A CASE
OF
DIFFICULT PARTURITION,
OCCASIONED BY
A DROPSICAL OVARIUM,

FORMING
A TUMOR IN THE LOWER PART OF THE PELVIS.

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IN the Volume of the Medico-Chirurgical Transactions just published, I have read with much interest, a paper by Mr. Park, of Liverpool, "on Tumors within the Pelvis occasioning difficult Parturition." The intelligent author does not offer any explanation of the origin or nature of these tumors, but contents himself with giving a very clear and precise relation of the circumstances attending each case. As the subject is deserving of farther investigation, I take the liberty of laying before the Society, the detail of a case I at-

tended several years ago, which will, I think, throw some light on Mr. Park's paper.

December 20th, 1804, I was requested by my friend, Mr. Robertson, surgeon, then residing in Half-Moon Street, Piccadilly, but now at Great Hindred in Berkshire, to see a poor woman in labour, to whose assistance he had been called the preceding evening. I learnt that she was about forty years of age, that she had been delivered of her first child in the country, eight years before, since which she had never been pregnant till now. Her health was not very good, and she was very apprehensive respecting the result of her labour, for her former one had proved very long and difficult, though the child was extremely small. The child however was born alive, but died in a few hours.

Mr. Robertson informed me, that the *Liquor Amnii* had been evacuated before he was sent for, and that the labour had made very little progress during the last eight or ten hours, though the pains had been very frequent and severe : he likewise told me that there was a tumor of an uncommon nature in the vagina, on which account, principally, he wished me to see the patient.

Having introduced my finger within the vagina, I felt a soft elastic tumor, which seemed capable of containing four or five ounces of fluid : it was compressible, and did not give the sensation of

fluctuation under the finger, but rather felt as if it were a large pouch, formed by the coats of the rectum preternaturally distended. On passing my finger beyond this tumor, I felt the child's head within the os uteri, which was thick, rigid, and very little dilated. I was not unacquainted with the fact, of the ovaria in a diseased state having been occasionally found lying between the rectum and the vagina, and it occurred to me that this might be a case of that kind; but I must confess, that I too readily abandoned this idea, being prepossessed with the opinion, that the disease was situated in the coats of the rectum.

From the state of the os uteri, it was apparent that nothing could be safely undertaken towards effecting the delivery of the patient at present; but as there was great reason to believe, that the bowels were much loaded, we determined to empty them by castor oil and clysters, and afterwards to give a large dose of laudanum, in order to quiet the pains, which teased the patient excessively, without producing any advantage. By these means very copious evacuations from the bowels were produced, and some sleep was procured; but the os uteri remained undilated, and the bulk of the child's head was still above the superior aperture of the pelvis.

It will be unnecessary to state minutely all the circumstances of this labour, while we were wait-

ing for the natural dilatation of the os uteri, and more effectual uterine action, which, we felt assured, would overcome all the difficulty of the case without extraordinary assistance, for the tumor did not seem firm enough to afford much resistance to the birth. It is sufficient to say, that after an interval of thirty-six hours, passed in much severe but ineffectual pain, during which the poor woman's strength was much impaired, we judged it absolutely necessary to have recourse to the perforator. We found more difficulty than we had expected in using this instrument, and afterwards in loosening the parietal bones, in consequence of the size of the vaginal tumor; and after the head was diminished, a considerable space of time elapsed before the child could be brought into the world.

Soon after this child was born, it was ascertained that there was another in the uterus, which being smaller was expelled by the natural pains: it appeared to have been dead some hours. The placentæ came away soon afterwards, and the woman was put to bed in a very exhausted state, from the length and severity of her labour.

On the 22d, the day after delivery, she was so much better, that we began to hope she might do well; but unfortunately, her circumstances admitted of but few of those comforts which her situation rendered necessary, and her attendants,

notwithstanding all our injunctions to the contrary, were more disposed to indulge her with beer-caudle and strong liquors, as a means of supporting her strength, than to pursue the plan of treatment which we had directed. This improper indulgence, added to the severity of her labour, brought on peritoneal inflammation, and on the 25th she died.

The body was opened the next day, and exhibited the usual appearances of peritoneal inflammation. The left ovary was in its proper situation, and of its usual size; but the right ovary was found lying between the rectum and the vagina, and had formed the tumor which we felt during the labour. It was about the size of a small trap-ball, and in a very high state of inflammation. It was divided into several cavities by membranous *septa*, which had a scirrhus feel; and it was somewhat more than half filled, with a fluid resembling, in colour and consistence, honey and water mixed together: it contained likewise a clot of blood, which must have been forced out of the vessels by the pressure of the child in passing, or by the violence of the pains. ●

The pelvis was narrow, the diameter from the symphysis pubis to the sacrum being but little more than three inches; this alone therefore would have delayed the passage of the head through the superior aperture. It is not improbable that the

presence of twins in the uterus might likewise prevent the full effect of the pains; but I imagine, that the position of the diseased ovary, more than any thing else, prevented the expulsive efforts of the womb; not because it proved an obstacle to the birth of the child, (for the child did not come in contact with the tumor till after the perforator had been used,) but by paralysing, if I may so express it, all regular uterine action.

The fatal termination of this case made me resolve, should another of the same kind occur in my practice, that I would endeavour to evacuate the contents of the tumor, by puncturing it through the vagina, and I am well pleased to find from Mr. Park's cases, that this may be done with so great a probability of success. It must however be recollected, that ovarian tumors not containing a fluid, may sometimes be found in the pelvis. I have in my possession, a preparation consisting of the ovary enlarged, and filled with fatty matter intermixed with hair, which has formed to itself a bed, between the rectum and the vagina. Had the woman from whom these parts were taken, become impregnated, the ovary must of necessity have been confined in this situation, and a tumor occupying a considerable space, must in consequence have been formed in the pelvis, which would have proved a great obstacle to parturition.

A case of this kind has lately occurred in one of the Lying-in-Hospitals of this city, as I was informed by a surgeon, who was present at the dissection. The birth of the child having been long delayed by a tumor in the vagina, it was determined to lessen the child's head, and the woman was delivered, but did not long survive. After death it was ascertained, that the tumor was occasioned by the ovarium filled with fatty matter intermixed with hair and teeth, lying between the vagina and the rectum.

In Baudelocque's "*Art des Accouchemens*," § 1963, a similar, and, as he supposes, a solitary, case of diseased ovarium in the pelvis, impeding the birth of the child, is recorded. It had been proposed by Lauverjat, and another accoucheur of Paris, to perform the Cæsarean operation, as the only means of delivering the woman. Baudelocque objected, and recommended delivery by the feet. After several ineffectual attempts on the part of the other accoucheurs to turn the child, by which the tumor was dislodged, and forced above the brim of the pelvis, Baudelocque succeeded in bringing down the feet, but was obliged to have recourse to the forceps, in order to accomplish the delivery of the head. The child was dead born, and the woman died in two days. On opening the body, the tumor was found to be occasioned by the ovarium enlarged, and filled with

long hair and well formed teeth, among which could be easily detected incisors, canine teeth and molares.

It becomes a question whether under these circumstances, an incision should be made into the tumor with the view of extracting the hair, &c. As these heterogeneous substances are usually contained within a capsule, might it not be possible to remove the whole mass by an incision? or might not the ovarium itself be extirpated, through the posterior part of the vagina? Either of these operations might be practicable without much additional hazard to the mother, and with a great probability of preserving the child. That extirpation of the ovaria is not necessarily a fatal operation, has been proved by many experiments upon brute animals; and in Mr. Pott's Works, Vol. III. p. 352, a case is recorded of the extirpation of both the ovaria in a woman, where they had passed through the tendinous openings of the oblique muscles on each side. The patient recovered, but lost the fulness and fleshiness of the breasts, and never menstruated afterwards. Operations indeed on any parts connected with the uterus, cannot be otherwise than dangerous, during pregnancy, and especially during labour; yet if the ovarian tumor were so extensive, as either to impede the descent of the child's head by its bulk, or to prevent the action of the womb by its weight, or by its con-

fined and imbedded position in the pelvis, the safety of both mother and child might be promoted by the operation. It must be considered, that the forceps or the lever can very rarely be employed with effect, when the vagina is thus protruded by a tumor behind it; the only instruments that we can look forward to, are the perforator and hook; the use of which presupposes the death of the child, if not its actual sacrifice, at the moment of employing them. And with regard to the mother, these instruments cannot be had recourse to in such cases, without exposing her life to great risk, as has been proved in several instances. Besides the two already mentioned, in both which the mothers died, a similar case is related by Dr. Denman*, where the same fatal event followed the use of the perforator.

Nor does it appear, that turning the child, and delivering by the feet, is safer practice, as is proved by Baudelocque's case, and likewise by one somewhat similar, attended by Doeveren†, in both of which the mothers and children perished. Upon the whole, therefore, I am disposed to believe, that where the tumor in the vagina occupies a large space, it would be a more warrantable practice, to remove it by excision, if it consisted of a

* Introduction to the Practice of Midwifery, 4to. edit. p. 324.

† Doeveren Specimen Observationum Acad. cap. 12. Groningæ, 1765.

solid substance *, and certainly to puncture it, if it contained a fluid, rather than to expose the child to certain death, and the mother to great hazard, by employing the perforator.

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* Dr. Drew removed by excision during labour, a tumor of a "fat, grisly substance," growing from the sacro-sciatic ligaments, fourteen inches in circumference, and weighing two pounds eight ounces; which entirely prevented the birth of the child. The child was born alive, and the mother perfectly recovered.

Edinburgh Medical and Surgical Journal, Vol. i. p. 20.