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REPORT OF A CASE OF OVARIAN DISEASE, WITH A FEW BRIEF REMARKS UPON OVARİOTOMY.

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(Continued from page 143.)

In considering extirpation as a means of cure for such a variety of diseases as are included under the title of dropsical ovary, or ovarian tumour, it would appear to command a very general application, and we are naturally led to canvass its merits with high expectations of its remedial value; but let us compare the conflicting opinions grounded upon its very opposite results, and we at once find a difficulty in deciding as to its intrinsic worth, since we may never be said to possess a complete knowledge of the disease and its bearings, without incurring the peril attendant upon laying open the abdomen. So long then as we cannot by any other means obtain the key to this mystery, well may its sufficiency for the proposed object be called into question, and its success remain so very equivocal. With the present limit of human perception, I think this difficulty must in many cases continue insurmountable, until extended experience and attentive observation shall have supplied us with some few symptoms at least for our guidance less fallible than we at present possess, by which we shall be enabled to command a correct diagnosis both of the diseased product, its complications and connections, before we can justify its much more restricted application, or even establish it as a legitimate operation. The above case of multilocular ovarian dropsy supplies us with an instance where extensive and massive adhesions existed without being indicated by pain referrible to their seat; while the uterus expected to be more or less organically implicated, was presented to us in the *post-mortem* examination merely emaciated, and connected only with the morbid structure by the broad ligament and tube. It moreover proves one fact, certainly of some practical value, viz., that uterine hæmorrhage occurring in a female with ovarian disease, is, when taken by itself, no direct evidence that the uterus is suffering from disease, which would interfere with the success of any operation instituted for the removal of the ovarian affection. It will be seen from many published cases where the operation was commenced but could not be completed, and from others where it failed absolutely from error of diagnosis, that we are much in want of some more sure and definite points upon which we can with greater confidence rely, and

by which we shall be enabled to pronounce what are, and what are not, the symptoms which ought in these cases to govern our opinion as to the real necessity for operating. We ought, too, I think, in justice to the patient, to be able to give some reasonable guarantee for a consequent degree of benefit, at least commensurate to the pain inflicted by the operation, and which she has a right, after submitting to, to expect, that is supposing it not to have terminated fatally.

When so much depends upon the peculiarities of each individual case, the task of generalizing becomes doubly difficult, and frequently impossible; nevertheless, our acquaintance with true indications of certain morbid conditions of this organ must be shewn to be more exact than at present, or the issue of this operation must necessarily continue most uncertain, and its danger imminent. Although many years since it has not wanted a precedent, it is only during the last few it has become in this country so fashionable, and its supporters have assiduously attempted, the utmost uncertainty of diagnosis still remaining, to procure for it a prominent position as a means of cure for an often complex class of diseases. The accumulated cases afford us among many returned as cured, an unusually great proportion where it had proved fatal, while at the same time we have been favoured with an uncertain number merely given in as not cured; and in some instances after the abdominal parietes had been layed open to some extent, it was impossible to complete the operation; in others, no vestige of a tumour could be found, the patients thus having, as Dr. Forbes states, hazarded their lives and undergone much suffering to no purpose. Notwithstanding these unsatisfactory results, and the admitted obscurity of diagnosis, there remain many medical men among its supporters, although it would appear a far greater number are strenuously opposed to it. With the preponderance of opinion decidedly protested against it, among which will be found the names of Drs. Wm. Hunter, Hamilton, Ashwell, R. Lee, Copland, Mr. Liston, and many others of established reputation, it is hardly likely to become general, or for any length of time maintain its assumed popularity; while the best energies of its supporters will be constantly required to sustain it through an apparently well-grounded opposition. In the cases reported as cured, it would be exceedingly satisfactory to be supplied with a further account of the real state of the patients' subsequent health; also as to their being equal to attend to their accustomed household duties, or other occupation, which have as yet been rarely commented upon. There is reason to believe in many instances a sufficient

time had not elapsed between the operation and the announcement of cure, to justify this conclusion, only perhaps prematurely or temporarily adopted, and not definitively arrived at. Many other cases too there are, where doubtless the cyst or tumour was removed, the wound readily healed, and the patient recovered from the danger of the operation, without having been truly and permanently cured by it, either of the original disposition to disease, or the morbid effects consequent upon both. It is difficult to believe but that unsuccessful cases have occurred, which have been withheld from publication, and this, with the indistinct bearing of dissimilar cases, more than any other circumstances, contravenes any aid we might otherwise have derived from statistical evidence, of which we can only serviceably avail ourselves when offered indiscriminately. On the other hand, it must be allowed there are a limited number of *bona-fide* cures, but what proportion these bear to the number of less satisfactory or fatal cases, we are hardly at present in a position for correctly estimating.

Notwithstanding the objections which have been offered, I think it very probable that in a few judiciously-selected cases, for it is acknowledged that more often depends upon the selection of the cases than the operation, it may prove a valuable and tolerably safe remedy. It would seem from such results as we are yet furnished with, that the operation has proved most successful, when applied for the removal of a single loose cyst containing fluid. To such cases it certainly appears most peculiarly adapted, and I cannot help thinking that had its application been hitherto confined to this form of disease, society would have been spared much unavailing and unnecessary torture, while many valuable lives would have been prolonged, comparatively free from pain and suffering. We have, however, no less an authority than Dr. Simpson for supposing the operation of ovariectomy, if applicable at all, to be particularly so in that form of ovarian dropsy,—the multilocular cystic degeneration of the organ. Certainly this form appears least likely to be influenced by medicines; paracentesis is equally unavailing, and if it is to be encountered by this operation, to be effective, it must be with all the evils and hazard attendant upon opening the abdomen to the extent of the tumour, and the consequent exposure of most of the viscera. Is it not probable, too, that this more frequently than the other varieties of the disease, and after happening about the period of the cessation of the menses, is connected with, perhaps dependant upon, a previously cachectic or morbid condition of the system generally, a circumstance which ought always to be taken into consideration before a perilous operation is attempted. In cases where we suspect the uterus to be organically implicated, or when associated with scirrhus, or other malignant growths, or extensive adhesions prevail, it can never be sanctioned as a legitimate operation, or be undertaken with due consideration for the welfare or the life of the patient. We must bear in mind that in many of the above forms and combinations, the disease may remain for a long time latent, or certainly in a harmless or passive condition, while the operation, if attempted, may prove almost immediately fatal, even for a very uncertain chance of being ultimately cured, and the subsequent restrained enjoyment of a

valetudinarian, should she be disappointed in not being restored to health, although the tumour may have been removed, would hardly compensate her for the punishment she had been subjected to, and the great danger she had outlived.

With regard to the length of the incision and the respective merits of what has been denominated the long or short, it seems quite an useless point of contention, as so much depends upon the character and bulk of the product to be removed, and the space requisite for its detachment, differing in each individual case. A small incision, I imagine, should invariably be first made, which if desirable, can be lengthened at each extremity as the occasion demands, but the infliction of unnecessary suffering, by extending it immoderately, cannot be defended, and I think ought always to be condemned, particularly if no adequate advantage is realized for the patient.

Before concluding I ought not to omit alluding to the cases which have at various times been published by Dr. Brown, and which are stated to have been cured by pressure, mercurials, and diuretics, aided in most instances by paracentesis, and have since enjoyed good health; also one more recently by Dr. Hunt, on the same principles; which encourage us to think that such means are more worthy of trial, and far more successful in their application than they have received credit for. It is to be hoped, therefore, and we may reasonably expect, when such means have had a more extended application, that in many cases the more passive treatment may become a most desirable substitute for one much more painful and hazardous, and perhaps not inferior to it in efficiency, while it certainly incurs no immediate danger.

In Dr. Cormack's Journal for February, there is a brief report of a spontaneous cure, not the only recorded instance by many, occurring in a female aged 28, who had for two years laboured under ovarian dropsy. A small inflamed point appeared near the umbilicus; it burst and gave forth, as stated, a torrent of water; the opening afterwards closed, cicatrized, and she was considered cured. At a subsequent period she married and had a child. The tumour, however, returned, pointed at the umbilicus, and this time was opened, the fluid evacuated, the sac contracted, and the cure has continued complete. Cases too are mentioned by M. Camus, in Dr. Ranking's second half-yearly volume, as abridged from the *Parisian Medical Gazette*, which prove the innocuousness of rupture of the cysts into the peritoneal cavity, the conversion of encysted dropsy into true ascites, and the reabsorption of the effused fluid, which renders it not improbable that the subcutaneous incision as has been several times proposed, or, the plan judiciously recommended by Dr. Carson, of Liverpool, the removal of a portion of the cyst, the partial evacuation of its contents, and the closure of the small orifice, as mentioned in a recent number of the *Provincial Journal*, might severally prove of great value, if they can in any cases, by being substituted, supersede ovariectomy and the risks invariably attendant upon it. When the contents of the cyst are of such a nature that their evacuation into the peritoneal cavity would necessarily be attended by fatal peritonitis, the old method of treatment, practised successfully a century ago, alluded to, and advised by Dr. Carson, of removing the contents through a small

incision in the abdomen, and connecting the edges of the aperture of the sac with the opening through the abdominal parietes, and the fistulous cavity thus resulting treated like an abscess, appears worthy of reconsideration and practising at the present juncture, when any remedy so reasonable must prove truly welcome.

Comparisons have been offered of the relative fatality of ovariectomy and the capital operations, which, supposing the statistics upon which the assertions are founded be sufficiently conclusive, are manifestly unjust; since, as has been so frequently urged, in the one case the operation is indispensable to prevent impending, perhaps immediate death; in the other, a mere matter of election for the cure of a disease not necessarily dangerous, with I believe a much less chance of curing, in the proper signification of the term than it has of proving fatal. In the number of the *London and Edinburgh Journal of Medical Science*, for last May, is an able review of this subject, with a list of all the previously published cases, and where is detailed more at length most of the above, and many additional objections. The Editor, in concluding, states "it to be his conscientious conviction that ovariectomy is an unwarrantable operation, and that no modification of it hitherto introduced to the notice of the public is sanctioned by our present knowledge of ovarian pathology, or by the records of the cases which have been published." In the well known critique in the *British and Foreign Medical Review*, for October, 1843, this operation is most severely censured, and unconditionally condemned; and the subtlety of this analysis, one of the earliest and most effective, will not soon be forgotten, while the conclusions it suggested seem likely to continue without being much invalidated.

In offering these cursory remarks, I have intentionally avoided introducing any tables, or selections of cases tending to establish certain conclusions, as I found they so much differed from each other, and thus negatived their common purpose. Of this we may be certain, that while a considerable division of the cases, after running great risk, have perhaps neither been materially benefitted or rendered much worse by the operation, a great number have already proved fatal, and that too, in many instances, within a few days after having been subjected to it. At the same time, I believe an uncertain number have been permanently cured, but as before stated, we have as yet insufficient data for deciding their true proportion.

However interesting or painful this subject may be to contemplate, we are naturally and very properly led to the enquiry:—Has society been really and virtually benefitted by this of late much-vaunted operation? And is the proportion of the recorded successful to the unsuccessful cases after its performance sufficiently encouraging to justify such a frequent repetition of it?

Having related the above case, and having also taken advantage of the opportunity it afforded of attaching a few general observations relative to ovariectomy, my present object is accomplished. Having also expressed my own opinion as adverse to this unsightly and hazardous operation, excepting in its most limited sense, as being only justifiable in a very few isolated cases, I shall now feel much gratification in being allowed to offer the above important questions for the disquisition and judgment of this Society.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

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(Continued from page 145.)

This febrile epidemic appeared amongst a class so usually exempt from fever, that it excited no little surprise and alarm in a grade of society which as far as this town is concerned, had been in the habit of congratulating themselves upon their own immunity from the pestilential visitant of the humbler walks of life. Though such privilege is not the case so remarkably in large and older cities, yet that it was enjoyed for many years by this class in Liverpool, the following quotation from the honoured pen of Dr. Currie will serve to prove:—"In Liverpool it has been supposed that this disease (typhus,) is seldom to be met with, and it is certainly true, that the upper classes of the inhabitants are not often subject to its ravages. It has never, in the last sixteen years, spread among the higher classes so as to occasion any general alarm." (*Medical Reports*, p. 221, second edition, 1798.) Dr. Currie wrote his celebrated work in 1797, and if we deduct sixteen years from this date, we find that since 1781, when Liverpool had not a population probably of fifty thousand, (in 1790 it was nearly fifty-six thousand,) typhus fever was not common among the wealthier classes; so it has continued I believe ever since, until the present date of 1844, giving them exemption for a period of upwards of sixty years. No wonder then that considerable apprehension must have been felt by them at its return after more than half a century, supposing that previous to 1780 it had shewed itself.

From Dr. Currie's tables it appears, that the spring months were in 1795 the most remarkable for fever, amounting to 15,235 recorded cases, whilst in the following year of 1796, "the mildest experienced in our climate for a long series of years," the number fell below the septennial average by 354, and below the severe 1795, by 2234. Of these months March had the most cases, (2003,) it was a month in which the weather became warmer, uncertain, and stormy, following three months of intense cold. Dr. Currie remarks, "Hence it appears, that though intense cold is directly unfavourable to the health of our poor, yet that it is in the transition from this intense cold to warmer weather, that their constitutions sustain the severest shock; a position that is still more fully supported by the decisive evidence that the month of March is the most unhealthy of the year, and next to it April, taking the average of seventeen years together." Of the seventeen years, the mean monthly average was 1045 cases; the average of March 1204.

But our epidemic differed from this, in a very remarkable point; it chiefly shewed itself during the closing months of the year, and declined rapidly in the spring months, so as to have spent itself by the hitherto formidable month of March.

In this place another question suggests itself:—Was this epidemic ever experienced before in this town, or was it, like the fashionable influenza, of modern importation? We cannot accurately determine this point at present, but I find that there is ground to