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

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Although there have been of late many instances of ovarian disease presented to our notice, more particularly in reference to extirpation, with its various results, I have thought the following case might with propriety be laid before this Society, on account of the interesting disclosures afforded by the *post-mortem* examination; hoping at the same time, to avail myself of the remarks and opinions of some of our more experienced members, as to the comparative value of ovariectomy as a means of cure, from such results as we have hitherto been put in possession of, from the cases where this operation has been undertaken.

Mrs. B., aged 41, has been married eighteen years, always lived with her husband, had no children nor miscarriages, and previous to her present illness, was a strong plethoric-looking woman, and had always enjoyed excellent health. Up to about twelve months before her death I had no satisfactory means of arriving at any positive information as to the state of the abdomen, and the earlier progress of the swelling. She admits there was a feeling of fulness and heaviness about her bowels for twelve or fifteen months before I saw her, and although there is reason to believe that the ovarium during the latter part at least of this period was considerably enlarged, she did not herself think it inordinately so, being quite careless about it, and attributing it to constipation, which had for some time troubled her. With the assistance of purgative medicines she passed her time comfortably, and continued to discharge her various household duties with little inconvenience. I first visited her on the 26th of last May, when the more immediate history she gave me of her case is the following:—

About the middle of last December, when lifting a pitcher of water up the two steps into her house, her foot hitched against the upper one, which caused her to stumble. At this time she states she felt a something giving way in her belly, which occasioned a feeling of faintness, lasting but a few moments, and followed by little or no inconvenience. The feeling of weight and fulness, always greatest on the left side, now became more evident, but there was as yet no very remarkable swelling. Up to the commencement of last February she experienced no unpleasant conse-

quences from her late slight accident, when, during the frost she again fell upon a slippery foot-path, which caused a repetition to a more considerable degree of the previously-mentioned symptoms, followed by occasional severe pain in the left groin and lower belly. Soon after the last fall, to which she attaches much importance, her attention became first seriously directed to the now fast-increasing swelling, its hardness, with pain extending from it to the left groin, which by its gradual increase during the two following months, had given to the abdomen a marked prominence. By its continued progressive enlargement, it at length became greatly distended, and upon a severe diarrhoea coming on, and continuing, she became much alarmed, overcame her former scruples, and sent for me to visit her.

I found upon my arrival, that the abdomen in size was equal to that of a female near the end of gestation, full, hard, irregular, and so far as I could discern, without fluctuation. The swelling appeared greatest on the left side, and as the pain in the first instance had commenced here, the tumour according to the woman's feelings extending from the same, through, and above the umbilical region, and subsequently towards the right side, there remained little doubt that it was the left ovarium that was diseased. In testing its mobility, from the pain she experienced on making any effort to raise or push sideways the tumour, I was led to expect it to be firmly adherent posteriorly to the contiguous structures. Upon examining the state of the os uteri, it appeared healthy, the cervix slightly yielding to pressure, but the body of this organ appeared to be immovable. On introducing Dr. Simpson's bougie, it passed several inches into the uterine cavity, and thus far afforded presumptive evidence that the body of the uterus was not to any important extent implicated with the tumour, but so great was the pressure into the cavity of the pelvis, that the instrument passed only in the direction towards the right side, and possessed no latitude of motion towards any other point, in fact giving the impression of a fixed attachment to the morbid structure. The result of this examination along with that instituted per anum led me incorrectly, as eventually proved, to think that this organ feeling so fixed, directly participated in the diseased growth. The catamenia had been for some time very irregular, rarely a week intervening between their cessation and reappearance, and occasionally for several days successively she passed coagula of considerable size. This, I must here be allowed to remark, is another circumstance which led us more strongly to suspect the uterus participated in

the diseased action, as the occurrence of such hæmorrhage in a female not pregnant is generally considered as diagnostic of serious uterine disease. There was no swelling of the feet or legs; she parted with her urine in small quantity at a time and frequently; the bowels of late very irregular, mostly purged, and although she had little acute pain, the pressure of the tumour upon the surrounding viscera caused her great uneasiness, and much impeded their functions. Together with these symptoms there was considerable constitutional disturbance; the pulse was small and quick; the tongue generally moist, furred in the centre with red margin, thirst, loss of appetite, cough, and shortness of breathing; and by this time an obscure fluctuation was perceptible in several parts of the abdomen.

A variety of internal means, including mercurials, diuretics, iodine, &c., in different proportions, and variously combined, were administered to control the disease, also to improve the condition of the mucous membrane and to rectify the secretions, as well as liniments and other external applications to reduce the swelling.

Little advantage was gained by any of these means, as the patient's health began evidently to decline, being at times much distressed from her breathing, passing sleepless nights, and in many respects most uncomfortable if not miserable. This poor woman would willingly have submitted to the operation of extirpation had it been recommended to her as affording a fair prospect of cure; and that she might have the benefit of other opinions, Dr. Radford, Messrs. Boutflower, Hunt, and James Kenworthy, were severally called in. The result of these consultations was, after careful examinations, that not one out of the five recommended extirpation, while the question was almost unanimously met by a direct negative.

It has been stated that for some time past there was obscure fluctuation, but this had now become in several localities much more apparent, leading us to think there might be a considerable quantity of fluid distributed in different cysts, besides a large bulk of solid matter. As yet, without any certain knowledge as to whether, or to what extent the uterus was itself implicated, independently of the great probability of their being insuperable adhesions, extirpation was, very properly I think, considered unjustifiable, and most probably impracticable. Many other means had been tried and had utterly failed in subduing or even controlling its progress, her case becoming worse, if not hopeless. We therefore concluded that the only remaining probable chance of relieving her would be by the operation of paracentesis, with the hope of drawing off a large quantity of fluid, which if accomplished, would doubtless procure for her some palliation of her present sufferings; and that we might obtain at the same time, some more positive knowledge as to its character and connections, an incision, somewhat of an exploratory nature, of two inches and a half, was made through the abdominal parietes on the right side, in a line about half way between the crest of the ilium and the cartilaginous extremity of the seventh rib, where fluctuation seemed tolerably distinct, and in the centre of this a full-sized trocar was introduced. We were considerably disappointed, however, upon withdrawing this instrument from its canula,

to find that not more than half a pint of ascitic fluid escaped from the peritoneal cavity, followed by a copious flow of blood, from the solid and vascular structure it had entered, without having reached the fluid in any of the cysts. As we had not contemplated this state of things immediately subjacent to the abdominal parietes, as about sixteen ounces of blood had flowed in so short a time, and as the pulse began to sink, without re-passing the instrument in another direction, after having ascertained there was no other feeling than of solidity, and the tumour free from adhesions so far as the finger could reach, we concluded upon closing the wound and placing the patient under the bed-clothes.

Upon revisiting her a few hours after this inefficient operation, I was not surprised to find the constitutional disturbance much heightened, the pulse accelerated, 104, pain shooting from the lower part of the incision, thirst, hysterical incoherence of speech, &c. This was followed in the course of a few days by a pretty smart attack of peritonitis in the vicinity of the wound, which required venesection, and other antiphlogistic means for subduing.

Miserable as her existence had been for many weeks previously, she lived fifty-three days after the above operation, not only not relieved, but I must say, rendered more wretched by the consequent additional suffering. In the subsequent dressing of the wound, the pressure against the abdominal parietes, from the increasing tumour within, prevented union by adhesion taking place, and as soon as the new skin had extended over the granulating surface, restlessness and inability to lie long in any position, caused fresh ulceration to recommence around the edges. For many weeks previous to her death, sleep had almost altogether deserted her, and her wakefulness, as likewise other distressing symptoms, were little influenced by medicinal agency. So irritable had her stomach and bowels now become, that solid food was altogether abstained from, while fluids, except in very small quantity, were either immediately rejected, or ran off by the bowels. For three weeks previous to her death, owing to her great abstinence, the bowels had become confined, but with the exception of a few tea-spoonsful of toast-water occasionally, the stomach still refused all food. Since the paracentesis was performed, she has had no menstrual discharge, and the lower extremities, particularly the left, had become very œdematous. Two days before her death, which took place on the 12th of November, her abdomen, in its greatest circumference, measured four feet three inches.

The body was inspected twenty-six hours after death. Upon opening the abdomen, about a pint of clear ascitic serum escaped from the peritoneal cavity. After separating by the hand the peritonitic adhesions, probably recent, existing between the abdominal parietes and the anterior aspect of the tumour, a large irregularly distended bag became exposed, of a strong fibrous texture, having an uneven surface, and apparently subdivided into several compartments containing fluid, while more or less connected with solid matter above and anteriorly. A small quantity of fluid lymph was visible in a slight depression on its surface. After cutting through the omentum, which was extended over, and firmly adherent to, its upper surface, we found it intimately connected posteriorly

with most of the contiguous structures, by numerous thick layers of a strong membranous character, consolidated together into one mass, which was exceedingly difficult to overcome, and its detachment and removal could not be effected without much rough work with the knife, and the escape of the contents of several large cysts, containing many pints of fluid of a sero-purulent character, which displayed, by the consequent collapse of a portion of the structure, the mixed nature of this anomalous development. We found the bladder at its upper part firmly fixed to it, while the uterus, to my great surprise, was entirely unconnected, being perfectly distinct, although smaller than natural, and having internally merely lost the triangular character peculiar to its healthy condition. The left broad ligament was obliterated by its extension over this large collection of disease, seemingly constituted by the enormously increased left ovary, with its tube imbedded in it. The right ovary was small but healthy, and the tube of this side was extended adherently upon the under surface of the tumour; the cul de sac, between the vagina and rectum, was curiously lined by a dark bluish membranous exudation, detached with little difficulty, probably from the congested capillary hæmorrhoidal veins. The stomach and bowels were much attenuated from long inanition, the latter also extensively matted together by adhesive inflammation.

After pressing out from some of the cysts, a large quantity of sero-purulent fluid, containing numerous little flakes and masses of a curdy consistence, the examination of the structure after removal, more clearly demonstrated its heterogeneous nature. It contained numerous large cysts, which upon opening were found to contain others, successively diminishing to three or four deep. They were distinct, and distended with serum, in which floated in many instances, long streaks of a soft gelatinous substance, many smaller conglomerated together, confining a yellowish serum; and on the lower right side a small nest of true hydatids was attached, about the size of grapes. The interior of this structure seemed to some extent broken up by the ulcerative process, which had destroyed the cystic arrangement, and no doubt poured out a sufficient quantity of pus, which by being blended with the proper cystic secretion, had given character to the bulk of the fluid. This altogether amounted to twenty-four pints. The solid portion, situated at its upper and anterior aspect, was chiefly of firm consistence, and more or less elastic; it had a smooth surface, and was of a light liver colour, while several parts, inclining more internally and more immediately in contact with the cysts, were of a looser and more spongy character. Dividing it with the knife displayed its fibrous texture, and afforded in many of its parts so many excellent illustrations of the encephaloid disease. In others, ulceration had made considerable progress, partly reducing the structure, and having it of a distinctly cellular character, exemplifying another interesting form of disease, the honeycomb structure. In several different portions, when dividing the solid matter, occasionally would appear an isolated hydatid, about the size of a small walnut. The weight of the solid matter was altogether thirteen pounds.

Such, then, is the above related case, the true nature of which, both as to its constitution and attachments, could only be ascertained by extensively laying open

the abdomen. In considering its treatment, the deficiency of evidence as to whether and to what extent the uterus itself was directly implicated, the fear of insuperable adhesions, and the general obscurity of diagnosis as to the real character of so large a collection of disease, at once banished any idea we might have had of attempting extirpation. Although its relation to the uterus would have offered no obstacle to its successful removal, this fact could only be positively known by ocular evidence; while its extensive and massive adhesions to contiguous parts in the lumbar and iliac regions, must have rendered any attempt abortive, and its consequences highly dangerous. The course of medicines and appliances, usually so unavailing, were not instituted in this case with any sanguine expectation of subduing the disorder, although not without the hope of relieving and making her somewhat more comfortable. The introduction of the trocar, our only remaining alternative, with the view of moderating the great distension, proved wholly unsatisfactory, and worse than useless. From what has been stated, I think it will be generally admitted that extirpation was in this case altogether inapplicable; and it is more than probable, from the thickness and firmness of the adhesions, that they existed a considerable time previous to her applying for medical relief; which, it will be remembered, she was only induced to do *twenty-two* weeks prior to her death. We might, perhaps, at an earlier period, have been enabled with more accuracy to ascertain its relation with the uterus, yet we can but conjecture as to the practicability of the operation even at this period; And while the patient was as yet active, equal to her household work, and comparatively comfortable, we should not have been justified in inducing her to submit to an operation so formidable with such uncertainty as to the result.

(To be continued.)

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 122.)

In a report of the County Carlow Fever Hospital, which Dr. Shewbridge Connor kindly sent me, and which comprises the period from November 23rd, 1843, to November 21st, 1844, I find that there is recorded a large increase of fever in that district. Dr. Connor states, "In the last twelve months more patients have been admitted than in any two years since 1836." He says that "the typhus fever of the past year exhibited some symptoms very different from those of the disease in previous seasons; the most remarkable in this locality were, the dark and jaundiced appearances which the surface presented in consequence of congestion, or of greatly increased action in some of the biliary organs; hæmorrhages from various internal parts of the body."—"The mental