HISTORY
OF
A REMARKABLE CASE
OF
OVARIAN DROPSY.

By THOMAS CHEVALIER, Esq. F.L.S.

SURGEON EXTRAORDINARY TO THE PRINCE REGENT; AND SURGEON TO
THE WESTMINSTER GENERAL DISPENSARY.

Read December 24, 1811.

ON May 31, 1811, I was requested to visit Maria Grant, a young woman, 23 years of age, of a spare habit, who was confined to the house by ovarian dropsy, which had enlarged the abdomen to a size very far exceeding any thing of the kind I had ever seen. The disease began about six years before, by a tumor in the left side, unaccompanied by any derangement of her general health, which was even now very good, excepting only that she had not menstruated for two years past, and that the secretion of urine was scanty. Dr. Simmons had from time to time prescribed for her; but as medicine was not productive of any advantage, he wished me to see her.

I found the abdomen to measure 63 inches and a half in circumference, and 38 inches from the

point of the ensiform cartilage to the top of the pubis. The legs were œdematous; the left considerably more so than the right; and great part of the skin of the left leg was in a state of complete ichthyosis. The lower part of the belly was also œdematous, and the navel, when she sat, was on a line with the knee.

The enormous quantity of fluid accumulated, made it appear to me improper to think of evacuating the whole at once, and I judged it best that the first evacuation should be made in a very gradual manner, lest a hasty diminution of the tension should produce syncope, and occasion too great a disturbance of the system. I called therefore on the following day, June the first, accompanied by Dr. Merriman and Mr. Copeland, and made an oblique puncture with a lancet at the most prominent part of the abdomen, in the linea alba, six inches above the navel; and introducing a director, evacuated seven gallons and a half of very dark, coffee-coloured fluid. When this quantity had been discharged, she began to feel somewhat faint, and I immediately closed the puncture with adhesive plaster and graduated compresses. The abdomen was still tense, and measured $55\frac{1}{2}$ inches in circumference, and $31\frac{1}{2}$ from the ensiform cartilage to the pubis.

She passed a good night, and on the following day appeared much relieved. The bowels acted

properly without any assistance from medicine; and she passed near twice as much urine in 24 hours, as she had been accustomed to do for several years before, and this increase in the secretion of urine continued.

June the eighth, the enlargement appeared to be considerably more on the left side. The abdomen measured 54 inches round, of which 30 inches were from the spine to the middle of the linea alba, on the left side, and 24 inches on the right. From the point of the ensiform cartilage to the pubis were 30 inches, so that a diminution of an inch and a half in each direction had taken place in the interval between the operation and this period. I now made a second puncture in the most prominent part of the left side, and discharged four gallons and an half of straw-coloured, ropy fluid. She then became languid, and the opening was closed as before. The abdomen now measured 48½ inches round, and 27 from the ensiform cartilage to the pubis: a bandage was applied.

No disorder was occasioned by this puncture. The parietes of the belly gradually contracted so as to render it less flaccid; the quantity of urine she passed was as much as she had ever used to void before the disease commenced; and the size of the belly continued to lessen, so that on the 27th of June the circumference was only 45 inches, and the distance from the ensiform cartilage to the pu-

bis only $24\frac{1}{2}$. On this day I made a puncture with a trocar on the left side; and a gallon and a half of very ropy brownish coloured fluid was discharged. The canula then became obstructed by a very firm cyst pressing against it. It was therefore withdrawn. The circumference was diminished $2\frac{1}{2}$ inches by this operation, the other measure remaining the same.

July the sixth. The circumference was 42 inches, the distance from the ensiform cartilage to the pubis still $24\frac{1}{2}$. I introduced a trocar which entered the abdomen, and evacuated a small quantity of fluid, but was stopped by a cyst of uncommon firmness, which I could not penetrate till I withdrew the stilette, and introduced through the canula the trocar used for puncturing the bladder through the rectum. This entered the cyst, and drew off three gallons and an half of ropy brown fluid, and appeared completely to empty the abdomen; through the flaccid parietes of which, the encysted ovarium could be distinctly felt. No syncope followed this, or either of the former operations.

On the following day, July the 7th, her pulse was rather quickened, and her skin somewhat hot; but she was free from pain or tenderness of the abdomen. July the 10th, the circumference was 34 inches, and the distance from the ensiform cartilage to the pubis $17\frac{1}{2}$. Her skin still continued hot, and her pulse frequent. She complained fre-

quently of sickness, her strength failed; she had no relish for food, and in a few days every thing she took except gruel, was rejected, or followed by a stool. Medicines gave only a temporary and imperfect relief, for she languished in this state, with few material variations, till the sixth of September, which was the day of her death. The abdomen had for a time become enlarged during this interval, but had greatly subsided again. Its circumference then being only 34 inches, and the space from the ensiform cartilage to the pubis 17 inches. She had however become extremely emaciated. The circumference of the thorax immediately under the axillæ was only 27 inches.

On examining the body after death, the whole cavity of the abdomen appeared to be occupied by two large cysts, formed in the left ovarium, closely connected together, their coats being of a very firm texture, particularly the lower one, which was much the largest and thickest. They both adhered anteriorly and laterally to the parietes of the abdomen, so as to require considerable force, and some dissection, to detach them. The upper cyst contained about two quarts of a brown glairy fluid, like that which had been evacuated in the first operation, with some loose flakes of coagulable lymph. The inferior cyst contained three gallons of purulent fluid. Its inner surface was covered with coagulable lymph, having in it many large dark red spots. There were two very small cysts also formed in this

ovarium, one containing about four ounces of a soft gelatinous substance, and the other about half an ounce. The right ovarium and the uterus were in a perfectly healthy state.

The right kidney had entirely lost its natural appearance, and was converted into a sac, having two distinct cavities, filled with a straw-coloured fluid, and having no opening into the ureter. The left kidney and the rest of the viscera were sound in their texture. But the liver was unusually small. The whole of the abdominal viscera were forced upward; encroaching on the cavity of the thorax so much, that the summit of the diaphragm was on a line with the upper edge of the third rib.

This case appears to me to afford several interesting particulars. A very obvious one, is the enormous quantity of fluid accumulated. For as the size of the abdomen diminished between each operation, the secretion of urine being in the mean time increased, I am certainly warranted in assuming, that at least a quantity equal to the whole which was drawn off in the four operations, had been collected in the belly at first. This, it will be found, amounts to seventeen gallons; a quantity, I believe, far exceeding that of any other case on record. And if any allowance is to be made for the diminution of size between the operations, it would appear that the original quantity must have been even considerably more than I have now stated.

It is also singular that so very large a collection of fluid should be formed without any derangement of the general health, for the bowels had all along continued their action as regularly as usual. The breathing and pulse too were unaffected, notwithstanding so great an encroachment on the capacity of the thorax. In short almost the whole inconvenience she appeared to sustain from the disease was the excessive weight she had to carry.

Another circumstance worthy of remark, is the progress of inflammation and suppuration in the larger and inferior cyst, to which her death is to be ascribed. That cyst, near a quarter of an inch in thickness, and as compact in its texture as parchment, was entirely insensible; but it was most curious to observe that the process of inflammation should be excited in it, and go on to so large a collection of pus, attended with a rapid decay of the general health, and showing by that, the sympathy of the constitution with this adventitious substance, without pain or tenderness being excited in it, or the neighbouring parts; for no mark of inflammation whatever was discoverable in the peritoneum, or in any part exterior to this cyst; and as I have already observed, during the whole interval between the fourth operation and her dissolution, she bore the abdomen to be pressed by any degree of force, without complaining of the smallest sensation of tenderness or pain.