AN
EXTRAORDINARY CASE
OF
OVARIAN DROPSY;

COMMUNICATED BY

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Read November 28, 1826.

THE venerable Heberden remarks, “*ovaria sæpe fiunt sedes hydropis in foeminis, et morbus in illis perseveravit plus decennium, cum haud majori incommodo, quam quod ex mole tanta, tantoque pondere necessario natum est.*”

Such was the case of Ann Payne, the circumstances of which are now to be related.

July 5, 1825.—She is about fifty-two years of age, married early in life, has had many children, and menstruated several years after the disease was formed. About twelve years ago, when her

youngest child was less than a year old, a swelling in the left iliac region was noticed. It went on increasing, and remained distinct and moveable for some years; but afterwards became fixed and uniform, and occupied the whole abdomen.

She measures round the most prominent part fifty-four inches. The distance from the extremity of the ensiform cartilage to the pubis is twenty-six inches. Her mind is cheerful; appetite and sleep good; legs are beginning to be œdematous; but it is only of the bulk of the tumour that she makes any complaint.

The linea alba was punctured, and about seven quarts of serum were drawn off. The flow suddenly stopped, and the operator perceived with the end of the canula a resisting body, which could have been no other than the unopened ovary.

August 5.—She has gone on in the same state of general health as before. Her bulk was lessened about three inches immediately after the operation; but now she has nearly regained it.

August 9.—She is of her former size. A puncture was made on the left side, midway between the umbilicus and superior spinous process of the ileum, the exact site of the tumour when first it appeared. The trocar easily punctured the sac, and twenty-two quarts of fluid, resembling thin

coffee-grounds, were evacuated; and afterwards five quarts of clear serum from the abdominal cavity. She bore the operation without faintness, or any other unpleasant effect.

Sept. 15.—Five weeks and two days after the last operation she was again tapped. At its greatest prominence the abdomen measured only three inches less than before the former operations; but the upper part of the cavity was not so much distended. Her health is better than it ever has been since I first visited her. Two and twenty quarts of a brownish fluid were evacuated. This, there is every reason to believe, all came from the ovarian cavity, and is precisely the same quantity it afforded the last time.

November 3.—Tapped again. She measured round forty-nine inches, which is five less than before the last operation. The quantity of fluid, twenty quarts, nearly corresponds with that evacuated at former periods.

January 6, 1826.—About eight quarts of fluid drawn off. As it seemed probable that there is a distinct sac in the left iliac region, containing this quantity, and no more, it has been determined to perform the operation the next time in the linea alba, as was done at first.

March 28.—A puncture was made in the linea

alba; but nothing was effused except about two ounces of a fluid, resembling the white of an egg, slightly tinged with blood.

March 31.—She was tapped at the usual place on the left side, and nearly the same quantity was evacuated as on the 6th of January. At first it flowed freely in a full stream, but suddenly stopped. Her size, previously to this operation, was as large as ever, and this partial discharge lessened it but little.

On every former occasion she suffered no uneasiness after the operation. The same was the case now, and so she continued when I visited her on the 1st, 2d, and 3d of April. On Wednesday the 5th, in the evening, I was requested to see her. I found that she had not slept during the preceding night. She had been suffering pain for more than twenty-four hours, which she described as shooting from one part to another, in acute paroxysms of a few minutes' duration. I found also, upon making a good deal of pressure, some uneasiness all over it. She had felt no chills. The countenance was sunk, and expressive of great distress. The pulse at 120, with a slightly sharp beat.

About ten ounces of blood were abstracted from the arm, and small doses of sulphate of magnesia in peppermint water prescribed.

Thursday, April 6.—No sleep during the night,

and she had been able to take very little of the medicine. Stomach irritable, but the pain not near so severe as last evening. The blood exhibited an abundant separation of fibrine. Six ounces more abstracted, and every endeavour made to open the bowels by repeated glysters.

Friday, April 7.—Pain now very inconsiderable ; but the pulse is small and frequent, irritability of the stomach incessant, and the cast and character of the countenance indicative of approaching dissolution. No discharge from the bowels. Effervescent draughts to be given frequently, and a grain of opium now, nine a. m., and to be repeated at noon, if necessary.

Seven, p. m.—No alteration in the state of the stomach and bowels, and she appears rapidly sinking. Iteretur op. gr. j.

Saturday, April 8.—At ten o'clock in the forenoon she expired.

Sunday, April 9.—At seven o'clock in the morning the body was examined.

The integuments were divided from the ensiform cartilage to the pubes, and from the superior spinous process of one os ileum to the other. There was not such a diminution of fat as might have been expected, but the abdominal muscles

were almost entirely absorbed. The fasciculi of fibres were attenuated, and separated from each other, but retained a florid healthy aspect. The transverse lines were scarcely discernible. The peritoneum was become very opaque, of a somewhat cartilaginous texture, and about a quarter of an inch in thickness.

When the abdominal cavity was fully exposed, nothing could be seen but one immense uniform tumour, occupying the whole of it, except an interstice of about an inch, extending round in every direction. From this space two quarts of fluid were pressed out.

The tumour was moveable, and a puncture being made in the most depending part, about as much fluid, and of the same character as when she was tapped on the 9th of August, was drained off. Its sides were generally half an inch in thickness, but in some parts full an inch; and possessing the same cartilaginous character as the peritoneum. At its greater diameter it measured forty-two inches round; at the less thirty-eight.

As the whole history of the case had plainly indicated, it was the left ovary which had acquired this enormous bulk. It was fixed to the lateral ligament of the uterus by a pedicle of peculiar firmness, and about an inch in diameter. It had no other attachment whatever. The uterus and

right ovary were in no respect different from their usual state in healthy women of her age.

The whole of the intestines were detruded from their natural position by the progressive growth of the tumour, and lodged close to the right side of the spine. All the abdominal, and the other pelvic viscera were sound.

The chest and head were not examined; but as all the important functions connected with them went on without the least interruption to the last, there can be no reason for concluding that any morbid appearances would have been detected in either of these cavities. The only recent marks indeed of this sort found in any part, were a few slightly livid patches on the exterior surface of the tumour. A large mass of hydatids occupied the lower part of its cavity; and the trocar not passing fairly through it, accounts for the want of success in tapping at the linea alba on the 28th of March.

From the circumstances thus detailed, it becomes quite evident, that the exciting cause of the phenomena which led to this poor woman's death, was the distention of the ovary for a longer period than before. The fluid drawn off on the 31st of March, though amounting to six or seven quarts, could only have been from the abdominal cavity. When I saw her on the 5th and 6th of April, I would willingly have had the sac punctured, but

was deterred by the expectation of its having become inflamed, or that she might die under the operation ; but I am rather inclined to think, that the attempt might have been justifiable.

Could we have gone on to empty the sac without interruption, it may fairly be inferred, that from the sound state of all the important organs, she might have lived for many years.

Several times after it had been entirely emptied, the diseased ovary could be felt, loose, and unattached in the abdomen, just as it was found to be at the post-obit examination. The advocates for the extirpation of such ovaries may be inclined to view this circumstance as affording some sort of sanction for that practice.

A very remarkable case of ovarian dropsy is described in the third volume of the Society's Transactions, by the late Mr. Chevalier. The quantity of fluid there, as he remarks, probably exceeds that of any other case on record. In Ann Payne it was also enormous, and would have been still more so, had not a considerable portion of the sac, at its lower extremity, been filled by the large cluster of hydatids before noticed.