PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF OVARIAN DROPSY :

TREATED IN THE FIRST INSTANCE BY TAPPING;
SECONDLY, CURED SPONTANEOUSLY BY THE ACCIDENTAL RUPTURE OF THE CYST; AND, LASTLY,
ON THE DEVELOPMENT OF A NEW CYST, SUCCESSFULLY TERMINATED BY A SIMPLE MODE OF OPERATION.

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On the 21st of January, 1842, I was called in to see Mrs. —, a married lady, aged 31, having had no children, whom I found suffering from a large tumour of the abdomen, which in size considerably exceeded that of the uterus in the ninth month of pregnancy. She complained also of a small tumour, which, as she informed me, protruded externally from the vagina, causing great uneasiness and preventing her moving about. She said that when she lay on her back with the hips raised, it partially disappeared, and that in the act of coughing it was forced forwards and fluctuated very perceptibly. She was in a state of great general debility and depression of spirits, much emaciated and labouring under intense dyspnœa.

On enquiring into the history of the case, I learnt that about eighteen months previously she had, for the first time, observed a slight enlargement of the left side which had gone on gradually increasing from that to the present. Simultaneously with this, she had felt occasional sickness, her menstruation had altogether ceased, and there was a well-marked areola around each nipple. Her medical attendant had led her to believe that she was in a state of pregnancy, and would shortly be confined. He had also about a week before, in consultation with another medical gentleman, decided that the small tumour in the vagina should be removed by ligature. To this she demurred, and therefore desired my opinion.

On examining the larger or abdominal tumour I found it fluctuated very freely, from which circumstance and its general appearance, together with the symptoms, &c., I concluded it to be a large *unilocular ovarian cyst*. The smaller or vaginal tumour I did not then examine, but from the patient's own description, it struck me that it was merely a portion of one and the same ovarian sac, pushing forward the vagina, and protruding externally. My opinion, therefore, being opposed to that she had previously received, and the case being one of extreme gravity, I desired a consultation. In consequence, Mr. Bickersteth kindly met me, and after a careful examination of both the larger and the smaller tumour, we agreed that the facts of her

case were as I had supposed. We ascertained that the abdominal tumour was a freely fluctuating cyst, and the patient being laid on her left side, we felt a small tumour of about the size of an orange, protruding an inch and a half or thereabouts externally from the vagina; it fluctuated freely and was easily pushed forwards and outwards by the act of coughing. Having accordingly pronounced it to be a case of *unilocular ovarian dropsy*, of which both tumours were but component parts, the operation for the removal of the smaller tumour by ligature, as recommended antecedently to my visit, was abandoned.

From the extreme anxiety of the lady to have the benefit of further advice, and indeed at my own recommendation also, she proceeded to London, and consulted Sir Charles Clarke, who entirely coincided with me in his view of the case, and recommended the operation of tapping, which was accordingly performed by Sir Benjamin Brodie. An opening was made about an inch and a half below the umbilicus, in the median line, and about twenty-five pints of sero-sanguineous fluid, exhibiting the usual characteristics of the contents of an ovarian cyst, were drawn off. The result was that both tumours immediately disappeared.

She now progressed favourably, somewhat improving in her general health, the only treatment she received being that of tonics, combined with mild aperient medicines. Both tumours, however, gradually reappeared and increased, till at length her distress and inconvenience again became so extreme that it was found necessary to have recourse to the operation of tapping, a second time, on the 16th November of the same year, about nine months from the first operation.

Subsequently to this period, on the gradual return of the disease, a physician of eminence was called in, who with a view to arrest its progress, thought it well to try the hydriodate of potass, and afterwards electro-galvanism, neither of which, however, produced any apparent beneficial effect. The enlargement of the abdomen again proceeding as before, the patient's moral courage at length began to give way, and from a morbid anxiety to conceal her state from her friends, and avoid their marked notice and unwelcome allusions, she adopted the singular expedient of compressing and flattening the tumour anteriorly, by means of a piece of wood placed on the abdomen, and firmly secured by a bandage. This contrivance, while it diminished the prominence of the tumour anteriorly, increased it in the vagina, and necessarily produced distension upwards and laterally, causing great distress and an aggravated state of dyspnœa. I repeatedly and urgently entreated her to desist from this practice, but

all my remonstrances were of no avail. This brings me to an important epoch in the history of the case.

On the 6th of May, 1843, six months after the second operation, I was suddenly sent for, and found the patient in excruciating agony, arising from acute pain in the abdomen. She was drawn double; her countenance was anxious; her pulse low, quick, and flickering. I at once perceived she was attacked with acute peritonitis, and immediately ordered leeches and warm fomentations to be applied to the abdomen. Calomel and opium, in conjunction with salines, were given every six hours.

7th. Somewhat better; pain slightly diminished; countenance more tranquil; pulse not so flickering; tongue furred; bowels constipated. Castor oil and an enema were ordered. The calomel and opium to be continued.

On the evening of the same day the bowels had been evacuated; the pain was still somewhat on the decrease; and on the whole she felt more comfortable.

From this date she progressed favourably until the 20th, when she was so much better as to be able to go to London to see Sir Charles Clarke, which I had recommended her to do, in consequence of her own extreme anxiety respecting her state, as the tumours had rapidly enlarged since the second operation, and with a view to reconcile her to the postponement of a third operation till the latest possible period—a course which I was conscious would be approved of and recommended by Sir Charles, and in which I was not mistaken, for having met him in consultation on the 4th of June, he entirely coincided with me in the propriety of postponement.

On her return home a few days after, she ceased to feel any pain, and it was observed that there was a gradual decrease in the size of the abdomen. This gratifying appearance soon proved to be real, for in about a fortnight from her return home both the abdominal and vaginal tumours had completely subsided. In the mean time she had been passing a large unusual quantity of urine.

From this period, to May, 1844, she rapidly improved and enjoyed apparent good health. About this time, apprehensive that another tumour was forming, she consulted me anew. On examination I found this to be the case, and from the position of the tumour, my first impression was that it had commenced on the right side.* This new tumour slowly developed itself as that on the left had formerly done. It assumed the form of a large fluctuating abdominal tumour, like that of its predecessor, with this difference, that it was unaccompanied by any *decided vaginal protrusion*. About the commencement of 1846, it had enlarged so considerably that she became anxious for something to be done. Allusions were made by her to the major operation, recently performed by Mr. Clay, of Manchester, and others. I directed my serious attention to the subject, and after having carefully considered the danger and the unsatisfactory results, both of this and the other operations recently in use for the cure of this most formidable disease, I decided on proposing the following plan of operation, the details of which I communicated to Mr. Bickersteth, who coincided with me in the propriety of attempting it, and to which my patient consented.

* This may be still a matter of question.

My plan was this:—To make an incision through the abdominal parietes, about three inches in length, draw out a portion of the cyst, say about one half, then evacuate the contents, carefully guarding against any escape of the fluid into the peritoneal cavity; next, remove the outer portion of the cyst, and bring the edges of the remaining part into apposition with the lips of the external wound, with a view to their union by adhesive inflammation, and thus form an opening into the cyst from without, by which its future contents might readily escape.

On the 14th of March, 1846, the operation as described *below* was performed by myself, in the presence of Mr. Bickersteth and Dr. Carson. The patient was placed in a semi-erect position on the edge of the bed. An incision about three inches in length was made in the median line, two inches below the umbilicus, extending through the parietes, and laying bare the external surface of the cyst. On endeavouring to draw out the cyst in order to remove a portion, *as originally intended*, I found that such extensive adhesions existed as to render this part of my plan impracticable, which was perhaps in one sense a favourable circumstance, inasmuch as it prevented any escape of fluid into the peritoneal cavity. Nothing therefore remained but to open the cyst, evacuate its contents, and insert a plug, so as to prevent union of the edges of the wound, and closure of the opening. About *twenty-five* pints of a sero-sanguineous fluid similar to that in the former tumour, were drawn off.

During the four following days there was constant discharge of a similar fluid from the interior of the cyst. On the fifth day it became purulent, thence gradually assumed the character of pure pus, and so continued up to May, amounting on an average to about eight ounces in the twenty-four hours. From this period it began to decrease; meanwhile no bad symptoms appeared. The patient merely laboured under the ordinary effects of the general debility consequent on such a discharge.

It should here be stated that for a month after the operation stimulant and astringent injections were occasionally used, for the purpose of setting up new action and stopping the discharge, but without producing any apparent good effect. Early in June the discharge had so far diminished that the lady was able to undertake a tour through the country, which occupied her until the end of August. On her return home I found the tumour had entirely disappeared. There remained a small fistulous opening in the wound, communicating with the interior of the cyst, and of the size of a common quill, from which scarcely half an ounce of pus was discharging daily. Her general health had been improving during this time, and is now, I am happy to state, perfectly re-established. She is enabled to take her usual exercise, both on foot and horse-back, and experiences no inconvenience beyond that of the daily dressing. The catamenia have never re-appeared in their natural course, but a vicarious bloody discharge from the wound has been established; it generally lasts about three days, accompanied with some pain, and returns at the natural period.

In reviewing this interesting and instructive case, there are certain points which cannot fail to attract attention. The general predisposition to ovarian

disease which appears to have existed in the patient ought to be noticed. When radically cured in the left side, it re-appears after the lapse of a definite though inconsiderable period.

Another point worthy of remark, as obviously suggested by the brief previous history of the case, is the extreme importance of careful examination before pronouncing our diagnosis, or recommending serious operations. I might here ask, what would have been the result, had the ligature been applied as proposed?

The next important feature is the accidental cure of the disease in the left side. There can be little doubt that the acute peritonitis under which I found the patient suffering in May, 1843, had supervened on the rupture of the ovarian cyst, and the effusion of its contents into the peritoneal cavity, and that this rupture was occasioned by the violent pressure exercised upon the cyst, by the piece of wood which the patient had employed to compress and flatten the tumour. The subsequent absorption of the effused fluid, and the sudden and total disappearance of the tumour, are facts deserving attention. A question here incidentally arises, whether and how far pressure of a somewhat similar nature might be advantageously employed in such cases, and under such circumstances? Many of our most valuable hints have been derived from accidents.

I shall now briefly advert to my *original plan* of operation, and to the operation itself. I have already stated, in a few words, my grounds of objection to the modes of operation, &c., of late in use for the cure of this disease, none of which apply to that I have proposed. By establishing a direct communication from without, with the interior of the cyst, I had in view, not only to form an exit for the discharge of the secretion that might subsequently collect in the cyst, but also to set up a new action, and change the nature of the secretion, hoping thereby to effect a radical cure of the disease. By excision of a portion of the cyst, I proposed—first, to diminish the superficial extent of the secreting surface, and thus proportionally reduce the quantity of the subsequent discharge; and, secondly, to prevent the escape of the latter into the peritoneal cavity, by uniting the edges of the cyst to those of the external wound, suggestions for which I am indebted to my friend, Dr. Carson. The *former* object I attained, but was defeated in the *latter* by the adhesions I met with; the case, notwithstanding, *terminated happily*.

When compared with the modes of operation now in use for the eradication of ovarian disease, the plan I have described will, I trust, recommend itself not only by its superior advantages, but also by the absence of the *grave* disadvantages under which they confessedly labour. (The latter remark applies with peculiar significance to the major operation.) It requires no complex preparations or adjuncts; it is perfectly simple and easily performed. It can scarcely be said that there is any danger attending it, if conducted with ordinary skill and care, while the prospects of ultimate success are in the highest degree encouraging both to the patient and the practitioner. When its simplicity and safety, therefore, are taken into account, together with the great probability of its not merely affording temporary relief, but accomplishing a radical cure, it will, I hope, be adopted by my medical brethren in preference to

those from which such fearful mortality, or at least mere temporary relief, have hitherto resulted.

The annals of surgery supply us with many cases in which this operation has been performed safely and successfully;* and others in which nature herself has effected a cure by analogous means; with others, again, in which it has been done by accident and ended well. With this threefold body of evidence in its favour, it has much surprised me that of late it seems to have fallen into complete neglect, and is scarcely so much as talked of, while at the same time a formidable and dangerous operation has been frequently resorted to, and seems to be quite in the ascendant. Is it "the pomp and circumstance" of a grand display of what nature may be able to bear, and art to achieve, though made at a great risk and alarming sacrifice of life, that has led astray the sober judgment of some members of the profession, and dazzled the imagination of others? The boast of modern surgery is to simplify, and to imitate nature as closely as possible. Why should it not be verified in this particular department?

A further question naturally presents itself, in conclusion, relative to the *continuance of the discharge*. Does nature still maintain it, in order to suppress or extinguish the apparent or rather obvious predisposition to ovarian disease, which has for so many years displayed itself in this case?

I shall feel only too happy, if in bringing this case prominently forward, and making these remarks, I succeed in re-calling attention to an operation that has singularly fallen into unmerited obscurity, convinced that its general adoption will rescue many a victim that may otherwise succumb either to the disease or to the scalpel.

* The ratio of mortality may be grossly stated at 1 in 15 or 16.

Everton, Liverpool, Dec. 4, 1846.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster Hospital.

LECTURE IV.

(Concluded from page 584.)

The bed next to the case just detailed, affords me the opportunity to point out to you some of the more interesting features of acute rheumatism.

The patient is a labouring man, of forty-five years of age, of a dark swarthy complexion, and strong muscular frame; had been ill ten days previous to admission; was first affected with pains in his limbs, aggravated at night; he then had some shivering, with loss of appetite, and much thirst. He perspired copiously at night and he noticed that his urine scalded him on micturition, and that it was of a light orange red when passed, but became opaque and pink from a copious deposit, on cooling. He attributes his illness to sleeping in a damp bed. On admission he complained of severe gnawing pain in all his extremities, referred more particularly to the deep-seated muscles and tendons of the feet and hands; described as erratic—now, as a violent paroxysm of pain in the calf of the leg, and in a minute or two darting with lancinating