A case of ovariotomy in a child : with remarks / by Thomas Bryant.

Contributors

Bryant, Thomas, 1828-1914.
Royal College of Surgeons of England

Publication/Creation

[London] : [publisher not identified], [1869]

Persistent URL

https://wellcomecollection.org/works/dw7rwe43

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Guy's Hospital
1869

14.

A CASE

OF

OVARIOTOMY IN A CHILD;

WITH REMARKS.

By THOMAS BRYANT.

ROYAL COLLEGE OF SURGEONS
-3 FEB 92
LIBRARY

A case of ovarian disease in a child æt. 14 ; *ovariotomy ; recovery.*

(Reported by Mr. Frederick S. Daldy.)

H. W—, æt. 14, was admitted into Guy's Hospital on June 24th, 1868, under the care of Dr. Oldham and Mr. Bryant. She was a remarkably healthy intelligent-looking child; she had been acting as a servant. Her general health had always been good. She had never menstruated, nor were any of the physical signs of puberty present.

For six months before her admission she had suffered from pains in the right side of her abdomen, and for about a month in the left. Soon after the pains appeared the patient noticed a swelling in the left side; since then the swelling had gradually increased. Her general health all this time had been good.

On admission her abdomen was very large; a fluctuating elastic tumour was found to occupy the left side of the belly; it extended across the abdomen, and ascended for about two inches above the umbilicus. Through the greater part of the tumour there was distinct fluctuation to be detected, but the growth being clearly composed of many cysts, this was not equally distinct throughout. The surface of the cyst was unequal from

its polycystic nature; on the right side of the tumour, near the umbilicus, a distinct friction fremitus was to be detected with the hand; this fremitus was present over the whole right side of the growth. The intestines were pushed up well into either loin.

Dr. Oldham made a careful pelvic examination. He found the uterus to be small and infantile, and the cyst well out of reach; it was clearly out of the pelvis.

The operation of ovariotomy was determined upon.

On July 24th, with the patient under the influence of chloroform, Mr. Bryant removed the tumour. He made an incision about six inches long below the umbilicus, and tapped the cyst, drawing off about eight pints of a thin serous fluid. The tumour was then drawn out, some omental adhesions alone complicating the case. These were tied and the ligatures fixed at the upper part of the wound. The pedicle was a long one and not broad; it was tied in two portions with a thin whipcord. The ends of the ligature were cut off and returned with the pedicle into the pelvis. The intestines were not touched, nor was the pelvis sponged out, for no blood nor any contents of the cyst had escaped into the abdominal cavity. The uterus and right ovary were found to be healthy. The wound was stitched up with the small round fishing silk such as Mr. Bryant always uses, and a morphia suppository given. The patient was then placed in bed. Some little vomiting followed the operation, but this soon ceased, and a little pain in the abdomen was experienced on the second day, but on the third both these symptoms had disappeared. Her pulse was 98, and of good power; tongue clean; skin cool; abdomen flaccid. She took her iced milk and beef-tea with appetite.

On July 29th, or fifth day, the sutures were removed, the wound having healed; she had some chicken and wine for dinner.

On July 31st, or seventh day, the child, although apparently going on well, passed blood in her urine; this hæmaturia lasted for twenty-four hours, and fifteen ounces of bloody urine were passed, the quantity of blood diminishing at each micturition. There was no pain or other symptom of constitutional disturbance.

On August 2nd an enema was given, and the bowels were freely opened.

On the 17th the child was up.

On September 10th the patient left the hospital well, wearing an abdominal belt.

Examination of the tumour.—The tumour weighed about four pounds, it was compound, many of the cysts being large. One or two of them had been tapped at the time of operation, and of the remaining cysts four or five contained from half a pint to a pint of fluid each. The character of the fluid in the different cysts was most varied. In some it was of the so-called linseed-tea appearance; in others it was much darker, while in some it was clear and so thin as to resemble the fluid from an hydatid. The walls of the parent cyst were thick and coriaceous; they were highly vascular, their inner surface being minutely injected.

Remarks.—This case is worthy of record for several reasons. The fact that it occurred in a child with no physical signs of puberty about her is a point of special interest, for the disease clearly began and ran its course in an infantile organ before the ovaries had commenced their active life. It is true that ovarian cysts are occasionally found in the young, for, in the museum at Prague, there is a rare preparation of a cyst formation in the ovary of a child only one year old; and Kiwisch has related a case in which ovarian disease appeared at fourteen years of age. I have also recorded in my work on 'Ovariotomy' two examples in which girls, aged respectively fifteen and sixteen, sank after tapping from suppuration of ovarian cysts; but for a disease to have commenced and developed to such an extent as in the case just related is a point of unusual interest, and I am not aware of any other instance of a like kind having been recorded.

The character of the tumour is another point also worthy of remark; for it was more like the chronic ovarian tumour we find in the middle-aged than any of an acute kind. The thick and almost cartilaginous nature of the parent cyst-wall was very remarkable, for the tumour had apparently been only of six months' growth, yet it resembled more the thickened tunica vaginalis of an old hydrocele than any other formation with which I am acquainted. It certainly was very unlike the more rapidly growing ovarian tumours found in the middle-aged, although it approached somewhat in character the chronic

ovarian cysts of adult life. The diverse nature of the contents of the different cysts is worthy of notice, although it is too common to excite surprise; for in the tumour which was removed there were cysts which contained fluid as limpid as hydatid fluid, and others in which it was as dark-coloured and thick as is ever seen in ovarian disease.

The rapid recovery of the patient is the last point worthy of remark, for the convalescence was steady from the first, and was marked with an almost entire absence of pain. From the day of operation the pulse never varied in its number, 98, and no constitutional disturbance interfered with recovery. However, the attack of hæmaturia for twenty-four hours was a symptom worthy of note. It came and disappeared without any physical distress, and interfered in no way with the patient's welfare. Its cause was as obscure as its course was satisfactory, but upon its nature I forbear to speculate.