CASE OF ABSCESS OF THE RIGHT OVARY

TERMINATING IN RUPTURE INTO THE PERITONEUM AND DEATH FROM PERITONITIS

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JULIA REEVES, a prostitute, 21 years of age, was brought to the United Hospital, on the 10th of last September, and admitted an in-patient under my care. She stated that she was taken ill on the morning of the 7th with severe pain in the belly, attended with sickness and vomiting. She had rigors, followed by a hot skin and great thirst. There had been no action on the bowels since the day before her attack—that is to say, the 6th. The urine was very scanty and high-coloured. At the time of her admission her appearance indicated great suffering and distress; the countenance had a pinched anxious look, with considerable flushing of the cheeks; the pulse was frequent and feeble—110 to 120; the tongue was moist, and covered with a thick yellowish fur; the skin was cold and damp; the lower limbs, from the knees downwards, and the hands, of an icy coldness; the breathing was short, quick, and entirely thoracic. She lay on her back, with the body raised, and the limbs stretched out. The belly was tense, tympanitic, and not remarkably intolerant of pressure. There had been no sickness for two days previous to admission.

She was ordered half an ounce of castor oil and five minims of laudanum; an injection of thin gruel, with an ounce and a half of turpentine, to be thrown up two hours after the oil; the belly to be diligently steeped with hot flannels sprinkled with turpentine; warmth to be applied to the extremities, and small quantities of arrowroot to be given at short intervals. Directions were given that if the oil was rejected no further aperient was to be administered, but simply one grain of solid opium to be given every three hours. Should the bowels be relieved by the oil, the opium was to be given immediately thereafter.

I saw her again in the evening. The bowels had been freely moved after the injection, and she had taken one opiate pill. She expressed herself as feeling better; it was, however, quite obvious that she was worse. The countenance looked more pinched and sunken; the pulse was feeble, although some degree of warmth had been restored to the extremities. The opium, with the turpentine steeping, were ordered to be continued, with the arrowroot. There had been no sickness.

11th.—She had passed a tolerably comfortable night, though all the objective symptoms were more unfavourable. The same treatment was continued, with the addition of some wine, and afterwards brandy, in spite of which she sunk gradually during this day and the next, and died from asthenia, death beginning at the heart, on the evening of the 12th (Sunday).

The body was examined thirty-six hours after death. On laying open the cavity of the belly, the usual appearances of the most acute peritonitis were presented, gradually diminishing in intensity from below upwards. Each knuckle of intestine was agglutinated to its neighbour by recently-effused lymph, while the great omentum was glued down to the bowels by a thick layer of what looked like half-solidified honey. There were two or three pints of a puriform fluid with a quantity of flaky lymph floating through it in the cavity. On stripping the layers of lymph off the peritoneal covering of the bowels, the most intense capillary injection of the vessels was observed. The uterus and left ovary were healthy in structure, but the right ovary presented a ragged opening, leading to the irregular walls of an empty abscess, which had evacuated its contents into the sac of the peritoneum, and which had, no doubt, been the immediate cause of the fatal inflammation of that membrane. The organs within the chest were healthy. The head was not examined.*

Remarks.—Abscess of the ovary is a somewhat rare affection, and when it does occur, nature is generally too wise and too careful to allow such an accident as the one I have detailed to happen. Most frequently the serous covering of the ovary becomes inflamed during the progress of the case, and adhesion takes place between it and some neighbouring part, by which, when the abscess does burst, the pus is prevented from making its way into the general peritoneal cavity.

As to the diagnosis in this case, it was very clear that we had one of two things to deal with—either peritoneal inflammation or obstruction of the bowels, most likely ileus. The history of the case, such as could be obtained, rather pointed towards the latter conclusion. There had been no action of the bowels during four days. The attack had commenced with much pain and vomiting. When first seen by me there was no remarkable tenderness on pressure, while there was great distention of the belly. Under these somewhat doubtful circumstances the castor oil and the enema were ordered, whereas, had I been sure that I had a case of unmixed peritonitis to contend against, I should have commenced the opium treatment at once, without any attempt to act on the bowels. Any form of blood-letting seemed out of the question; besides which, had there been more vital power, the period for the advantageous use of that remedy had, in a great measure, passed away, as indeed had all hope of a favourable termination from any kind of treatment.

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* The uterus, with the diseased and healthy ovary attached, were exhibited to the meeting.