CASE OF OVARIOTOMY SUCCESSFULLY PERFORMED DURING SUPPURATIVE PERITONITIS AND PYÆMIC FEVER; WITH REMARKS.

By F. MANLEY SIMS, F.R.C.S., etc.

CASES of ovariectomy, numbered by hundreds in the practice of Spencer Wells, Atlee, Keith, and Kœberlé, and by tens in the records of many British and Continental surgeons, are now so frequent that publication of a single case can only be exceptionally desirable. But the case I am about to relate is so very remarkable, if not unprecedented, that no apology is needed for bringing it before the notice of the profession.

On the 27th June, 1878, I attended a Canadian lady in her third labour. She was twenty-seven years of age, was married in January 1874. Her first child was born in March 1875: delivery with forceps after tedious labour, and recovery good. The second labour, in January 1877, was natural; the third tedious, and forceps was used, but recovery very good. Milk was abundant, and she nursed the child. The pregnancy had not been remarkable, except that constipation was troublesome, and towards the end the abdomen was unusually large. She took several drives before leaving London, on the 29th July, and nothing was noticed as to her size, except that the abdomen was rather prominent, as it had been after the two previous confinements. On arriving at Freshwater, in the Isle of Wight, on the top of a coach, she was much fatigued and complained next day of abdominal pains. She felt faint and weak, and had cold perspirations. Next day, she sent for Dr. Hollis, who wrote to me as follows.

"She was then suffering from abdominal pains of a spasmodic character, which were quickly relieved, apparently by a gentle purgative, warm external applications, and a simple mixture.

"July 31st. She became poorly, and, a day or two afterwards, all trace of abdominal pain had ceased.

"Aug. 2nd. She first mentioned her anxiety about her figure. No examination was made.

"Aug. 13th. I examined the abdomen by palpation, though not very carefully: made nothing definite out.

"Aug. 17th. Again examined, felt there was something more than flatulency to account for enlargement.

"Aug. 19th. Brought my father to examine her with me. Examining the abdomen, we found there was a prominence of this cavity on the right side. There was a feeling of resistance in the abdomen generally which was unnatural. The umbilicus was on a level with the skin. The girth at this point was forty-two inches, and an increase of girth, she thinks, has taken place during her stay here, of about six or eight inches. Dulness on percussion extended over the whole left abdomen and a little over the median line to the right side, when the note became tympanitic: change of position made no difference to this. It was still dull on the left flank when she was lying on the right side, and in this position also a tympanitic note resulted on percussing the most dependent part of the abdomen. No decided thrill of fluid could be obtained, but only an obscure gelatinous wave was communicated to the hand. No vaginal examination was made.

"Aug. 20th. Found the abdomen not less after a very free evacuation, but a little more amenable to palpation, and the thrill of fluid most perfectly communicated to the hand. In all other respects she was the same as at the time of my father's visit.

"Aug. 21st. I made another examination. Felt satisfied that fluid was present there, the vibratory thrill was most distinct. I lean to a suspicion of a cyst in the left ovary."

The patient left the Isle of Wight on the 22nd of August. The next day, I found her suffering from great abdominal distension. The temperature was 103 deg.; pulse 130. The tongue was furred, and the urine dark and turbid. I ordered an aperient and salines.

Aug. 24th. The temperature and pulse were about the same night and morning. There was no relief from the medicine. The abdomen was very tender to touch and much distended (forty-three inches over the umbilicus). Fluctuation was very perceptible. On percussion there was a very dull note over the centre and left side, tympanitic on the right side and towards the ensiform cartilage. Her aspect was worn and expressive of great distress.

Aug. 25th. Temperature 102 deg.; pulse 120. General condition much the same. After an enema, she passed some large nodules of hardened feces, which seemed to relieve her much and to lessen the tenderness. I examined the uterus and found it healthy, but not quite closed. I felt no fullness in the pelvis nor tenderness on pressure there. Mr. Spencer Wells saw her with me. His opinion was that the condition was one of "subinvolution of uterus, pelvic cellulitis, and some

peritonitis, with coils of intestine adhering together above the fundus uteri". I should mention that at this time, from the amount of flatulent distension, added to that produced by the fluid, and from the great tenderness of the abdomen on touching it, neither Mr. Wells nor I thought it possible to make a very exact diagnosis.

Aug. 26th, 27th, 28th, 29th. During these days, the condition remained much the same: great distension, sensitiveness to touch, and general feverishness. Some large feculent masses came away, always giving great relief. The tongue became aphthous. The treatment was five grains of quinine every six hours, with a solution of citrate of potash. The urine gradually changed its colour, and became more copious and natural. Her general appearance became very dusky, leading us to fear that there might be some lurking pneumonia; none, however, was discovered.

August 30th, 31st; September 1st. During these days, the temperature varied from 99 deg. in the morning to 101 deg. at night. The previous state of constipation was now followed by diarrhoea. The tongue became very dry. The general distress much increased.

September 2nd. She had a cold perspiration at night, with a sense of chill; no actual rigor; the skin was very clammy; her motions were dark, but improved; she had great thirst.

September 3rd, 4th, 5th. During these days, there was a gradual change for the better. The temperature was 99 deg. in the morning, and about 100 deg. at night; pulse about 100. The abdomen became softer. She slept better; the skin became moist and cool; there was less perspiration; the dusky look was disappearing.

September 6th. She suffered much during night from flatulence. Her general condition was better; she had two good actions. Temperature 99 deg. in the morning, and about 102 deg. at night; pulse 112.

September 7th. I thought her in all respects better. Her abdomen was softer, the tongue was beginning to clean; and at the night visit (9 P.M.) she seemed so much better that I felt able to give her friends a more hopeful report. About 10 P.M., having been, as I have mentioned, at my night visit more than usually comfortable until this time, she was suddenly seized with violent spasm, vomiting, and cold perspiration. On my arrival, I found her almost pulseless; the vomit was greenish yellow; the skin covered with a cold clammy perspiration; the features pinched in and drawn; and I thought she was dying. The temperature was still 100 deg., and the pulse, felt with great difficulty, about 112 only. I injected a quarter of a grain of morphia, waited some hours, and left her still in a moribund condition.

September 8th. She remained all day in the same condition. Mr. Spencer Wells having been called abroad, Dr. Brodie saw her twice with me, and we both thought her sinking rapidly. At our evening visit, we felt that she would not live through the night. I injected her night and morning with a quarter of a grain of morphia. She had unlimited brandy and warm fluids, but remained quite cold and clammy. The temperature was 101 deg., and the pulse quite uncountable.

September 9th. I met Dr. Brodie again; and, as her condition was unchanged, we gave the same opinion as to the very grave nature of the symptoms. At 7 A.M., the temperature was 101 deg., and the pulse about 140. Towards the middle of the day, she began to become a little warmer to the touch. At a consultation in the afternoon with Dr. Cumberbatch, we found her perhaps slightly rallied from the state of collapse, but thought her in the greatest danger. I ordered her a turpentine and gruel injection; stimulants *ad libitum*; and one-third of a grain of morphia at night.

September 10th. Her aspect was better; the skin was slightly warmer about the arms, though the legs and abdomen were still quite cold; scarcely any urine was passed. Respirations only 12. The turpentine and gruel injection was repeated, which produced slight motion. Towards the evening, improvement was more manifest; there was slight action after the gruel injection, and great relief from passing of wind. One-third of a grain of morphia was injected.

September 11th. Temperature 99 deg. all day; pulse 130 to 140. She slept at short intervals; tongue dry; skin warm, but clammy. She passed a good soft motion. Respirations 40. Menstruation began this evening.

September 12th. Condition much the same. Temperature 99.5 deg.; pulse 140. There was a herpetic eruption round the mouth; the abdomen was much distended.

September 13th, 14th, 15th. The condition was unchanged. There was great dyspnoea. The left labium was greatly swelled, and very tender.

September 17th, 18th, 19th. Sordes on tongue and lips. Pulse 138; temperature 99 to 100.5 deg. The left labium was more swollen. Great relief was derived from acupuncture. Her condition was improved; the tongue was moister, but covered with aphthous sores.

September 20th. She passed a good night, and felt stronger; she

was able to turn in bed. Tongue moist; sores healing; bowels acting freely and naturally. Temperature 100 deg.; pulse 128 at 9 A.M. In the course of the day she had a severe rigor, with clammy perspiration, lasting an hour. Temperature fell to 97 deg., and towards evening rose to 98 deg. At 9 P.M., I found her much as she was before the rigor. I injected a quarter of a grain of morphia. During all these days, her diet was chiefly milk and beef-tea.

September 21st, 22nd, 23rd, 24th. During these days, her condition varied much. She had frequent heavy perspirations and attacks of faintness.

September 25th, 26th, 27th, 28th, 29th. Her condition was very low; the tongue was at times parched and dry. Pulse 120; temperature 98 deg. night and morning. She had great dyspnoea and heavy perspirations. The abdomen was very distended, and tender to touch.

September 30th. Mr. Spencer Wells tapped the abdomen, drawing off from the peritoneal cavity about eight pints of sero-purulent fluid. The operation was borne well.

October 1st. She slept six hours; and was greatly relieved; the abdomen was soft and less tender. Pulse 130; temperature 99 deg. Her general aspect was greatly improved. After a careful examination of the fluid, Mr. Wells considered it to be ovarian fluid, and that a cyst had burst into the peritoneal cavity.

October 2nd, 3rd, 4th. Her condition improving. Tongue moist and clean; bowels regular; all other symptoms favourable. The abdomen was again distending; and, as the fluid increased, the line of the upper border of a cyst and of the distended transverse colon became very manifest to the eye, as well as on percussion.

I am indebted to Mr. Spencer Wells for the following account of the operation which he performed on October 5th.

"The usual antiseptic precautions having been taken, Dr. Day administering methylene, and assisted by Mr. Manley Sims and Mr. Thornton, I divided the abdominal wall from one inch below the umbilicus downwards for about six inches. A cyst which was adherent in front was opened and emptied; extensive parietal adhesions were separated, and several pints of ovarian fluid were removed from the left side of the pelvis, where a cyst had given way. Adhesions to the omentum were also separated, and to the transverse colon, which also adhered to the abdominal wall across above the umbilicus. The cyst was then drawn out, and it was found (as there was no pedicle) necessary to separate it from the right side and back part of the uterus, and from the front of the psoas muscle, which we left quite bare. One large artery was tied close to the right Fallopian tube, and two others in the situation of the right spermatic artery. Much lymph and blood-clot were sponged from the peritoneal cavity and Douglas's pouch. The left ovary could not be found, it was so closely surrounded by adhering coils of intestine. The uterus was of normal size, but was connected on the left with adherent intestine, and on the right it was laid bare by the separation of the adherent cyst. The wound was united by silk sutures, and was covered by layers of thymol gauze, secured by adhesive plaster and a bandage." The cyst weighed one pound fifteen ounces, and the fluid measured about eight pints.

She was very faint and semi-collapsed after the operation; pulse at wrist scarcely perceptible. Weak brandy and milk were administered constantly. Towards the evening, she gradually recovered.—9.30 P.M. She was quite warm and perspiring. She felt very exhausted, but not in pain. Temperature 99.5 deg.; pulse 130.

October 6th. A quarter of a grain of morphia was injected.—9 A.M. She had passed a restless night; had taken food well; expression better. Temperature 99.5 deg.; pulse 130.—9 P.M. Temperature 101 deg.; pulse 130. She passed a quiet day.

October 7th, 8th. She was weak and restless; no pain. Temperature, morning, 99 deg.; night, 101 deg. Pulse 130 to 140.

October 9th. She was still weak and restless; her aspect was worn and pale. All stitches but one were removed; wound healthy. A quarter of a grain of morphia with one-thirtieth of a grain of atropia was administered.

October 10th. She was very feeble; no abdominal tenderness. Pulse 140; temperature 102 deg. Skin very clammy. Pus was oozing from the holes where the sutures were; the rise in temperature was ascribed to this cause.

Oct. 11th, 12th. She was very low and nervous. Pulse feeble and almost uncountable; temperature 101 deg. morning, 102 deg. night. Pus was still oozing from the tracks of the sutures. She took liquid food pretty well. There was no abdominal tenderness.

Oct. 13th. The last stitch was removed. Temperature still remaining 100 deg. morning, 102 deg. night. Her appetite was very variable. Pulse 138 to 140.

Oct. 14th, 15th, 16th. The wound was healthy; the general condition much the same. No change in temperature or pulse.

Oct. 17th, 18th, 19th, 20th. During these days, she remained very weak and nervous. The skin became very yellow and the motions white. A calomel and colocynth pill was given night and morning; also, a mixture of digitalis and iron every four hours. Temperature 100.5 deg. night and morning; pulse 120.

Oct. 21st, 22nd, 23rd. There was no change in the general symptoms; the bowels acted indifferently; the wound was healthy. About this time, was noticed a tenderness in the left iliac fossa; the thigh was somewhat swollen and tender.

Oct. 24th. She had great pain all down the left leg, the calf being especially tender; there was no swelling of the foot.

Oct. 25th, 26th, 27th, 28th, 29th. During these days, she made considerable general progress. The wound was discharging slightly, but looked healthy and almost healed. The left leg was hard and tender along the femoral vein; the leg and foot were much swollen; the knee was flexed and she could not get it straight. Pulse and temperature gradually fell from 100.5 deg. to 98.2 deg.

Notwithstanding the phlebitis, she got up Oct. 26th; went to Brighton Nov. 12th; and returned from Brighton Dec. 13th.

She began to walk with a stick Dec. 20th, and may now be said to enjoy remarkably good health.

I can hardly imagine a case where a formidable operation could be performed under more unfavourable conditions of the patient; and yet the result has been most satisfactory to her and her family, and most gratifying to all those who take a pride in the progress of surgery.

CASE OF SUCCESSFUL DOUBLE OVARIOTOMY, DONE ANTISEPTICALLY.*

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THE present generation has become so familiar with ovariectomy, and its glorious successes, that it is with a certain amount of diffidence I bring forward the notes of a single case, where other more-favoured surgeons publish their triumphs in twenties, and even in hundreds; still, I trust the details of the following case will be found of sufficient interest to justify its publication.

On July 6th, 1878, Mrs. G., aged 39, who had had eight children born alive during the past twenty years, and four miscarriages within the last two years, consulted me, more on account of general *malaise* than for any feeling of pain or uneasiness referable to any particular part. As she had the peculiar pinched appearance characteristic of ovarian disease, I requested her to undo her clothes, and, on palpation of the abdomen, found fluctuation in an irregular-shaped tumour that occupied the right iliac region and reached nearly to the umbilicus, extending beyond the middle line of the abdomen. On examination, I found the uterus slightly retroflexed, but otherwise normal as to length of cavity, size, position, etc.; but through the vagina could be clearly distinguished, on the left side, a small irregular fluctuating tumour, about the size of a small orange, which became more distinct by pressure being made on the other tumour; and when thus pressed down the smaller tumour could be pressed against the side of the pelvis, and detained there, while the larger one was permitted to reascend into the abdomen—thus showing that it was in no way connected with it. It thus (with the other ovarian symptoms which it is needless to enumerate) became quite clear that I had to deal with a case of multilocular cyst of both ovaries; though, as a rule, disease of the second ovary is very difficult, if not impossible, to diagnose. I could not discover any pelvic adhesions there. As the case seemed suitable for ovariectomy, I informed the patient and her husband fully of the necessity of the operation, also of its attendant risks, but strongly recommended her to submit to it. To this she readily assented, and I commenced the preparatory treatment at once by ordering her to remain in bed the greater portion of the day, thus to accustom her to the enforced rest which would be necessary after the operation. The pain, which after a little became more decided, was relieved by bromide of ammonium, in half-drachm doses—a medicine that I have often found useful in the treatment of ovarian disease. The vomiting was troublesome and difficult to subdue, but the bromide of ammonium relieved this symptom also to a considerable extent; and a week before the operation, as her urine became scanty, she was put on half-drachm doses of tincture of perchloride of iron and spirit of nitrous ether, which rendered the urine clearer and much more copious. As I failed to convince a medical friend, whose opinion I value highly, that fluctuation existed in the larger tumour, I tapped one of the largest cysts in it, and removed a large bowl of clear brown fluid by means of

* Read before the North of England Branch.