

**A case of hystero-epilepsy cured by the excision of both ovaries / by William Walter.**

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CASE OF HYSTERIA  
THE EXCISION

WILLIAM WALTER

PHYSICIAN (AND LATE CHIEF)  
AND THE HOSPITAL

Being a Communication to the  
British Medical Association  
for the Section  
of Gynaecology and  
Obstetrics

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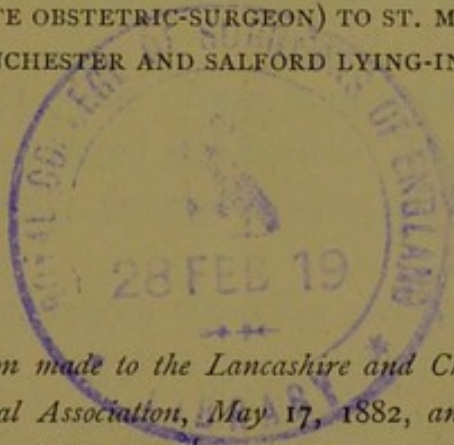
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CASE OF HYSTERO-EPILEPSY CURED BY  
THE EXCISION OF BOTH OVARIES.

BY

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CASE OF HYSTERO-EPILEPSY CURED BY  
THE EXCISION OF BOTH OVARIES

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## A CASE OF HYSTERO-EPILEPSY CURED BY THE EXCISION OF BOTH OVARIES.

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The subject of the following communication (Alice B.) was admitted into St. Mary's Hospital, Manchester, on the 25th April 1881, having been sent to me by Mr. Folkes of Pendleton, on account of severe dysmenorrhœa and well-marked hystero-epilepsy.

The patient was 21 years of age, unmarried, and though not robust, had formerly enjoyed fair health. She was also a member of a healthy family, amongst whom no hereditary diseases existed.

The catamenia commenced when the girl was 14 years of age, the periods for the first two years recurring with tolerable regularity, but rarely lasting more than two days, the discharge being scanty and always preceded and accompanied by severe pain in the left ovarian and lumbar regions. At these times she was obliged to stay away from work, which was that of a winder at a mill.

At the age of 18, or three years before she came under my care, the dysmenorrhœa grew more intense, and during the intermenstrual periods she suffered from constant neuralgic pains in the left ovarian region, which radiated in all directions and caused "the greatest torture." Her general health became perceptibly impaired, and she also began to suffer frequently from fits of an epileptiform nature, the first of which occurred when she was at work, and was supposed to have been induced by one of her companions frightening her.

These seizures, always worse during the catamenia, were generally ushered in without any *aura* by sudden loss of consciousness, the patient falling to the ground; respiration ceasing for a few moments, would then become loud and hissing, and froth often issued from the mouth. Left unilateral convulsions of a clonic character then supervened, and lasted from one to three minutes. The girl occasionally bit her tongue severely, but on recovering consciousness never recollected what had happened.

At other times total consciousness was not lost; the convulsive movements, instead of being unilateral, were more universal; the tongue was not bitten, and the patient was capable of being roused without difficulty. On these occasions the fit resembled an ordinary hysterical attack. The fits steadily increasing in frequency, recurred sometimes as often as four times in one week, but on one or two occasions there had been an interval of freedom lasting from one to two months. The girl was compelled to give up work, and was soon a confirmed invalid. She lost flesh, and became somewhat desponding. Her memory also seemed affected, and sometimes she was obliged to stop in the street to consider the next turn to take, although the locality was one with which she was perfectly familiar. The girl's mother also informed me that when she was sent errands she often forgot completely the purport of the message.

During the three years she was in the above condition she was constantly under medical care, and all the ordinary therapeutic measures, including large doses of bromide and iodide of potash, with the valerianates, were tried without avail from time to time; and in addition, pessaries of various kinds had been worn on account of prolapse of the left ovary, the existence of which had, very early in the course of her illness, been discovered by her medical attendants.

A physical examination revealed the following condition of the uterus and appendages:—A tumour as large as a small orange occupied the left of Douglass' pouch, and on careful examination appeared to be the left ovary enlarged and semi-elastic in consistence. It was excessively tender when touched,

and could with the greatest ease be pushed upwards into its normal position. The fundus uteri was flexed towards the left, but as soon as the ovary was returned to its natural site the axis of the uterus was at once restored. The right ovary could not be distinctly outlined, but tenderness was complained of if pressure was made in its vicinity. The uterus appeared to possess greater sensitiveness to pain than even the left ovary, and whenever the sound was introduced into the uterus a fit of an epileptiform character was induced, whilst pressure over the ovary alone rarely produced the onset of a fit.

On considering the case with a view to treatment, I had to take into account the social position of the patient. The girl's father had been for some time an invalid, and the onus of his support and that of the entire family rested upon the shoulders of the mother, who was a woman advancing in years, and being unable to continue this severe task much longer, now that she was deprived of her daughter's earnings, had already contemplated sending the patient to the workhouse. This fact, coupled with the knowledge that every medical opportunity for the relief of the girl's sad position had been afforded her, convinced me no choice was left except the proposal of an operation. Both mother and daughter hailed with delight the proposition, assuring me that the past three years had been so miserable that they were willing any risk should be incurred, if only a faint hope of success could be promised.

The responsibility of removing both ovaries from a young woman who might at some future time desire to marry I fully recognised, and having held a consultation with all my colleagues, it was agreed that whilst removal of, at all events, the prolapsed ovary seemed to be the most promising course to pursue, yet to leave no stone, as it were, unturned, it was thought better to watch the case for a few weeks inside the hospital. With this view I coincided, and finding after a month's rest in the hospital the patient showed some signs of improvement, I made her an out-patient, and determined to postpone operative measures as long as possible.

Six weeks later, July 11th, 1881, the girl returned to the

hospital, and begged to be taken inside and allowed to undergo the operation, as she had become as great a sufferer as formerly.

Another consultation was now held, and we were unanimous in recommending an exploratory incision, for the purpose of examining, and, if necessary, removing one or both ovaries.

Accordingly, on July 27th, with the assistance of my colleague Mr. Ewart, I performed the operation under the carbolic spray, and with due antiseptic precautions. An exploratory incision, three inches in length, was made in the middle line of the abdomen, between the pubis and umbilicus, without the occurrence of any hæmorrhage. Two fingers were then introduced into the peritoneal cavity, and the left ovary being easily found, was brought into view. We now discovered that the ovary, though diseased (cystic degeneration) was not enlarged, and that closely adherent to it was a cyst of the broad ligament, in size equal to a small orange, and which, no doubt, had been the cause of the prolapse of the ovary. The broad ligament forming the pedicle was then transfixed with a needle, and being tied in two halves with a carbolised silk ligature, the cyst and ovary were removed, and the pedicle dropped back into the abdomen, the ends of the ligature being cut short. The right ovary was not enlarged, but presented, like that of the opposite side, marked cystic degeneration. It was treated, therefore, in a similar manner. The uterus was found to be healthy, and the edges of the wound were then brought together with four deep and two superficial silk sutures, and gauze dressings applied, and kept in position with a flannel many-tailed bandage.

No adhesions having existed between the ovaries and the neighbouring structures, the operation was of the simplest character. The anæsthetic employed was bichloride of methylene; the quantity used was  $\zeta$  iv, and the patient was kept under its influence twenty minutes. Some hours afterwards she complained of slight nausea, but no vomiting occurred either during or after the operation. The after treatment and progress of the case may be summed up in very few words.

On the third day the dressings were removed under the spray. What little discharge had taken place was quite aseptic. The



wound, moreover, was almost healed, and on this account the sutures were removed.

On the thirteenth day the spray was discontinued, the wound having then been dressed four times. A few granulations existed at the lower end of the wound. The dressings were now changed from gauze to boracic lint.

At the end of the third week the girl was able to walk about, and a week later was discharged from the hospital with the wound quite healed. No menstruation or any sign of the fits occurred during her convalescence, and when she left the hospital she was also free from pain in the left ovarian region, and expressed much gratitude for the thorough and speedy relief that had been afforded her.

A glance at the temperature chart reveals the highest rise to have been 101°. This was on the eleventh day, and was caused by constipation of the bowels.

As soon as the girl returned home she was able to relieve her mother of the general care of the house, and performed all the cleaning and rough work duties, which were sufficiently arduous to try the strength of any strong woman.

Nine months after the operation I saw her, and ascertained that no sign or symptom of the fits had since appeared, and that she had not menstruated since she left the hospital. On the fifth month, however, she noticed one day a few drops of sanguineous discharge, but it was not true menstruation, and was unattended by menses.

On questioning the mother, I obtained the knowledge that the patient, prior to the operation, had never possessed sexual feelings to any appreciable degree, and no alteration in this respect had followed the operation. The girl's memory and spirits had greatly improved, and instead of being a wearisome burden, she had become a great help and comfort to the family.

I have, in conclusion, to acknowledge my indebtedness to Mr. A. T. Winterbottom, house-surgeon, for the notes and management of the foregoing case.

