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A SUCCESSFUL CASE OF OVARIOTOMY,

BY THE
LARGE ABDOMINAL SECTION.

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CASE.—Previous History.—Fanny Weeks, aged 24, of healthy habits and appearance, resides in an agricultural district of Somersetshire, and has been accustomed to gain her livelihood in the winter, as a sempstress, and in the summer, by working in the fields. The catamenia have appeared regularly and sufficiently since her fifteenth year, and she enjoyed good health until the year 1847, when she first perceived the abdomen to become hard and distended, particularly in the left iliac region, accompanied occasionally by severe dragging pain. As these symptoms were supposed by her to have been caused by corpulence and a costive habit of body, she consulted no one about them for several months.

In the spring of 1848, she underwent a course of aperient medicine, without any benefit. As her complaint still increased, she consented, in the following summer, to an examination of the bowels.

The appearance of the abdomen gave rise at first to strong suspicions of pregnancy, and resembled that of a woman about five or six months advanced. But on carefully examining the tumour, which extended from the left iliac region to the right hypochondrium, it was found to be of an irregular shape, more solid at some points than at others, and in the upper part fluctuation was clearly perceptible to the touch. Several of my medical friends agreed with me, that it was an encysted ovarian tumour, but recommended the patient to wait as long as possible before paracentesis abdominis should be performed. The uterus was afterwards examined, per vaginam, and found to be in a natural and healthy condition.

In May, 1849, at her earnest request, I drew off with a trocar, seven pints of a coffee-coloured fluid, of a serous character, and highly charged with albumen.

The irregularities of the tumour could now be more distinctly perceived, and on the right side of the umbilicus a hard solid substance could be traced, the diameter of which was five or six inches from side to side, and still more than that from above down-

wards. Of course it was impossible to ascertain the extent of the tumour below, as it would naturally by its own gravity descend into the cavity of the pelvis. The substance was quite moveable above, except for an inch or two anteriorly opposite the denser part. The patient was made to lie on one side, and the tumour being grasped by both hands, and brought forwards from the spine, it was thought to communicate the feeling, that it had contracted no adhesions to the viscera posteriorly, and the fingers could be passed almost *behind* the cyst.

It was strongly suspected at the time that some smaller cysts containing fluid remained unopened, but fluctuation was very indistinct. The nature of the disease was then fully explained to the patient, and she was informed that the operation of tapping, could only relieve her for a time, but never ultimately cure her, although her life might be prolonged for a few years by having recourse to it.

The "radical cure," by extirpation of the cyst was also described to her, and the danger and extent of the operation fully dwelt upon, when, without hesitation, she not only consented to it, but was always most urgent in requesting that it should be performed, with the least possible delay.

The cause of this importunity the mother freely acknowledged, was, that she had contracted an engagement of marriage, which her condition rendered her unable to fulfil.

On the evening of the 8th of July, preparatory to the operation, she took ten grains of the inspissated ox gall, which dose was repeated on the following morning, and produced two copious and good evacuations. The bladder was completely emptied, indeed she had been unable for some time, from the pressure of the tumour above, to retain the urine for more than an hour, except when she was in the recumbent posture.

The uterus was again carefully examined, per vaginam, while the patient was standing, and pronounced healthy, as far as the os and cervix were concerned. The fundus was found to be unnaturally pressed forwards under the arch of the pubes, not, it was inferred, from any disease of itself, but from the superincumbent weight of the ovarian tumour.

At one o'clock, on the 9th of July, I proceeded to perform the following operation, kindly and ably assisted by my friends, Dr. Surrage, of Wincanton; Mr. T. G. Stockwell, of Bath; Mr. F. J. Sandford, of Bruton; and by my brother, Mr. W. R. Crouch. The temperature of the room ranged from 80° to 85°.

The chloroform, although prepared, was not administered, as a majority of my medical friends, on the authority of Dr. Clay and others, were decidedly against its use.

Operation.—Having marked out with a camel-hair brush, and iodine paint, five transverse lines across the linea alba, for the insertion of sutures, I commenced an incision into the skin and cellular membrane, about three inches above the navel, and extended it to the length of nine inches, towards the pubes, avoiding the umbilicus by about half an inch. I then opened the peritoneum midway between the umbilicus and pubes to the extent of an inch. The character of the tumour being now ascertained, I quickly extended the opening of the peritoneum to the length of the external incision. A large white cyst now partly protruded itself through the opening, evidently the one that had been previously tapped. On making an incision into it, about five pints of the same kind of coffee-coloured fluid as before, were let out; and these had collected in as many weeks. Four other separate cysts were then punctured, each containing from half a pint to a pint of fluids of different colours and consistencies. This reduced the tumour to about one third of its original size, and enabled us easily to examine its connexions and the condition of the surrounding viscera. The only adhesion that existed was between the solid part of the tumour in front, and the abdominal parietes, midway between the umbilicus and the right crest of the ileum, to the extent of two square inches. This adhesion was easily divided with a blunt bone knife. A great number of small cysts were found closely impacted in the cavity of the pelvis; on raising these Dr. Sarraze pronounced the uterus and the right ovary to be in a perfectly healthy condition. The pedicle of the tumour was then easily discovered, and was situated, as predicted, in the left broad ligament of the uterus. Its thickness, when pressed together, was not greater than a middle-sized finger.

A suture-needle, armed with a double thread of very strong ligature twine* was then made to pierce the centre of the pedicle near its uterine extremity, and the needle being cut off, two of the four ends were tied very tightly in opposite directions, as in the operation for the cure of a nœvus. This was done in two different parts of the pedicle. Four of the eight strings were then cut off, and the other four were placed at the lower end of the external incision. The tumour was now excised. The tying of the pedicle was the most painful part of the operation, and the only one of which my patient complained.

The external incision was then accurately brought together with five interrupted sutures. To obtain this accuracy, the iodine paint lines, suggested by Mr. Sandford, answered remarkably well. A narrow compress of linen was placed on each side of the wound, and long broad straps of adhesive plaster were carried from the back and loins of one side over the incision, to the back and loins of the other side, from the epigastrium to the pubes. A roller was not applied

around the bowels, as it was deemed inconvenient to remove, but a small toilet table-cloth was carefully pinned, in imitation of the "Dublin obstetric binder," so as to afford equal support to the whole abdominal parietes, and that without the power of slipping. This application, suggested by Mr. T. G. Stockwell, was found very convenient and serviceable, both here and in the after treatment of the case.

The whole operation occupied twenty-three minutes, and was performed without the loss of an ounce of blood. The patient was then carefully placed in her bed, complaining of pain in the left side only, opposite the part where the pedicle was tied; pulse 80; skin warm and moist; no hæmorrhage. A grain of the acetate of morphia was given in the form of a pill.

Report of the Case Three Hours after the Operation.—

The morphia not producing sleep, forty drops of Tinct. Opii were given, two hours after the operation, by Mr. Sandford, who kindly remained with the patient till five o'clock. Since the operation she has complained of severe pain in the left iliac region, and of an empty aching in the stomach and loins. Has had also a strong desire to pass water, and begged most earnestly to have something to eat, but this was strictly forbidden. Pulse 115; no hæmorrhage. The rapidity of the pulse was attributed as much to the opiate as to the shock of the operation.

Nine o'clock P.M.—Has had an hour's sleep, and is now almost free from pain, and the desire to pass water has gone off. Pulse 100, soft and compressible; skin moist; tongue clean. Ordered to be kept perfectly quiet, and to take nothing but a little soaked bread and toast and water.

Second day after the operation.—Has passed a good night; the pain in the left side has much abated, and recurs only occasionally; urine has been passed by the natural efforts; pulse from 90 to 100, quite soft; skin perspiring; tongue clean. A tube was passed into the rectum, to relieve flatulency, with immediate good effect. The abdomen is quite free from distension and pain, and tender only opposite the seat of the pedicle.

From this period the case may be said to have progressed, under the most simple management, without a single bad symptom. The objects of the treatment were to keep the system in a state of depletion, in order to prevent inflammation; to trust as much as possible to the restorative powers of nature, and to interfere, with medicine, only when absolutely required.

The excellent rules laid down by Dr. Clay, with regard to diet and beverage, were strictly adhered to, and a plainly-written copy, as follows, put into the hands of the nurse:—

"Diet and Beverage.—Boiled bread, bread out of toast water, toast water, gum mucilage, thin arrow root, and gruel, for the first six days; and up to the twelfth day only boiled rice, a little milk with the arrowroot, and a little weak tea to be added." To a rigid and undeviating attention to these rules I attribute, in a great measure, the entire absence of all inflammatory symptoms.

Third day.—Three of the five sutures were taken out of the incision, and all the straps of adhesive plaster were removed except two. The wound, as far as it

* This twine was composed of a superior quality of hemp, and would support a weight of thirty-six pounds.

was uncovered, was united by the "first intention." The bowels were quite flat and free from tenderness, as well as pain. She had slept well the previous night; urine and flatus had both passed freely by the natural efforts; no motion. The catamenia had appeared in the night, followed by an almost entire relief to the tenderness opposite the pedicle. The wound was dressed with straps of adhesive plaster, as before. No medicine ordered.

Fourth day.—Quite comfortable; pulse 80; skin and tongue as before.

Fifth day.—The other two sutures were taken out, and the incision was found to be united throughout its whole extent, except where the ligatures of the pedicle passed out. At this point matter had begun to discharge freely. No movement of the bowels.

Sixth day.—Up to this period no medicine of any description has been administered since the day of the operation, and I should have been more anxious about the sluggishness of the bowels if the patient had not been kept so low as to complain heavily of being almost starved. She had taken no food whatever for twenty-four hours before the operation, and only two table-spoonfuls of soaked bread the day it was performed, since which time she has never exceeded a tea-cupful of soaked bread or gruel in the course of twenty-four hours. As the bowels had not acted, a simple gruel injection was this day exhibited. In other respects doing well.

Tenth day.—Has passed the last four days quite comfortably, although the bowels have not been relieved. Since the last report she has taken three doses of the inspissated ox-gall, each dose containing ten grains, and has had three enemas of gruel, the last having ten grains of ox-gall dissolved in it. About half an hour after the last injection she passed, without pain or uneasiness, a healthy and copious evacuation. In other respects improving rapidly.

Eleventh day.—A motion was this day passed by the natural efforts, and the urine is increased in quantity, and is of a healthy character. The ligatures of the pedicle being quite firm, were fixed to a small roller of adhesive plaster, and after gentle traction, were fastened to the skin at a little distance from the opening. Discharge healthy and less in quantity.

Twelfth day.—Much better; able to sit up in bed. Was allowed an egg for luncheon, and a mutton chop for dinner, which she eat with great relish, having evinced hitherto a thorough dislike to chops. A healthy motion was this day passed without the aid of medicine.

Fourteenth day.—Much improved; sat up out of bed for a quarter of an hour.

Seventeenth day.—Says she is quite well, and wishes to sit up and be dressed.

One of the four ligatures of the pedicle came away on the eighteenth, and a second on the nineteenth day after the operation.

August 11th, thirty-third day after the operation.—During the last fortnight nothing has occurred to prevent the complete convalescence of the patient. She has returned to her usual habits, and is gaining flesh and strength rapidly. Yesterday the catamenia appeared

after the usual interval, for the second time since the operation. The last two ligatures, which had been gradually working their way to the surface, came away to-day, leaving only a small healthy sore, which promises to heal in a few days. The only medicine taken since the last report has been an occasional dose of the inspissated ox-gall.

16th.—The sore is now healed, and her health, in every respect, with the exception of debility, quite re-established.

The measurement of the abdomen, prior to the first tapping, and a fortnight after the operation, afforded the following results:—

	Before tapping.	After operation.
From sternum to pubes	18 inches	11½ inches.
Circumference of the body at the umbilicus	47 "	26 "

Description of the tumour after its removal.—The weight of the solid part of the cyst was nearly four pounds; its circumference was not less than eighteen inches, and must have required an incision of nine inches for its easy removal. The fluids measured nine pints, making altogether, solid and fluid, nearly fourteen pounds. The number of separate sacs was not fewer than two hundred. The larger ones contained a serous fluid, like that obtained at the first tapping; some of the smaller ones were filled with a glairy liquid, like white of egg; and a third set afforded a thick semi-solid substance, like dough or peas-pudding. The whole mass of cysts, when emptied of their contents and distended with tow, measured at its largest diameter thirty inches, and at the smaller part nearly two feet. The shape of the tumour is very irregular and difficult to describe. At the lower part a mass of cysts projected from the rest of the tumour, forming the part which filled the cavity of the pelvis. Two large arteries accompanied the enlarged Fallopian tube to its fimbriated extremity and then meander over the whole cyst.

REMARKS.

The relation of this case affords me an opportunity of alluding briefly to the operations that have at different times been proposed for the removal of these troublesome tumours.

The "major operation," performed by making an incision from sternum to pubes, and removing the cyst entire, first practised by Macdowal and Lizars, and introduced successfully into England by Dr. Clay in 1842, is seldom had recourse to at the present day, and was clearly not required in the above case. For, although it was impossible before the operation to ascertain the exact dimensions of the solid part of the tumour, yet I had good reasons for supposing, from actual measurement, that an incision of nine inches would allow the passage of the cyst, even supposing that its pelvic portion had been equal in size to the full grown fetal head. In making this extent of opening, I bore in mind the maxim of Dr. Clay, "that in all cases the incision should be proportioned to the size of the tumour to be removed."

The "minor operation," consisting of an incision of from one to three inches, originally suggested by Dr. W. Hunter, and first practised by Mr. Jeaffreson, would

have been of no avail to my patient, although it has been successful in some cases of unilocular cysts.

The third, called also the "four-inched" or "median operation," proposed by Dr. Frederick Bird in 1843, would not have enabled me to meet all the obstacles I had to encounter, yet it has met with eminent success in the hands of its originator, who, up to 1847, had succeeded in seven operations without one fatal result.

In performing the operation I endeavoured to avoid some of the errors of my predecessors, as well as to benefit by their experience. The manner in which the pedicle was tied, by two strong double ligatures, I consider the best and safest practice; and strong reasons exist for supposing that two recorded cases might have been saved, if a similar plan had been pursued.

One of the fatal operations alluded to was performed at St. Thomas's Hospital, by the eminent surgeon Mr. Solly, and is recorded in the *Medical Gazette* of the 10th of July, 1846. The other is described as "Case eighth" in Dr. Clay's very interesting "Results of Ovariectomy."

As a great deal has been written in some of the medical periodicals of the last few years strongly decrying "ovariotomy," under almost any circumstances, however favourable, I cannot refrain from offering my humble opinion that it is a perfectly legitimate and justifiable operation, if performed on a person of an otherwise healthy constitution, and had recourse to in suitable cases.

So far from recommending my patient to wait, as some of these writers would have done, till after "medicine" and "pressure," and "paracentesis abdominis" had been repeatedly resorted to, I considered that the best, if not the only chance she had of obtaining a "radical cure," was by having recourse to the operation before inflammation had set in, and consequent adhesion had formed. There had been no symptoms of peritonitis before the operation, the only pain complained of was from the dragging of the pedicle of the tumour, consequently I had only one adhesion to divide, and this had been formed clearly from the friction of the solid part of the cyst against the abdominal parietes. The patient informs me that if it were not for the tying of the "root" of the tumour, she would be willing to undergo the operation a second time.

Analysis of the fluids.—Some days after the operation I forwarded specimens of the contents of the cyst to my friend Dr. Hodges, of Bath, who had kindly offered to submit them to analyzation, but they were then so much decomposed as to be unfit for analysis. My own observations only enabled me to ascertain that the fluid contained a large proportion of albumen, and did not produce any effect on litmus or turmeric paper.

P.S. I have in vain endeavoured to obtain the statistics of the operation up to the present time. It is due, however, to the following gentlemen, to state that prompt and courteous replies have been received to inquiries on the subject, from Dr. Clay, Messrs. Crisp, Dicken, R. Drutt, Jeaffreson, Lane, B. Phillips, Solly, and Southam, to all of whom I beg to acknowledge my obligations.

If any of the readers of the *Provincial Medical and Surgical Journal* will kindly assist me in obtaining information on the subject, I shall feel greatly indebted to them. My object is to ascertain the number of operations that have occurred in England—in how many cases the cyst was removed entire—how many times the different operations by the "large," "median," and "minor" abdominal sections have been performed—and whether fatal or successful—and, lastly, the results of those operations in which the tumour was found unfit for extirpation.

Bruton, August 13, 1849.

ON

LATENT AND CIRCUMSCRIBED PLEURISY, WITH EFFUSION.

By C. M. DURRANT, M.D., Ipswich.

(Read at the Suffolk Branch Meeting, held at Hadleigh, Friday, June 15th, 1849.)

The subject to which I wish briefly to draw the attention of this meeting is "Latent and Circumscribed Pleurisy, with Effusion." So frequently have I found this affection in patients, who, themselves and friends, have been unconscious of the existence of any but the most trifling symptoms of chest disease—and indeed this is often one of its characteristic features—that I feel that it is a subject well worthy of investigation, being one which, in the every-day routine of an extensive and fatiguing general practice, is not unlikely to be overlooked.

I have found this condition of the chest among all classes of society, but from the collateral and depressing influences which exert so powerful an effect upon the diseases and constitutions of the poor, it is among them that the disease under consideration will most frequently be found.

Differing from general and acute pleurisy, in which the liability to attack is so greatly in favour of the male sex, I have not found in the latent variety that either sex is especially prone to its invasion. According to my own observation, however, although I have met with it in the aged as well as in the adult and children, by far the greater number of cases which have fallen under my notice have occurred among the latter, and in those chiefly under twelve years of age. The subjects in whom latent pleurisy has existed have presented usually either the lymphatic or bilious temperament, and the latter, perhaps, more frequently than the former.

As it is my intention to confine myself solely to the practical consideration of the disease, and to be as brief in my observations as possible, I shall at once allude to its general aspect more particularly in reference to its diagnosis and treatment.

I may state, *in limine*, that as the circumscribed form of latent pleurisy differs only in the adhesions by which the contained fluid is confined to certain portions of the walls of the chest, I shall at present include them under one head, making such reference