REMARKS

ON

THE REMOVAL OF THE OVARIES (a) FOR
DYSMENORRHOEA; (b) FOR FIBROID
TUMOURS OF THE UTERUS.*

By E. MALINS, M.D.,

Obstetric Physician to the General Hospital, Birmingham.

IN no branch of surgery during the past few years has such great and rapid progress been made as in that relating to abdominal operations. The hesitation and frequent apprehension with which the peritoneal cavity was approached in former times have given place to confidence and even eagerness to display the conditions which there lie hidden from outward gaze; and, though the courage of former operators cannot be disputed, or their boldness challenged, I fancy they would have shrunk from opening an abdomen for the mere purpose of diagnosis, or still more for the avowed object only of guiding a knife for manipulation on some external lesion. And yet observation has shown, and experience has confirmed, the fact that opening the abdomen is relatively not only a safe operation, but that, with due precautions, the risks are few, and the mortality exceedingly small.

The operation of oöphorectomy, or removal of the ovaries, affords the strongest evidence of the correctness of these remarks; and, before the enthusiasm attending this successful advance has died away, it will be of advantage to estimate the security of the foundation upon which this rests, and to ascertain how far it has been justified by the results which have been attained.

The object I wish particularly to be kept in view during this discussion is not so much the operation itself—whether it should be through the abdomen or through the vagina—for in separate hands each of these methods has produced satisfactory results; but a candid consideration of the effects of this proceeding in reference to the morbid conditions for which it is undertaken. The mere safety of an operation performed with a fair assurance of success cannot be regarded as a sufficient justification for its performance. Success in operating may be spoken of as brilliant; series of operations may be recorded which show that the patients all, or nearly all, recover; but more is wanted than this. It is required to know how far the patients have been cured, not of the operation only, but of the maladies for which this measure was resorted to. I know an instance, recorded as a successful case of oöphorectomy, where the patient has a large ventral hernia through the line of the incision, which causes more distress than the complaint which the operation was intended to relieve; and I have met with others, published as successful, where the original disturbances were all in active force.

Though, therefore, the practice of oöphorectomy has achieved an undoubted position of success as far as the process itself is concerned, it is a matter of greater moment to be assured of the permanent cure of the patient, and to endeavour to judge fairly and impartially how far it is likely to be promoted by such a proceeding.

With this purpose in view, I propose to take two classes of cases, and to ask your co-operation in forming conclusions as to how far the removal of the ovaries in such is a proper method of treatment, and to what extent it conduces towards the highest consummation of our art—namely, a complete, and therefore satisfactory, return to health.

In the first place, then, we will take dysmenorrhœa. It should be borne in mind that dysmenorrhœa is a symptom only, the initial causes of which are frequently to be found in the ovaries; but, among the Protean forms which it assumes, we may reasonably separate it into two classes:

1. Those relating to functional derangement;
2. Those accompanied by structural disease.

It cannot be denied that we meet with a large number of cases of dysmenorrhœa where there are no uterine signs to account for the pain, where the ovaries cannot be felt as misplaced or enlarged, and yet where there is intense pain, aggravated at the menstrual period. There may be also numerous other nerve-disorders present, and often a history of prolonged and severe suffering of a health-destroying character,

described as making the life one combination of misery and wretchedness. Many of these cases are met with among single women of uncertain age, who repeat the often-told tale of disappointment, blighted hopes, mental suffering, and bodily pain. Their state is made worse by menstrual derangements, and they fall back upon the sexual organs as the offending mainspring of their life's ailments: to the profession too often a cloak for ignorance, to the patient a refuge for the destitute, and fostered as the remnant of all that once offered a prospect of pleasure, maternity, and happiness. Still they hover round this cherished idea, and cling with pertinacity to any chance which treatment of these organs affords to relieve their woes and restore their health. The importance of distinguishing between centric and local disturbance in these cases is a matter demanding the closest attention, and one which calls for an unusual degree of knowledge both of nervous disorders and of human nature.

Have we any means of distinguishing functional disorder and organic disease of the ovaries in these cases? I cannot think that we have arrived at perfection in the practice of this distinction. Cases have happened where the most acute and protracted suffering has been exhibited by the patient; and yet, when the ovaries have been removed, there has been nothing found in their examination to account for the previous disorder experienced. In one instance under my own care, where the microscopic examination was compared with the anatomy of the normal ovary by published record, and with ovaries, presumably healthy, taken from a patient who had died from another disease, no appreciable difference was detected. In this case, the improvement was temporary only; and, with a return to her surroundings, which were of an ungenial and depressing kind, the patient lapsed into her previous state of ill-health. In three of the cases related by Dr. Savage, where the ovaries were removed for dysmenorrhœa, no abnormal condition was found. In one of these, he writes, no real benefit was obtained; one is not so much improved as I thought she would be, although her's was a typical case for the operation; and one may, I think, be looked upon as a real success.

Dr. Battey, to whose sagacity we are indebted for the introduction of this operation, and to whose ability and candour we owe so much valuable information on the subject, tabulates fifteen cases, in all of which the ovaries presented palpable signs of disease in their structure (BRITISH MEDICAL JOURNAL, April 3rd, 1880).

From a clinical point of view, then, we cannot always distinguish those cases where the derangement is purely functional; and I think that we must also admit that, where there are a variety of nervous phenomena present, we cannot safely say whether the general condition or the local one is primarily at fault, or what are the exact relations the nerve-manifestations bear to the ovaries.

Hegar (*Birmingham Medical Review*, January 1879, p. 1), indeed, allows the difficulty of determining these relations, and declares that he does not believe that the operation is justifiable unless there be proof of certain ovarian changes, and not then, unless the patient have suffered for a long time, during which she has been under constant observation, and has been frequently examined. If, after long duration of the disease, no alteration of the ovaries be discovered, doubt may reasonably be entertained whether these organs are the primary origin of the disease.

There remains one consideration in connection with these cases to which our attention may profitably be given. Bearing in mind the difficulties attending the diagnosis in these cases, I am of opinion that, where any grave doubt exists, and the patient's state justifies the risk, we shall do right to make an exploratory incision to ascertain the condition of the ovaries, and further, that we shall have the courage to let them alone and close the wound if we find them presenting no traces of morbid alteration; or if, peradventure, one only should be found diseased, the remaining one should be left for the fulfilment of its function. One case of this kind has come under my notice, where the ovaries, being found healthy, were let alone, the patient recovering ultimately from her previous ailments.

In the second class of this division, that is, where there is some structural disease of the ovaries, I cannot think that there is quite so much room for debate; for it is unquestionable that, in some extreme cases previously found to be incurable after long and careful treatment, the health has been securely re-established by the removal of the affected organs. "The difficulty in settling this question," says Dr. Fordyce Barker, "it seems to me, lies in coming to a decision as to what cases are absolutely incurable by other means." In regard to these, also, we cannot disguise the fact that persistent derangement of function may eventually lead to organic disease, and that this is particularly the case with regard to the ovaries.

Long continued irregularity in the performance of their function, from various affections of the uterus or of the Fallopian tube, plays an

* Introduction to a discussion in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Ryde, August 1881.

active part in creating a tendency which develops ultimately into some disease in structure.

Yet it is surprising to what extent the ovaries may degenerate, and yet discharge their full function; for example, Dr. Goodell relates two cases from Dr. Atlee, where one ovary was removed and the other became cystic, so as to require tapping, yet each woman not only menstruated, but had a child!

The proposed object to be gained in removing the ovaries in particular cases is thus propounded by Dr. Battey: "To produce the vascular and nervous revolution in the system which attends upon the change of life". This, however, does not always happen. Goodell gives a table of twenty-six cases where menstruation still took place, though both ovaries had been removed. "In 143 cases of extirpation of both ovaries during menstrual life, there were 16 which had for some months, as far as I can learn, regular monthly fluxes, and 10 in which such fluxes were either irregular or lessened in amount." In one of my own cases, done nearly two years ago, the patient has menstruated regularly ever since. Dr. Battey, however, openly states the difficulty of defining precisely the field this operation is likely to occupy in the cure of special diseases, and deprecates the attempt to make a classification. He decides his own cases by the following interrogations. Is this a grave case? Is it incurable by any of the resources of the art short of the change of life? Is it curable by the change of life? Hëgar gives the following general indications as connected with this aspect of the question: intermenstruation of the ovary, accompanied with phenomena of irritation; increased sensitiveness to pressure of the ovaries in their normal position, or when displaced into Douglas's space; chronic oöphoritis and peri-oöphoritis; and commencing cystic degeneration; also some neuroses. Now, in almost all these conditions, pain is the chief symptom which calls for relief, and is the one for which our aid is most usually sought. It does not follow that, because an ovary is enlarged or misplaced, it is necessarily painful; still less so that it should be removed; but it must be granted that, in such a condition, it is much more liable to irritation, near or remote congestion, inflammation, and consequently pain, at the menstrual epochs especially; often in the intervals also; as well as more likely to act and be acted upon by the general condition of the patient. The majority of these cases are amenable to judicious treatment, such as peace of mind, rest of body, diet and therapeutic means, of which remarkable instances of cure are given by Dr. Weir Mitchell. But there is a residuum which defy every known method of treatment, where the pain is continuous as well as menstrual, and which drag on their weary lives with apparent hopelessness. These are those which are benefited by removal of the ovaries, and for which it affords a scientific and valuable prospect of cure. It is difficult to form an estimate of the permanent benefit derived; but, as far as I have been able to gather, the following are those noted. Upon this, however, the acquaintance of those present with cases where it has been done will afford more useful addition to our knowledge.

	No.	Per Cent.
Cured	68	75
Greatly benefited	15	17
Not benefited.....	7	8
	90	
Of the incomplete operations—		
Cured	3	18
Greatly benefited	7	41
Not benefited.....	7	41
	17	

We now come to the second division of this discussion: the removal of the ovaries for the relief and cure of fibroid tumours of the uterus, principally in those where the amount of bleeding constitutes the chief danger to the life and health of the patient. If, as we have found, doubt often exists about the removal of the ovaries for functional derangements, if less fear need be entertained where there is organic disease of these organs, there can be no diffidence felt as to the propriety and efficacy of this plan of treatment in a great number of cases of fibroid tumour where the hæmorrhage is exhausting and dangerous. In few instances where operative measures are proposed for the mitigation of suffering or the possibility of cure, do we meet with more signal alleviation or more marked arrest in the progress of the disease, than in this operation performed in suitable cases. The difficulty and uncertainty attending the recognised modes of treatment in interstitial fibromyomata of the uterus is proverbial; and while we hold out hope of improvement when the menopause is reached, we are fully aware that

we cannot predict the advent of this period, and that, in such cases, it may be prolonged for many years beyond the usual climacteric average, the very irregularity leading to an increased quantity of the flow. I have under my care a lady over sixty years of age, the subject of a fibroid tumour of the uterus, who has profuse metrorrhagia lasting for a week or more, and recurring about every ten days; and I have several patients with similar tumours, near the change of life, anxiously awaiting the palliation which this phase in their existence is expected to bring.

To Dr. Trenholme and Dr. Hëgar, almost simultaneously, is due the merit of drawing attention to the marked success associated with this plan of treatment; and the verification by the former of the first case he recorded, two years later, adds an additional interest to the value of the history. To the conclusions drawn by Dr. Battey, he adds a fifth: "To the effect, that the operation is indicated when severe and exhaustive hæmorrhages have occurred at the menstrual periods, which have resisted all forms of treatment."

Hëgar reports twelve cases. The women were perishing from constant suffering, and from hæmorrhages, caused by irreducible fibroid tumours of the womb. Both ovaries were removed in each. In three cases, death took place from septic peritonitis; in the fourth, the tumour grew for five months, then the hæmorrhage returned, and the patient died eleven months afterwards, from cystic degeneration of the fibroid. In six, the convalescence was uninterrupted, the menopause was established, the tumour became smaller, and the women were distinctly cured (Goodell, *Lessons in Gynecology*, p. 322). Of thirty-nine recorded cases, there were nine fatal; but no doubt this mortality, among early cases especially, will be considerably reduced in subsequent operations. Recent improvements in the mode of performing abdominal operations will, doubtless, lead to a much diminished mortality; and, by attention to the general health of the patient, and the time for operating, we may expect much more favourable results. Of course, it is not proposed to have recourse to this operation where the tumours are subperitoneal, or where they are projecting as pedunculated polypi into the uterine cavity; but, where they are interstitial or intramural, causing severe and protracted hæmorrhage, we may, by removal of the ovaries, bring on the menopause, and confidently anticipate a salutary change in the health and safety of the patient.

I have simply drawn an outline of the subject to which our attention has been given for a brief time; and I trust to the accumulated wisdom of those present to fill in the picture with the experience they can offer, so as to make it a worthy contribution to our knowledge. It has been my aim to make it a sketch only; and, as such, to be suggestive for reflection rather than exhaustive. If, by this means, some future improvement may take place in our practice, or thoughts arise which may ripen into ulterior benefit to our fellow-creatures, we may deem that the time occupied in this discussion has not been spent in vain.

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the *American Journal of the Medical Sciences* for July, 1881, Prof. I. Edmondson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases, and the appearance of mucous or hyaline casts and albuminuria, was quite evident; as in a number, the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the results of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited; but an obvious syphilitic disorder of the kidneys in one case disappeared under the full and systematic use of the iodide. The author's conclusion is that while the evil effects of the iodide of potassium are small and for the most part transitory, the occurrence of more severe alterations is not impossible, may be probable. To these evil effects some individuals are more susceptible than others.