and he will find that some of them require as much boldness, dexterity, and readiness of invention as any other operation in surgery.

I have had as good opportunities for seeing and treating cases of this class as can be afforded to any practitioner in this colony of Victoria, having been connected with the Hospital for Women in Melbourne since 1856, but in a young country like this with a healthy population the cases of ovarian disease are few indeed compared with those which come under notice in the large cities at home.

I have now operated seventeen times. Of those, thirteen have recovered and are at the present time alive and in good health, four have borne children since the operation; in two of the cases that died the tumour proved to be malignant. I have had in this small number of patients nearly every variety of complication described by the most experienced operators and have reported them from time to time in the 'Australian Medical Journal;' but the case which I now wish to bring under the notice of the members of the Royal Medical and Chirurgical Society of London seems to me worthy of being so placed on record, and though I am quite aware similar cases have been reported by Mr. Spencer Wells and others, still I feel assured that no case has ever been operated on in which the prognosis could have been worse, and I almost fear that I shall be suspected of exaggeration when I give only a plain statement of facts.

I first saw the patient, Mrs. G—, on the 30th of April, 1872. She had been brought a journey of twenty miles by railway the day before. At this interview I ascertained the following history:—Thirty-one years of age; married five

years; has had two children, the last two and a half years ago.

She is very much emaciated, breathing with great difficulty on account of the enormous distension of the abdomen; has frequent attacks of hectic and great irritability of stomach; pulse 110, very feeble. Her distress was so great that I felt compelled to give her temporary relief by tapping, before her removal to the hospital.

On March 1st (next day) my colleague, Dr. Martin, saw her in consultation, and assisted me in tapping one portion of the tumour, which was evidently multilocular and in portions semi-solid. I introduced the trocar into the most fluctuating portion and drew off two quarts of thick muco-colloid fluid; this emptied one cyst, and gave some little relief.

The place in which she was staying being most unsuitable she was carefully removed on the 5th of March to the hospital. I should have stated that the whole surface of the abdomen was extremely tender to the touch. After admission to hospital the history of the case was more carefully taken. She stated that she first noticed an enlargement in the left iliac region about fifteen months ago; this went on gradually increasing, and after a time she believed herself to be pregnant, and even fancied that she felt the movements of the child. Her health got worse and worse, but she did not seek advice, believing all her sufferings to be due to pregnancy. Some time before coming to Melbourne she had, however, consulted a medical man who at once told her she was not pregnant and sent her to see me. When admitted she measured thirty-eight inches round the abdomen at the umbilicus, nine inches from ensiform cartilage to umbilicus, and eight and a half inches from umbilicus to pubis.

For many days after admission she was very weak, and was unable to retain food on her stomach; she was supported by enemata of beef tea and brandy, had warm fomentations and linseed-meal poultices to the abdomen, small doses of opium, and effervescing draughts, and was anxiously watched in the

hope that she would gradually improve sufficiently to have the operation performed. For some days she appeared to improve a little, but about the 16th of March she became much worse, and it was evident that she would soon sink. The temperature of her body rose rapidly, 102° in axilla, the vomiting increased, the tenderness over the abdomen became greater; pulse 120° , small.

After consultation with my colleague I determined to operate as affording the only possible chance, and was much encouraged in this resolve by the perusal of a somewhat similar case reported by Mr. Spencer Wells in the 'Medical Times and Gazette.'

The operation was performed on the 19th of March in the presence of about a dozen medical men and my class of students from the university. Bichloride of methylene was administered by Dr. Motherwell, and I was ably assisted by my colleagues, Drs. Martin and Featherstone and Dr. James. When the patient was placed on the table the pulse was almost imperceptible, the body covered with a clammy sweat; temperature in axilla 102° . A long incision was made extending about an inch above the umbilicus. On opening the cavity of the peritoneum several pints of ascitic fluid mixed with flakes of lymph escaped; on introducing the hand, adhesions were found all over every aspect of the tumour. These were recent and easily broken down by the hand. On inserting the large syphon trocar the contents were found to be too thick to flow through the tube. I opened the tumour freely and introduced my hand breaking down cyst after cyst, giving exit to several different kinds of fluid—thick muco-colloid fluid, purulent, and the ordinary glairy fluid of ovarian disease; the walls of several cysts were too tough to break down and required puncture with the smaller trocar. When sufficiently reduced in size the mass was withdrawn from the abdomen. The pedicle was very broad but of a good length and was secured simply by a clamp. The entire cavity of the abdomen was of a deep purple or maroon colour; the parietal layer of peritoneum, when cut by the primary incision, was as thick as wash-leather, and did not

retract in the least. The intestines were of the same deep purple colour and were matted together with lymph. They were closely packed away in the upper part of the abdomen to the right side. Enormous quantities of soft shreddy lymph were found adherent to various parts of the peritoneal surface, particularly to the under surface of the diaphragm, and about the crura of that muscle it was in such quantity that I removed it in handfuls. Assiduous sponging at length removed the effused lymph from all parts as perfectly as was possible. The wound was closed by eight deep silk and six superficial horsehair sutures, the pedicle trimmed and dressed with a powder composed of gypsum and carbolic acid, broad strapping of adhesive plaster and a flannel roller applied, and the patient removed to bed. The operation occupied thirty-six minutes.

Nothing could be better than the effect of the chloromethylene; it caused no dyspnoea or sickness and the patient recovered perfect consciousness almost immediately after being placed in bed. A suppository of ten grains soap and opium pill was introduced, and she took some iced water with a little brandy.

At 5 p.m., two hours after operation, pulse was 124; temperature 102°. At 10 p.m. she had slept a good deal; no sickness; pulse 120; temperature down to 96°; said she felt very comfortable.

The solid portions of tumour weighed 11½ lbs., and the fluid removed (not including the ascitic fluid) measured 22 pints.

Next day she was doing perfectly well, passed urine herself, took some tea and toast.

On the second day she had a slight motion and passed a great deal of flatus.

At 10 p.m. on the 21st, second day, six of the deep sutures were removed; wound healing well. Enemata composed of two ounces of very strong beef tea and one ounce of brandy were given three or four times a day for the first week.

On the third day she had some chicken for dinner; has had no sickness of stomach since the operation.

On the fourth day she was not so well; very restless; and said she felt worse than at any time since the operation.

When dressing the pedicle I moved the clamp in order to cleanse the root of the pedicle and a quantity of most fœtid gas escaped from the lower part of the wound, followed by about eight ounces of fearfully fœtid, thin, greenish-coloured fluid. The parts were carefully sponged with permanganate of potash solution in tepid water and dressed with chloralum wool. All sutures removed; wound healed well down to clamp. She never had a bad symptom afterwards. The clamp came away on the eighth day, and a little more fluid then escaped from the abdomen; after that the wound closed rapidly. She gained strength daily, was sitting up on the twelfth day, and left the hospital perfectly well on the 15th of April.

It is unnecessary for me to dilate on the many points of interest in this case; one or two, however, seem to me important. I have no doubt whatever that the bichloride of methylene is infinitely superior to chloroform in these cases, it causes no sickness or depression, and the patient is much sooner free from the anæsthetic influence.

In every case that I have done as yet I adhere to Mr. Spencer Wells's mode of treating the pedicle by the extra-peritoneal method, and I feel sure that this patient would have been in a very critical position if the pedicle had been dropped in and the wound closed, thereby preventing the evacuation of the fœtid fluid which formed as a result of the engorged state of the peritoneum. Of course, I would not wish it to be understood that I would hesitate to drop in the pedicle in a case where it was very short and would be strained by a clamp; but, as far as my small experience goes, I would bring out and clamp every pedicle that was sufficiently long to be so treated.