OVARIOTOMY SEVEN YEARS AFTER VAGINAL HYSTERECTOMY.

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On March 4th, 1895, I saw, with Dr. Washington Isaac, Mrs. D., aged 46, on account of severe menorrhagia, accompanied with great pain. The condition pointed to the possible existence of an intrauterine polypus, and the cervix was dilated by means of a large-sized laminaria tent. On removing the tent the index finger could be passed through the internal os, and nothing was found but a brawny hardness of the cervix. The severe pain from which the patient suffered almost continuously, together with the excessive and somewhat irregular menstruation, raised in our minds a suspicion of malignancy, and we felt justified in recommending hysterectomy. For this purpose she entered one of the hospitals for women. After several weeks of rest and minor local treatment the symptoms improved, and it was decided not to operate. After a short period at home the symptoms returned, and on July 8th I removed the uterus per vaginam. Examination of the specimen revealed the true nature of the disease. The whole cervix was converted into a mass of obstructed mucous follicles, ranging from a mere point to the size of a medium-sized grape. One of the largest was opened on the posterior aspect in the act of freeing the cervix, and for the moment rather disconcerted me. Both ovaries appeared to be perfectly healthy and were left purposely. The recovery from the operation was quite uneventful.

On May 8th, 1902, Dr. Washington Isaac brought the patient to me on account of abdominal enlargement which she had first observed a few months previously. I diagnosed the condition as ovarian disease, and operated on the 14th. The tumour, weighing 5½ lb., was very adherent in the pelvis, and the operation unusually difficult. No trace of the right ovary could be found. Convalescence was afebrile.

My object in publishing this case is to call attention to a doctrine which has recently become current, namely, that the ovaries play an important part in the female economy, and to the practice arising therefrom of leaving one or both ovaries in operations involving the removal of the uterine body, on the ground that the patients are thus spared the inconveniences usually supposed to attach to the menopause.

With regard to the first point, I quote Howard Kelly as specifically supporting the idea of an "internal secretion of the ovary."

— This was one of the subjects of my address at the annual meeting of the British Medical Association at Portsmouth in 1899. I then said:

There is not an atom of evidence to support that idea. Yet there are those who do not hesitate to found, and urge the adoption of, a practice upon a pure and ridiculous assumption. It appears to have been assumed that, because disease or loss of the thyroid gland—of whose function we know nothing absolutely definite—is sometimes followed by a certain train of symptoms, therefore the loss of the ovaries, of whose function we have definite knowledge, must be avoided because their loss will deprive the economy of something which the ovary secretes.

In the meantime, no evidence has been forthcoming, and I take it for granted that none can be produced.

Mr. Bland-Sutton seems to hold similar views, for at the same meeting, in introducing a discussion on the natural and artificial menopause, he said: "The function of the ovary was not merely ovigerous: Graafian follicles were to be regarded as a ductless gland of the same type as the thyroid." There seems to be some contradiction in the expression of his views, for he went on to say, "The period of ovarian activity was coterminous with that of menstrual life," and "the normal menopause was the result of atrophy of the secreting elements of the ovary." I am, therefore, at a loss to imagine wherein, from this point of view, lies the value of leaving one ovary after hysterectomy. Many thousands of women have now suffered the loss of their ovaries and it ought to be possible to produce some evidence of the injurious effects of such a loss. On the contrary the perfect health which the majority of these women enjoy bears eloquent testimony to the fact that no injury has resulted, either mental or physical.

When he says that "other disturbances are generally met with at this epoch" it would appear that he holds to the old doctrine that every woman must suffer from certain symptoms at the "change of life," as it is the custom to call it, and that he has not got away from the teaching of the old textbooks. For more than a quarter of a century I have paid particular attention to this matter, and, having been con-

sulted by a very large number of women who have passed this period, I deliberately affirm that, as the result of my inquiries, the majority of women suffer no inconvenience whatever; they have no "flushings," no headache, nor disturbance of the nervous system. Therefore it is not correct to say that "in addition to cessation of menstruation other disturbances were generally met with at this epoch."

Again, when he says, "These signs (flushings, etc.) did not appear after removal of the uterus alone; usually the patient passed through a quiet menopause without disturbances," I join issue with him, for one of my objects in publishing this case is to prove the contrary. The patient in question suffered to an unusually severe extent, both as to intensity and duration. I therefore take it that his experience in this respect—if he is arguing from experience and not on assumption—confirms my view, and that the cases in which no symptoms were present were those of women who would not have suffered in the natural course of things, and who, as I have said, constitute the majority.

The second question to which I referred in my address was thus stated.

The ovary was evidently devised for the purpose of perpetuating the species by providing ova....., and, in the normal state, having discharged that function it atrophies, or, like its neighbour the uterus, becomes not only a useless but even a dangerous organ, for, as we only too well know, it is very liable to disease. In a large number of cases disease attacks this organ long after it has served its purpose; and it seems to me rather one's duty to secure the removal of such an unsatisfactory appendage when opportunity offers.

especially after the removal of the uterus and the two Fallopian tubes. It has happened to me to have to remove the second ovary at periods ranging from one to eighteen years after the first, and to prove, or at least support the supposition, that the second ovary was healthy at the time of the first operation, I again record the fact that one patient who had to undergo operation after a lapse of eleven years brought forth twins—a boy and girl—within eighteen months of the first operation. Was I not justified, therefore, in adding, "Surely the possibility of such an occurrence (the necessity for a second operation) is a very strong argument against the practice in question?"

Little did I dream when purposely leaving the ovaries in this case that my views would so soon receive confirmation. It has been affirmed by some gynaecologists that, provided the organ be not attacked by disease, the ovary atrophies within three years—a view that would seem to derive some support from the fact that in this case no trace of the second ovary could be found. Nor is the case different as regards the Fallopian tube, for in one instance I have had to treat a case of pyosalpinx seven years after supravaginal hysterectomy for fibroid.

It appears to me, then, that it would be well if men would deal with facts rather than assumptions. But facts take a long time to collect, while assumptions are easily arrived at. We should then have fewer recantations of previous opinions.

REFERENCE.

¹ *Amer. Journ. of Obstet.*, December, 1900, p. 318.

REMOVAL OF AN OVARIAN FIBROMA FROM A PATIENT, AGED 73 YEARS,

WHO WAS IN GOOD HEALTH FOUR YEARS AND SEVEN MONTHS AFTER THE OPERATION.

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THE following case is of interest not merely because of the age of the patient, but because the history clearly demonstrates that a solid ovarian tumour may exist and increase in size after the climacteric and yet be simple in character. It is probable, too, that the new growth did not appear until after the cessation of menstruation in 1873.

Mrs. R., widow, aged 73 years, was sent to me by Dr. Wade in May, 1898. Reliable evidence has been produced to show that she was born on May 11th, 1825, at Blythboro', Southwold, Suffolk. She had had three children, and menstruation ceased in 1873.

History.—Dr. Wade has kindly furnished an account of the history, which I shall give in his own words:—"At the end of October, 1897, whilst alighting from an omnibus, the patient felt a sensation as if something had 'given way' in her abdomen. After this she felt a hard substance in the lower abdomen and a sensation of weight in that region. Three weeks later she was seized with obstruction of the bowels. Abdominal examination revealed a hard movable tumour in the lower abdomen, which was also detected per vaginam. The obstruction yielded to medical treatment. The tumour steadily increased in size, causing difficulty in walking and in lying down. The only position in which the

patient could get ease was on her back with both knees drawn up. Sometimes when an attempt was made to relieve the bladder micturition was not possible until after the patient had lain on her back for half an hour or an hour, and by pressure on the tumour, first on one side and then on the other, enabled the bladder to be emptied. At other times great difficulty in defaecation was experienced. In fact life became such a burden that she was quite willing, and even anxious, to undergo anything in preference to continuing as she then was."

Fig. 1.—Drawing of tumour; one-third natural size.

Operation.—On May 13th, 1898, the abdomen was opened in the middle line. (Dr. Wade kindly assisted me, and the anaesthetic was administered by Mr. Morley Agar.) Two fingers were inserted, and it was found that the tumour was wedged into the pelvis. The incision was enlarged, and the sigmoid flexure, which was adherent to the left side of the tumour, was carefully separated. By means of the fingers pushed down on the right side of the tumour, and a large pair of vulsellum forceps grasping its upper part, it was lifted out of the pelvic cavity. I have never seen a tumour so tightly wedged in the pelvic cavity. The tumour was attached by a long slender pedicle. The uterus was flattened against the symphysis pubis. The ovary on the left side was atrophied. There was no ascites. The pedicle was ligatured, and the tumour, which grew from the right ovary, was removed. The pelvic cavity was flushed with hot salt solution, and the parietal wound closed.

Fig. 2.—Photomicrograph of a section of the tumour; the interlacing wavy bundles of fibrous tissue are seen and the elongated nucleated cells.

After-History.—The patient made a good recovery. Dr. Wade wrote me on August 31st, 1898, that "Mrs. R. says she is in better health now than she has been for years. She has not had a day's illness; the only sensation she complains of is a feeling of emptiness in the abdomen." I heard in December, 1902, that she is still alive, and in the enjoyment of good

health four years and seven months after the operation. The abdominal scar is quite sound.

Description of Tumour.—The tumour removed was nodulated and firm. It measured 8 in. by 6 in., and had no trace of calcareous change (Fig. 1). Microscopically it was a fibroma (Fig. 2). Interlacing wavy bundles of fibrous tissue are seen throughout the sections, together with elongated nucleated cells. The blood vessels possess well-formed walls.

The fibrotic changes noted as occurring in the ovaries after their active functions have ceased would seem to favour the development of fibromata, although myomata have also been described. The museum of the Royal College of Surgeons of England, contains a specimen weighing over 7 kilograms, and described as an ovarian myoma. It was removed by the late Sir Spencer Wells from a single woman, aged 68 years, who had noticed its presence for eight years. "It had a good pedicle; the Fallopian tube and mesometrium were free from disease."

Leopold, in his paper entitled "Die soliden Eierstockgeschwülste" refers to a case recorded by Löbl.² The patient aged 73 years, died of septic peritonitis after an operation for the removal of a "nodulated fibroid" the size of a child's head growing from the right ovary.

Haase³ mentions a *post-mortem* specimen of an "osteoid tumour" obtained from a patient, aged 72 years. It measured 13 cm. in length, 10 cm. in breadth, and was 3 cm. thick. The weight is stated to be 250 grams. Haase does not state whether the growth originated from the right or the left ovary.

Briggs⁴ mentions a case where an ovarian fibroma was removed from a single woman, aged 68 years.

I have not succeeded in finding the record of a case successfully treated at such an advanced age as 73 years. Ovarian cysts, however, have been removed from patients who were much older, of which numerous records exist in the literature.

An admirable summary of our knowledge regarding ovarian fibromata will be found in the *Transactions* of the Obstetrical Society of London, vol. xxxviii, 1896, p. 187. In a paper entitled *Cases of Fibroma of the Ovary and Ovarian Ligament Removed by Operation, with a Series of After-histories of Cases Reported in the Transactions since 1879*, Doran mentions a case where a patient, aged 52 years (married), had a fibroma of the right ovary weighing 3 lb. removed by ovariotomy. Her menstrual periods had ceased for five years before the operation. She was reported "quite well" over six and a-half years after the operation.

Although both Leopold and Doran have shown that ovarian fibromata occur in very young women, still a sufficient number of cases is now on record where such tumours have been removed from patients whose menstrual functions had ceased.

It is of interest to the clinician to find that a solid ovarian growth may increase in size and probably even originate after the menopause and yet be of a simple character.

REFERENCES.

- ¹ Arch. f. Gynäk., Band vi, 1873, p. 189. ² Zeit. d. Ges. der Aerzte in Wien, 1844-5. ³ Neue Zeitschrift f. Geb., 7, 2. ⁴ BRITISH MEDICAL JOURNAL, May 1st, 1897, p. 1083.

NOTES OF TEN CASES OF HYSTERECTOMY FOR FIBROID DISEASE.*

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[THE author having discussed the operation of vaginal hysterectomy for cancer and related several cases with their after-histories, went on to describe ten cases in which he had performed extirpation of the uterus for fibroid disease as follows:]

CASE I.—A married woman, aged 43, but with no children. Menstruation had been profuse for three years, but the most prominent symptom was pressure on the bladder during the same time. For the last year she had only been able to hold the water for at the most forty-five minutes at a time both day and night; if she slept beyond that time she woke in great pain; this had told upon her health very much by disturbing her rest.

The whole pelvis was filled with a hard tumour which was attached to the uterus and was about the size of a child's head at term. With the able assistance of Messrs. Fenner and Dent and Dr. McClure abdominal hysterectomy was performed. The tumour was so tightly wedged into the pelvis that it was with difficulty withdrawn. Recovery was complete; she began from the very first to sleep soundly the whole night. The tumour was a single one and very hard.

CASE II.—A married woman, aged 50. She had had four children. Haemorrhage had been very profuse for the last nine years. The electrical treatment had been used for a long time without producing any effect. For the last four months before operation she did not cease to lose blood for a single day, so that she often fainted, and was extremely

* Abstract of paper read before the East Anglian of the British Medical Association at Southwold.