SUCCESSFUL
REMOVAL OF AN OVARIAN TUMOUR,
COMPLICATED WITH PREGNANCY.

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THE Profession being still divided in opinion as to the propriety of removing ovarian tumours with the knife, I take the opportunity of communicating to the Royal Medical and Chirurgical Society the history and result of a case operated upon during pregnancy; an occurrence which, as far as I know, has not before been recorded, and therefore possesses special interest.

Ann Jones, ætat. 25, rather above the middle size, and inclined to be stout, was admitted into the Salop Infirmary on the 28th of February 1846. She has been married four years, and had three children; and has always enjoyed good health until her last confinement (seven months ago), after which she first detected enlargement of her abdomen. She thinks she is nearly as large now as before her delivery. Her last child is strong and healthy; the labour was not a difficult nor protracted one, and her previous confinements were all favourable. She says that in about a month after her last confinement she perceived a hard tumour in the abdomen, which has remained much the same in size ever since; she also says that it moves about when she changes her position.

March 3rd.—The measurement of the abdomen over the

umbilicus is 37 inches ; its shape is irregular, and on the right side a considerable tumour may be distinctly felt. Its attachments appear to be very loose, for it may be moved about with great ease. The fluctuation through the abdomen generally is very imperfect ; and in the tumour itself, upon isolating and carefully manipulating it, no fluctuation is perceptible.

April 1st.—She is much the same as regards the ovarian disease, and her general health seems not at all affected. Tongue clean ; pulse 80, but small ; bowels regular ; urine natural and without sediment.

9th.—No perceptible change in the size or hardness of the tumour.

Up to this date she was under the care of Dr. Johnson, physician to the infirmary, who now requested me to see her, which I did on the 10th ; and having learned that she had experienced but little relief from any of the remedies taken, all means likely to ameliorate her condition having been adopted, I recommended that she should omit all medicines, and only wear an elastic bandage to support the tumour. She acted upon this advice, and went home, being told at the same time that if the tumour increased she had better return to the infirmary.

On the 5th of September, after five months' absence, she returned to the infirmary, much increased in bulk. The measurement over the umbilicus was then 45 inches, and from the ensiform cartilage to the pubes 22 inches ; there was very distinct fluctuation through the abdominal parietes. The appearance above the umbilicus was irregular, and, on manipulation, a sensation of solidity was transmitted to the touch. Her dyspnœa was very urgent, and she was unable to lie down. She said that she had menstruated regularly since she returned home, and that the last time was about six weeks ago, when the discharge was profuse. The breasts were flaccid, and the areolæ were not darker than is usually remarked in women who have had children. She felt confident that she was not pregnant, having none of the symptoms

she used to have on former similar occasions. Examination, per vaginam, afforded no proof of her state; in fact, the os uteri could not be reached by the finger. The usual stethoscopic signs of pregnancy were also sought for, but not detected in consequence, no doubt, of the situation of the tumour. Thus the woman's own history, and all the direct local signs which could be obtained, afforded no grounds whatever for suspecting that she was pregnant.

The opinion of the medical staff having been requested, it was unanimously agreed that the case was of a nature which justified an attempt to remove the tumour by operation.

The patient was made fully aware of the possible consequences of this proceeding; and the temporary relief she would experience by tapping was likewise explained to her, as also the uncertainty and danger of that operation, which has of itself in many cases proved fatal, and rarely gives more than partial relief, and that only for a short period. Under these circumstances, she came to the determination to have the tumour removed at all risks, and begged that an early time might be fixed for the performance of the operation.

On the 15th of September, at noon, the bowels having been freely evacuated on the previous day by a dose of castor oil, I proceeded to operate. The temperature of the room having been raised to 72° (Fahrenheit), the patient was placed on a convenient couch, her back being supported by pillows whilst her feet rested firmly on a footstool. The pulse before the operation was 98. An incision, sufficiently large to admit the finger, was first made through the parietes of the abdomen, about half way between the umbilicus and pubes, by which a small quantity of clear fluid escaped. The surface of the tumour was now exposed. By the introduction of the finger as far as possible, and by passing it round the tumour, no adhesions could be felt. The incision was then extended upwards to within about an inch and a half of the ensiform cartilage, and downwards to the pubes, and still no adhesions presented themselves. I now passed a large trocar into the

largest cyst, and drew off three gallons and a quart of thick, glairy, highly albuminous fluid, which reduced the tumour to a convenient size for passing through the aperture; previous to this it was too large to allow of its being drawn out, although the incision was as extensive as possible.

On drawing the tumour forward so as to examine its pedicle, the uterus was brought into view in a gravid state, and was supposed to have reached the third or fourth month of pregnancy. The pedicle of the tumour was extremely thick and broad, requiring to be tied in three different compartments with strong twine ligatures. The bulk of the pedicle made it so difficult, even with this division, to draw the ligatures sufficiently tight, that when the tumour was separated from the pedicle the upper and outer one slipped, and had it not been for the prompt assistance of my colleagues, a fearful hæmorrhage would have ensued. Another strong ligature was, however, immediately passed through the pedicle, and being tied, prevented further bleeding. It was yet thought more safe to search for the mouths of the vessels, and place a silk ligature round each separately. This being done, and the parts having been thoroughly cleaned, the margins of the incision were brought into apposition by a few interrupted sutures; a cordial was then administered, and the patient was placed in bed. The lips of the wound were now accurately brought into contact by other sutures; and adhesive plaster, a few compresses of lint and a bandage completed the dressing. The pulse was at this time 88, small and weak.

Ordered—T. Opii ʒj. statim.

On examination of the tumour, after removal, it was found to consist of a multiplicity of sacs surrounded in some instances by solid matter: all of these sacs were situated anteriorly, which circumstance, no doubt, gave the swelling its irregular form in front. The fact of the tumour being sacculated would have rendered it impossible to empty it by tapping, and of course the solid matter would have remained after that operation. The walls of the cysts were

thick and firm, and the whole tumour, with its contents, was computed to weigh not less than 50 lbs.

3 P.M.—Complains of pain in the back; countenance expressive of pain. Pulse 90. Has been sick once, but vomited only a small quantity.

6 P.M.—Has had half an hour's sleep, and has taken a little gruel. About 4 oz. of urine drawn off by catheter.

7 P.M.—Since last note, has had uterine pains, occurring every five or ten minutes. Ordered—T. Opii ʒj. ex mist. camph. stat.

16th—5 A.M.—Still complains of pain, especially in the left iliac fossa. Sleeps only at very short intervals. Catheter introduced. Ordered—T. Opii ʒss. ex aquâ statim.

9 A.M.—Countenance more anxious. Still complains of pains in the back and side. Has had about two hours and a half sleep during the night; speaks cheerfully; pulse 108, rather contracted; tongue moist, with a brownish fur on dorsum. Has had no return of the vomiting.

4 P.M.—Breathing a little hurried. Pulse 130, small and contracted. Skin hot. A little mucus passes per vaginam. The uterine pains having returned, the os uteri is beginning to dilate. Pain still continues in the left iliac region, with considerable tenderness. Ordered—Venæ sectio ad ʒiv.

10 P.M.—The blood drawn at 4 P.M. is now buffed and cupped. Pain relieved. Countenance improved. Pulse 120, soft and compressible. Has taken during the day a little tea and arrow-root.

17th—7 A.M.—Has had a continuation of the uterine pains during the night, which have increased lately.

Soon after this, abortion took place: the labour was easy and not protracted. The fœtus presented naturally, and was alive when born. About an hour afterwards the secundines came away, x. grs. of ergot of rye having been administered, as the uterus seemed inclined to be sluggish. No hæmorrhage ensued, and the woman bore her labour better than could have been expected.

1 P.M.—The abdomen is rather tympanitic and tender, breathing oppressed, and she has been slightly sick. Abdominal bandage was slackened. Ordered—Liq. Opii Sed. $\mathfrak{mxx}$. stat.

5 P.M.—Countenance anxious, and a troublesome cough has come on. Has passed water through the day without assistance; there is no appearance of any lochial discharge.

8 P.M.—There is now much tympanitis, with frequent hiccough, and pain in epigastrium, accompanied by extreme restlessness. To take small quantities of brandy-and-water, with ammonia; also Pulv. Opii gr. $\mathfrak{ijj}$. statim.

18th—10 A.M.—Has had a good deal of sleep, and feels relieved. Pain in epigastrium quite gone. Countenance improved. Pulse 116. Dressed the wound, which looks well and is to a considerable extent united. Removed several of the sutures, and changed her linen, which seemed to refresh her. Takes tea, coffee, beef-tea and new milk.

2 P.M.—Suddenly taken with faintness and loss of vision. Pulse fluttering, countenance very anxious. Ordered—Ammon. Sesquic. gr. v. Liq. Opii Sed. $\mathfrak{mxx}$. statim. Ext. Opii gr. $\mathfrak{ijj}$. post $\frac{1}{2}$ horam.

8 P.M.—Much more comfortable; a coagulum of about 2 oz. has passed from the uterus, with some lochial discharge.

12 P.M.—All pain has ceased. Complains of great exhaustion. Feels disposed to sleep, but wakes up in a fright. Tongue moist, urine abundant. Bowels not opened. Ordered—Fellis Bovis, gr. x. Pulv. Opii gr. $\mathfrak{ijj}$. statim.

19th—4 P.M.—Had some comfortable sleep during the night; but is now restless and uneasy. Cough very troublesome. Discharge through the wound has become very much more serous and more profuse; pulse rapid. At 6 P.M. she was ordered—Fel. Bovis c. Pulv. Opii gr. $\mathfrak{ijj}$.; and at 9 P.M. the following draught: T. Opii $\mathfrak{mxxx}$. Spt. Ammon. Ar. $\mathfrak{mxxx}$. Inf. Aurant. co. $\mathfrak{z}$ ij. stat. sum., which was given with the ox-gall, and repeated at midnight.

20th—2 A.M.—Restless still, and sighing. Complains

of great pain through the hips. Perspiring about the face, with cold extremities. Throws off the bed-clothes. To take small doses of brandy. Ordered—Pulv. Opii gr. iij.

7 P.M.—She slept a little in the early morning, and the bowels were relieved by an injection of castor oil, turpentine and gruel; but she has had a very uncomfortable day: features much sharpened, extremities getting cold; and spasmodic contractions of the diaphragm have lately come on. Pulse 120. Ordered—Fellis Bovis gr. x. Pulv. Opii gr. iij. stat.

10 P.M.—Is asleep under the influence of the opiate. Has constant jactitation, and is much exhausted. Extremities cold, breathing heavy and slow. Countenance pinched and covered with perspiration. Pulse 130, small. Ordered—Repetatur Fel. Bovis c. Opio.

It is scarcely necessary to continue the frequent reports by which it has been thought desirable to mark the progress of the case up to the last date. Suffice it to say, that some days elapsed before I considered my patient out of danger. Thus, on the 21st, there was tenderness and distention of the abdomen, accompanied by much restlessness; and these symptoms continued, with some intermission, through the following day. The ox-gall and opium, together with fomentations to the belly and injections of beef-tea, were then found serviceable. On the 23rd, the pulse continued rapid and the bowels were relaxed. Her diet was improved, and a tonic mixture was prescribed, containing also some aromatic confection; and an opiate injection was administered. On the 25th, my patient was much improved in every respect; and had no further recurrence of the symptoms which had previously so much distressed her. On October 8th, three of the ligatures came away, and the remainder separated spontaneously towards the end of the month. On November 6th, the wound was quite healed, and Mrs. Jones was able to walk about. She left the hospital on the 15th of this month, and was soon afterwards able to engage, without inconvenience, in her usual domestic duties.

I shall confine my concluding remarks to the peculiarities presented by the case I have just recorded. I did not consider the operation justifiable on the patient's first admission into the infirmary, her general health being then undisturbed, and enabling her to attend to her domestic duties without inconvenience. With regard to relief by tapping, my impression from the first was, that the tumour consisted of several sacs, and that some of them invested solid matter which, of course, could not be removed by the trocar. The fact of her being pregnant is of course a circumstance of no small interest; and this interest is greatly increased when it is remembered, that all the means which had been employed to ascertain the condition of the uterus went to prove the absence of pregnancy. On examination of the aborted placenta, it was evident that there had been a partial separation at one point, with a considerable clot of blood adhering, and that hæmorrhage had ensued which was mistaken for menstruation.

Here, then, is an occurrence calculated to mislead the most vigilant, showing not only the uncertainty of placing any dependence on a patient's own description, but also the fallacy of resting upon a patient's history of menstruation, as an unerring test by which the non-existence of pregnancy may be determined.

In the after-symptoms, one cannot but be struck with the absence of peritoneal inflammation, four ounces of blood being all that it was thought necessary to take away. The most important and alarming symptom was the frequent occurrence of collapse. Opium, ammonia and brandy immediately relieved this condition, and was had recourse to largely, with the very best result. It was, in fact, especially interesting to mark, during the whole after-treatment of the case, how opium immediately relieved all the symptoms of collapse. The patient was no sooner from under its influence than she became restless and uneasy; but, on a repetition of the opiate, she uniformly rallied, and remained comfortable until another dose was called for by a recurrence of the symptoms.

At one time, I entertained a fear that the constant and profuse watery discharge from the wound would so weaken my patient, as to render her constitution unable to hold out during the period of convalescence. This discharge, however, gradually ceased; the wound assumed a healthy appearance and rapidly healed, after which she quickly improved, daily gaining strength and flesh.

To decide on the propriety of performing the operation of ovariectomy must always require the exercise of careful judgment and sound discrimination; for if, in most of the larger operations of surgery, many unforeseen complications may present themselves, in this operation more especially we must be prepared for them.

Whether the record of the present case will tend to strengthen or weaken the confidence of surgeons in undertaking the removal of diseased ovaria by the knife, I cannot take upon myself to say; but I think it is useful and satisfactory to know, that a complication such as I have detailed does not necessarily involve a fatal result.