Five cases of ovariotomy / by J.W. Elliot.

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Elliot, John Wheelock, 1862-1925.
Royal College of Surgeons of England

Publication/Creation

[Boston] : [publisher not identified], [1885]

Persistent URL

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[*Reprinted from Boston Medical and Surgical Journal of January 29, 1885.*]

(13)

FIVE CASES OF OVARIOTOMY.[1]

BY J. W. ELLIOT, M.D.,

Assistant Surgeon in the Free Hospital for Women.

Case I. was referred to me by Dr. J. J. Minot. Mrs. S., widow, aged thirty-two; had one child five years old. She complained of an enlarged abdomen, irregular catamenia, and constipation. She had first noticed a slight abdominal enlargement one year before. It had grown rapidly of late and was unfitting her for work. Her general health was poor. The tumor was quite large, filling nearly the whole abdomen. It was fluctuating and could easily be felt in Douglas's fossa pushing the uterus up behind the pubes. The right broad ligament was very resistant.

At the operation a large part of the tumor was easily removed, but one cyst-chamber and a mass of solid matter were deeply and firmly inbedded between the folds of the right broad ligament. This part of the tumor was with difficulty enucleated, the peritonæum being extensively lacerated. The whole broad ligament formed the pedicle and was ligatured close to the uterus in two separate parts. The left ovary being enlarged was also removed. Drs. Cabot, Watson, Strong, and Kennedy kindly assisted me. Dr. Baker was present. The patient made a good recovery. The stitches were removed on the tenth day, when the wound was

[1] Read at the Surgical Section of the Suffolk District Medical Society, January 7, 1885.

found united by first intention without a drop of pus. The highest temperature was 101° F. The patient did not walk for several weeks on account of a slough on the feet caused by the careless use of a hot-water bottle.

CASE II. — Mrs. C., aged forty-nine, had had two children and a miscarriage. I first saw her with Dr. F. W. Johnson. She was in miserable health, complaining of a swollen abdomen, profuse flowing, frequent micturition, and pain in her left side. Six months previous she had consulted a physician on account of flowing and had been told that she had a fibroid tumor of the uterus. Three months later Dr. Johnson found her still flowing. At that time he could easily feel a very hard, small tumor, which he then supposed to be a fibroid. One month later the abdomen had increased enormously in size and the tumor fluctuated. Early in March she entered the Free Hospital for Women. The tumor then distended the whole abdomen as high as the sternum. The uterus was retroverted and fixed. A sound could not be passed. In view of this exceptional history, the whole tumor having grown within nine months and most of it in one month, we drew off three quarts of fluid with the aspirator for diagnosis. This fluid was characteristic of ovarian tumor.

At the operation a large dermoid cyst was found containing hair, bone, fat, skin, and teeth. There were few adhesions and the tumor was easily removed. Drs. Cabot, Johnson, and Strong assisted; Drs. Homans and Watson were present. The patient made a rapid recovery. The highest temperature being 99.8° F. The wound healed by first intention without a drop of pus. Nine months after the operation she writes to Mrs. Wilson, her

nurse, that she is in excellent health and has had no more flowing.

Case III. occurred in my own private practice. Miss M., aged twenty-two, complained of pains in the back, loin, and lower abdomen, also of intense dysmenorrhœa. Four years ago was confined to the bed for six months with an attack of inflammation of the bowels. Since that time she has been an invalid and has been treated by various physicians for "chronic inflammation," without the least improvement. When I first saw her she was fat and anæmic, and was utterly unable to do anything on account of a pain through the lower abdomen, which always came on after she had been standing a few minutes.

On bimanual examination a fluctuating tumor — size of a large cocoanut — was distinctly felt filling the anterior part of the pelvis and crowding the uterus back against the sacrum.

The operation proved exceedingly difficult and tedious. The abdominal walls were very thick and the muscles rigid. The cyst had a thin wall and was firmly adherent in every direction. In tearing away the adhesions the cyst was ruptured and its dark chocolate-colored contents escaped into the abdominal cavity. The ovarian artery was then ligatured and the cyst-wall came out in shreds after a tedious dissection. There was no pedicle, so the whole broad ligament was tied with three ligatures close to the uterus. The pelvic cavity was full of bands of adhesions so that Douglas's fossa appeared to be closed and the other ovary could not with certainty be made out. The uterus was firmly bound to the left side. It was impossible to thoroughly clean the abdominal cavity. The operation lasted one and one-half hours. Dr. Johnson was my only

assistant. Dr. Clark etherized. The patient recovered somewhat slowly. On the fifth day the temperature rose to 104° F. The dressings being removed an abscess was found in the abdominal wound which was opened by removing the stitches. The wound then healed by granulation. The patient was well in six weeks.

CASE IV. was referred to me by Dr. John Homans, at first for diagnosis and afterward for operation. Miss L., aged twenty-four, had been sick for three years. She complained of pain in the back and general languor, had had sudden and severe pains in the lower part of the abdomen, also sudden attacks of flowing, followed by amenorrhœa for several months. She had been told by five different doctors that she had a tumor which could not safely be removed. She was so much depressed by this, and by her sufferings, that she had lost flesh and strength and thought that she should die. She was determined to have it removed if it was possible.

Examination revealed a hard tumor larger than a hen's egg in the hollow of the sacrum somewhat to the right side. The uterus was three and a half inches deep and in left lateral retroversion. The tumor and uterus seemed to be one mass. The tumor was very hard and perfectly immovable. It was exceedingly difficult to decide what the tumor was and to what organs it was attached. To help solve this problem I gave my patient ergotin pills until the uterus became much contracted and very hard. The result was astonishing. I was then able to feel that the uterus was harder than the tumor and of a distinctly different consistency. This enabled me to decide that the tumor was not growing from the uterus, but was only crowded against it. After

watching the case for three months I decided that the tumor was either ovarian or an enlarged Fallopian tube, but probably ovarian.

The operation was done at St. Margaret's Home. I found a dermoid tumor of the right ovary as large as two fists, a part of which was nearly solid, being filled with hair and fat. There was some difficulty in removing it on account of its being tightly wedged in the pelvic cavity.

She made a quick recovery, having no unpleasant symptoms. The temperature was normal on the fifth day. The stitches were removed on the ninth day, when the wound was found to have healed by first intention without a drop of pus. She sat up on the fourteenth and went home on the twentieth day.

Case V. occurred in my own private practice. Mrs. M., aged twenty-eight, complained of chronic inflammation, sterility, etc.

Bimanual examination revealed a cyst — size of a cocoanut — in front of the uterus.

The operation was very simple. The cyst contained clear fluid and proved to be of the left broad ligament. It was removed through an opening in the peritonæum less than two inches long. There were adhesions to the intestines and omentum. The ovary and Fallopian tube being both enlarged were removed with the cyst. The pedicle included the whole broad ligament and was ligatured close to the uterus.

The patient made a rapid recovery, the highest temperature being 100° F.

The wound healed by first intention and the patient went home on the twenty-first day.

These cases and one exploratory incision elsewhere reported, together with about one hundred other cases where I have acted as assistant, com-

plete my experience in laparotomy up to January 1, 1885.

Case II. is interesting because uterine hæmorrhage was a prominent symptom.

In cases III. and V. chronic inflammation was the prominent symptom, and was supposed to be the only trouble until a small tumor was discovered. This suggests that tedious cases of chronic inflammation should be carefully investigated.

I am not aware that ergotin has ever before been used in exactly the way it was in case IV. for diagnosis. Since then I have used it several times with satisfaction. It makes the uterus much harder and thereby exaggerates any difference in consistency between the tumor and uterus; also, the contractions of the uterus seem sometimes to draw it away from the tumor so that the examining finger can be pushed further in between the two. If the tumor is a part of the uterus, it hardens with the uterus.

I have carried out the known antiseptic precautions with the greatest possible care. Corrosive sublimate 1 to 1,000 has been used for cleaning hands, sponges, ligatures, etc. So far I have always used the carbolic spray, although I do not consider it essential.

It is needless to say that I am strongly in favor of early operations, three of these operations having been done for small tumors. Although the reasons for early operations are well known, I will allude to them here in order to sustain my position on this point. There is a gradual decline in the general health as the tumor grows larger. The benign tumor is liable at any time to take on a malignant character. This really occurs much more commonly than was formerly supposed. Other things being equal there are

more extensive adhesions with large tumors. Long-continued pressure from a tumor often causes enlargement and malposition of the uterus, partial occlusion of the uriters and the consequent kidney complications, misplacement and derangement of the bladder with consequent cystitis and remote nephritis. Then there are the accidental complications of twisting the pedicle, suppuration of the cyst, rupture of the cyst, acute peritonitis, thrombosis and embolism, pregnancy, concurrent diseases, etc., which may occur at any moment. There are difficulties in removing small tumors which do not occur with large ones, but on the whole the operations may fairly be said to be less severe.

TABLE.

No.	Age.	Date of Operation. 1884.	Place of Operation.	Length of Incision. Inches.
1	32	January 29th.	Free Hospital for Women.	5
2	49	March 31st.	Free Hospital for Women.	3½
3	22	October 14th.	Free Hospital for Women.	4½
4	24	October 28th.	St. Margaret's Home.	4
5	28	November 22d.	Free Hospital for Women.	2

Adhesions, etc.	Size of Tumor.	Result.	Remarks.
(1) Deep enucleation from right broad ligament.	15 lbs.	Recovered.	Both ovaries removed.
(2) Few small adhesions.	20 lbs.	Recovered.	Dermoid cyst.
(3) Very firm and extensive in every direction.	Size of cocoanut.	Recovered.	Thin-walled cyst.
(4) Tumor tightly wedged in pelvic cavity.	Size of two fists.	Recovered.	Nearly solid. Dermoid.
(5) Adhesions to intestines and omentum.	Size of cocoanut.	Recovered.	Cyst of broad ligament.