

The results of all the operations for the extirpation of diseased ovaria, by the large incision, from September 12, 1842, to the present time. : To which is appended an essay on the diagnosis, prognosis, and treatment of ovarian diseases. / By Charles Clay, M.D.

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THE EXTIRPATION OF
DISEASED OVARIA

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THE RESULTS
OF
ALL THE OPERATIONS
FOR THE
EXTIRPATION
OF
DISEASED OVARIA,

BY THE
Large Incision,

FROM
SEPTEMBER 12, 1842, TO THE PRESENT TIME.

TO WHICH IS APPENDED AN ESSAY
ON THE
DIAGNOSIS, PROGNOSIS, AND TREATMENT
OF
OVARIAN DISEASES.

BY CHARLES CLAY, M.D.,
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D'AFRIQUE, AUTHOR OF VARIOUS OBSTETRIC PAPERS, AND
EDITOR OF THE "BRITISH RECORD OF OBSTETRIC
MEDICINE AND SURGERY."

MANCHESTER:
PRINTED BY WM. IRWIN, 39, OLDHAM STREET.

1848.

————— "SPEAK OF ME AS I AM ;
NOTHING EXTENUATE, NOR SET DOWN AUGHT IN MALICE."

THE RESULTS OF ALL THE OPERATIONS PERFORMED FOR
THE EXTIRPATION OF DISEASED OVARIA, BY MEANS OF
THE LARGE INCISION, FROM THE TENTH OF JUNE,
1842, TO THE PRESENT TIME.—BY CHARLES CLAY, M.D.,
LICEN. ROY. COLL. PHYS. LONDON, MEMBER ROY. COLL. SURGEONS,
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RECORD OF OBSTETRIC MEDICINE AND SURGERY," MANCHESTER.

It is my intention in the present and subsequent numbers of the *British Record*, to offer a series of papers on the result of all the operations which I have performed for the extirpation, by the large incision, of diseased ovaria. I have long and deeply regretted the delay which has occurred in the publication of these papers, and I trust that the explanation which I am about to afford my readers will be considered satisfactory, and prove the injustice of those uncharitable constructions which have been placed upon their unavoidable postponement. We unfortunately live in an age prone to misconstrue the actions of men, and ever ready to attribute mercenary motives to those who are solely actuated by the desire of benefitting their fellow creatures by affording relief to suffering humanity. Many valued friends, of high standing in the profession, have expressed themselves perfectly satisfied with my explanatory statements, and have rendered me every justice for the sincerity of my intentions. Such being the case, I flatter myself that my readers will extend to me the same indulgence, and attribute that delay to the mere force of circumstances which some have endeavoured to account for by very different reasons. It has been advanced as a charge against me, though most signally failing in the proof, that I have published all my successful cases, but omitted to notice those proving unsuccessful. To prove the fallacy of this assertion, it is only necessary to state that the earliest cases I ever published, were three successful and three unsuccessful—that the whole of my published cases contain a greater proportion of unsuccessful results, than *those which have yet to appear*—that the proportion of fatal cases has gradually decreased from the beginning, the latter operations being by far the most successful—and that when my friend, Dr. Fleetwood Churchill, published his excellent treatise on this subject, and requested me to furnish him with a statement of all my operations up to that period, I afforded him the information he required without the slightest hesitation or reserve. I may further state that when Dr. Safford Lee wrote his valuable Essay on Tumours of the Uterus, (which won for him, and most deservedly, the Jacksonian Prize,) he also applied to me for a statement of all my cases, in addition to those already furnished to Dr. Churchill which increased the number to twenty-two. I also furnished a statement of them, with additional cases to Professor Simpson, Physician Accoucheur to the Queen in Scotland, who afterwards applied to me for similar statements. To these gentlemen I with confidence appeal, whether I did not immediately furnish them with all the information they desired, without the least hesitation, reluctance, or reserve. Can any impartial person peruse these statements, and believe, for one single moment, in the truth of the calumnious assertion that

I have withheld information which ought to have been published. Indeed the unavoidable delay has strongly militated against myself; for had my latter cases been sooner published, the fatality attending the operation is so much diminished, that my personal reputation would have been considerably increased, and their publicity have tended to my individual benefit.

I now consider it necessary to state my reasons for not sooner publishing a complete statement of these operations. When I had laid an account of of about half my cases before the public, I began seriously to consider the advisability of accumulating materials for a separate work, and publishing it under my own superintendence, with this object in view I judged it expedient to reserve my future cases. Frequently, however, when I had prepared, or nearly so, my materials for publication, fresh and interesting cases presented themselves; and my anxiety to include in my papers all information likely to prove of service to the profession, and assist in the advancement of medical science, has contributed to postpone the publication to the present time.

Every one must allow that the matter produced, not only relating to the result of the operations, but also that advanced as a guide for the diagnosis, treatment, &c., must be valuable in proportion to the number of facts adduced in corroboration. Now for the last five years I have visited many parts of England and Scotland for the purpose of giving my opinion upon different cases; and I may also state with safety, that hundreds have visited me, in Manchester, from all parts of Great Britain in order to consult me on the same subject; so that whilst my detractors have been endeavouring to injure my well-earned reputation, I have been diligently employed in collecting materials for the advancement of science and for the benefit of the profession. I have endeavoured to derive every advantage from the numerous cases I have witnessed; and the great opportunities I have enjoyed have enabled me to collect matter to an extent seldom accomplished by a single individual on any one point of medical inquiry. It is the ignorant and illiterate portion of the profession who are the greatest opponents of those who are anxious to benefit science and to be of service to the world. By their insinuations they endeavour to compel immediate publication; and if they succeed in effecting their purpose, and the public is placed in the possession of matter before it is properly digested and fully matured, *they are the first* to raise the cry and to blame the folly of the writer for being thus premature.

It is fortunate for me, however, that I am not one of those who are influenced by such petty clamour, nor do I allow myself to be urged beyond my natural speed by their mode of attack. In this I have been supported by many valued professional friends, who advised me to allow such parties to pursue their envious course unheeded, whilst I devoted myself to the careful accumulation of facts and the collection of data, which, when properly arranged and matured, would form a result to continue in existence long after these petty detractors have been forgotten.

I am fully aware that the non-recording of my latter cases has offered an imaginary advantage to my opponents, which they instantly endeavoured to seize, by stating their belief that my silence was occasioned by want of success. Let them, however, not lay this flattering unction to their souls, for I can prove that my success has increased with my experience; and I will exhibit a

mass of facts and information on diagnosis and treatment, which they are little prepared to receive! This, I feel assured, will be the greatest punishment that I can inflict.

It is indeed a fortunate circumstance that this bold operation (for it is certainly unequalled in surgery) cannot be accomplished alone, or performed in holes and corners; every operation performed by me having been sanctioned by the presence of professional men of the highest standing and respectability, and of those not a few (not only from my own immediate neighbourhood, but also from considerable distances) who were actuated by the purest love for their profession, and noblest desire for its proper improvement and advancement! Would that we had more like them!

I will now allow the cases to speak for themselves, feeling confident that a discerning and impartial profession will acquit me of every charge which my detractors have advanced against me, and attribute to the true cause the envy and malice of men who ought to know and act differently.

CASE 1ST.—PUBLISHED IN MED. TIMES, VOL. 7TH, 1842.

Mrs. Wheeler. June 10th, 1842. *Æt.* 46. Had enjoyed tolerable health until within the last three or four years, when the abdominal enlargement commenced, and gradually increased to its present size—being equal to one of the last month of utero-gestation. Had borne eight children, experienced one miscarriage, and was twenty-three years of age at the period of her first labour. The present swelling might have existed longer, but did not attract her attention until the year 1839. She never considered herself pregnant, as menstruation continued regular. In the beginning of 1840 the enlargement increased more rapidly, but without affecting the menstruation. From first to last she experienced no pain; the sensation being more that of a weight or incumbrance, than any other. Does not distinctly remember on which side the enlargement commenced, but imagines on the left. Her bowels are generally confined; never recollects receiving any external injury; and never followed any occupation but that of attending her house affairs. Had always rapidly recovered after her confinements. On examining, *per vaginam*, I ascertained that prolapsus *vaginæ* existed; which must have been of long continuance, as the protruded parts had lost their natural colour, and were hard and dry, not unlike the skin of a fish to the touch. The pelvic cavity was filled with a tumour, so completely, that its extent could not be ascertained, nor could it be moved in the slightest degree by the finger. The tumour appeared to be distinct from the uterus; that organ being completely forced out of the pelvic cavity, with the exception of the *os uteri*, which was flattened, and pressed firmly against the upper posterior edge of the pubis. Externally the abdomen was equal in size to the ninth month of pregnancy, and uneven on the surface, with hard protuberances here and there. Fluctuation could not be detected in any part, except immediately above the pubis; and even there very indistinctly. The conclusion arrived at was that a large tumour occupied both pelvic and abdominal cavities; that it was ovarian, and originated from the right side, reasoning from the history of the case, though the left side was most completely occupied. The tumour was moveable under the integuments in the abdominal, but not in the pelvic cavity, and possessed apparently few adhesions, except the original attachment or pedicle.

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Lee

Dr. Radford, Physician to the Manchester and Salford Lying-in Hospital, and a gentleman of extensive experience, carefully examined the case and fully confirmed my opinion, and agreed with me in the conclusion that owing to the size of the tumour, and to the mischief already existing from its pressure on the abdominal and pelvic viscera, no effectual relief could be obtained but by the operation of extirpation. The internal exhibition of iodine, and its application externally, was suggested, but this treatment appeared to prostrate my patient's strength to such a degree that it was discontinued. Her mind was fully occupied with the operation, and although perfectly aware of the danger and difficulty attending it, she was determined to undergo its performance. The opinions of other physicians and surgeons having been obtained, and these fully supporting those already formed, I resolved to perform the operation, which was fixed for the 12th Sept., 1842. I now experienced all the responsibility inseparable from undertaking the performance of an operation without precedent in the surgical annals of this country—an operation unequalled in importance, and involving consequences of the most serious nature. The difficulties I anticipated from the opposition of medical men, and the uncharitable remarks the failure of the operation would expose me to, presented themselves with full force to my mind. But the earnest appeals of the woman to be relieved from her distressing condition; a firm conviction that no other mode of affording relief existed; and that a miserable death would shortly ensue provided no operation was performed—coupled with the fact that I had not sought out the case for the purpose of gratifying mere professional notoriety, determined me, at once, to meet the matter fairly, and exercise my best endeavours to save the patient's life. I was perfectly aware that should the operation prove unsuccessful (although, in her present condition, the patient could not long survive) I should be accused of rashness in performing an unjustifiable operation. My anticipations have been amply verified by the result of the last five years, for although my success in these operations has been greater than could have *been reasonably expected*, many of the cases being in such an extreme condition, that few operators would have ventured upon them, lest their statistics should suffer too much; labouring, as I did under these disadvantages, yet have I been exposed to the most uncharitable remarks and jealous insinuations, almost sufficient to create a doubt as to the liberality of our profession. In justice, however, to that profession, I must state that such remarks were confined to a few, and those of little consideration; for from the profession generally I have received the most cordial approval, and even now refer with conscious pride and pleasure to the piles of congratulatory and complimentary letters which I have received from medical practitioners—not confined to a mere locality, nor even to the United Kingdom, but from professional men of high estimation from all parts of Europe—I may safely add, from all parts of the civilized world.

This cordial approbation, emanating from some of the brightest ornaments of medical science and literature, fully compensates me for any detraction by men of little note and almost void even of a local celebrity.

It is not necessary for me to enter into any further details previous to the operation, which was performed on the 12th Sept., the day fixed upon. The room was heated to about 68, but upon the parties who were present at the

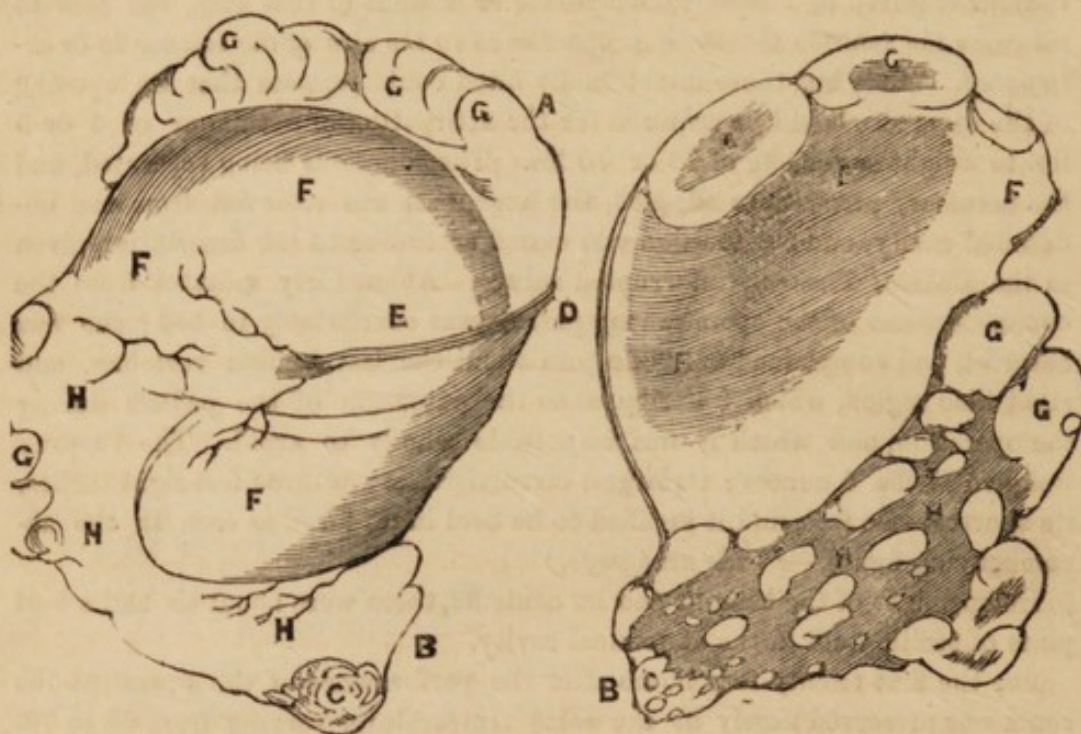
operation assembling, the thermometer had risen to 71 or 72. I consider the temperature of the room of great importance, although some of my friends differ with me. The next great consideration is the exhibition of the ox gall, inspissated in doses of ten grains, and repeated every three hours, until it acts upon the bowels. I found in this, as well as in all my subsequent operations, that the bowels were entirely freed from flatus, so often proving troublesome during such operations on the abdominal cavity; and I state with confidence, the result of long experience, that the two points, viz., the temperature of the room and the exhibition of ox gall, *should never be neglected*. The following gentlemen were present at this, my first operation—Drs. Radford and Black; and Messrs. Vaudrey, J. Southam, J. Nursaw, Winterbottom, &c., Surgeons. Having stated to these gentlemen my plans of proceeding, I commenced to operate in the manner so often described by me, in the *Medical Times* and other journals. In this instance the incision was nearly from sternum to pubis, as the tumour was particularly large and solid, preventing all reduction by tapping any of the sacs. In allusion to this large incision from sternum to pubis, I think it necessary to observe that those who are opposed to this operation have insinuated that I advocate the large incision *in every instance*. Nothing can be more untrue or more ridiculously absurd! I have always maintained, on the contrary, that if the solid parts of the tumour required it, I should not hesitate to make it of that size, *but that in all cases the incision should be proportioned to the size of the tumour to be extirpated*. None but those intentionally blind could suppose that an opening of the same size could be required for the extirpation of a tumour of 4 or 5 lbs. in weight as for one of 60 or 70 lbs. The adhesions being separated, and the necessary precautions adopted, the huge mass was removed from the abdominal cavity, and the incision was closed according to the description given in the *Medical Times* by interrupted suture. About forty minutes from the commencement of the operation my patient was comfortably in bed; she was cheerful, and complained only of a pain about the last lumbar vertebræ, and right iliac region, which I attributed to the extension of the pedicle during the operation, and which it was impossible wholly to avoid. The tumour weighed 17 lbs. 5 ounces; its largest circumference was three feet eight inches, its shortest two feet, and it inclined to be oval in its form, as seen in the accompanying figure.—(*Vide next page.*)

Independent of the tumour and its contents, there were about six and a half pints of ascitic fluid in the abdominal cavity.

For the first twenty-four hours after the performance of the operation the room was preserved nearly at the same temperature, varying from 68 to 70. The pulse, with two exceptions, was soft and easily compressible; but at the two periods alluded to, it was full, strong, and hard, and bleeding was resorted to, with the desired effect. During the first six hours the skin was generally warm and moist, but after this period the face, hands, and feet, became cold and moist, like the asphixiated stage of cholera. The skin, at one time, was also hot and dry. The tongue remained comparatively clean, and the thirst was never distressing throughout the case. It is very remarkable that the bowels should have remained so free from flatus during the operation, and for some days after, which I attributed to the peculiar evacuant power possessed

by the inspissated ox gall. During the first six hours considerable pain was experienced in the loins, and the right iliac region, which was attributed to the unavoidable extension of the pedicle during the operation, and to the ligatures left upon it and the vessels. After the first bleeding the pain disappeared; before the second it slightly returned, but was wholly and effectually removed by the second bleeding. Not the slightest tendency to light-headedness appeared after the first bleeding. A slight cough occasionally troubled her, but she suffered from cold at the time of the operation, which had I been aware of, I should have deferred; a slight shivering once appeared. There was not the slightest tendency to hæmorrhage during the whole progress of the case. The bladder being effectually emptied at the time of the operation, the catheter was not required until twelve hours after, when six ounces of urine were drawn off, of a pale sherry colour and natural smell; at the expiration of twenty-four hours the catheter was again used, and eight ounces of urine equally natural were drawn off. No evacuations from the intestines occurred during the first twenty-four hours, although enemata were freely and frequently administered at the early part of the time; this is not remarkable, as the bowels were effectually emptied of their contents by the exhibition of ox gall previous to the operation.

FIGURE REFERRED TO.



DESCRIPTION OF PLATE.—The left hand figure gives a general view of the tumour. A. The part situate immediately under the umbilicus. B. The portion imbedded in the pelvis. C. Ulcerated part. D. The pedicle. E. Fallopian tube. FFF. The large sac. GGG. Smaller sacs. HH. Still smaller sacs or general consolidation. The same letters of reference explain the right hand plate or section of the tumour, which gives a better idea of the small and large sacs as well as the solid part, as distinguished from the larger or sacular portion.

Respiration was never, in the least degree, interfered with during the progress of the case, and the patient slept for six hours and ten minutes out of the first twenty-four subsequent to the operation. The diet was of the simplest possible description, every thing of the nature of stimuli being carefully avoided. Vomiting occurred twice during the first twenty-four hours; it appeared to arise from the taste of the oleum terebinthinæ, which had risen to the mouth from the enemas, but was not accompanied with any distressing symptom. A progress more satisfactory, it was scarcely possible to anticipate, and we had every reason to hope for a favourable termination of the case. The patient exhibited the greatest fortitude, and evinced the utmost determination to obey our injunctions to the very letter. The treatment, as may be imagined, was extremely variable, according to the emergencies of the case, but it is fully reported in the *Medical Times*, alluded to above. To the eve of the fifth day, when the incised wound was dressed for the first time, the progress continued favourable, and the symptoms varied little from those already enumerated. Twice, in the above space, the skin assumed a dry character, but only for a time; the tongue was also similarly affected; and the thirst never otherwise than trifling. During this period flatus was often experienced, but only in a trifling degree; the tube introduced into the bowels effectually emptying them of all gaseous matter when applied. Pain was entirely absent. The catheter was applied five times during this period, and fifty-one ounces of urine were drawn off. On the fifth day the patient passed urine naturally to the extent of sixteen ounces. On the fourth day the patient had a motion by natural efforts, and on the eve of the fifth, she had three natural evacuations. Previous to the fourth day the motions procured by clyster were assisted by a double six-tailed bandage, imitating abdominal muscular action. The extent to which she enjoyed refreshing sleep during the last four days of this period was remarkable, the total amounting to thirty-one hours and ten minutes. Upon the removal of the dressings the wound wore a very healthy appearance, and with the exception of a very small portion near the umbilicus and pubes, (where the ligatures of the pedicle and vessels came outwards), the whole had adhered. The patient experienced little fatigue from the dressing, and was in every manner progressing most favorably. The rapid and satisfactory progress of the case hitherto more than realized my most sanguine expectations; still, I was aware that the slightest carelessness might lead to a serious, if not fatal termination; therefore the strictest adherence to the rules prescribed was enforced both upon the patient and attendants. I repeated my visit frequently up to the fourteenth day after the operation, and her progress continued to be most satisfactory. On September 18th, the patient complained of hunger, and I allowed her coffee for the first time. The symptoms were satisfactory. On Sept. 21st, I again dressed the wound, which looked very healthy, and removed four stitches; the ligatures were tried, but remained firm. On the 23rd, I again dressed the wound, and removed all the stitches; the ligatures did not yet come away. Ordered a mutton chop twice a day, with bread. This progress continued without interruption until Oct. 3rd, when the patient was completely recovered, and resumed her usual household duties, being in better health than she had enjoyed for many years. Thus terminated successfully this formidable operation; a more successful or satisfactory termination

could not have been anticipated by the most sanguine. The simplicity of the treatment throughout was remarkable. Procuring evacuations when the parts were overloaded, and a few hours sleep occasionally when it was thought the patient required it, were the only means adopted. Clysters were preferred to purgatives in evacuating the bowels; and in procuring sleep, common opiates were avoided, in consequence of their tendency to constipation. Care was also taken to keep the bladder free from urine, by means of the catheter, until the patient was enabled to discharge the contents by natural means. The happy effects of the inspissated ox gall were fully apparent, its power of accomplishing the solution of fœcal matter being very peculiar. It is to be hoped that this successful operation will greatly assist in removing the prejudices entertained against its adoption, and prove to the profession its safety and the simplicity of treatment required.

CASE SECOND.

msd ELIZABETH BESWICK, æt. 57, applied to me on the 27th of September, 1842, in consequence of the abdomen being enlarged by dropsy. I performed paracentesis abdominis on the 30th of Sept., when twenty-five and a half pounds of fluid were taken away, of a true ascitic character; and it was not till the fluid was discharged, or nearly so, that I discovered in the left iliac region an ovarian tumour about four pounds weight. I was the more surprised at this, as neither the history of the case, nor its appearance before tapping, led me to expect it. The tumour, as well as the fluid deposited, had both been produced within the last ten months; previous to that, no tumour existed that she knew of. She had suffered much inconvenience, and occasional pains about the umbilicus. She had borne nine living children, and does not recollect receiving any injury by blows, falls, &c.; her health had generally been good; she was low in stature, and much emaciated within the last six or eight months. The tumour occupied the left iliac region, and as the abdominal parietes were very flaccid after the fluid had been drawn off, its character was distinctly visible:—it appeared circular, rather flattened, with a long pedicle, and, though moveable, the parietes in front below the umbilicus were firmly attached to it for the space of two square inches (an adhesion of some standing.) The tumour felt hard and heavy for its size, consequently, I concluded it to be a solid mass, or nearly so; this probable solidity, and its firm adhesion, at once convinced me that it would be impracticable to extirpate it by any other mode than the large incision. In order to allow the wound caused by tapping to heal, I fixed on Friday the 7th of October, at half-past three, p.m., for the operation; the preparations for which were conducted much in the same way as in the case of Mrs. Wheeler, and therefore need no repetition.

On the evening of the 6th I gave her ten grains of the inspissated ox gall, which brought away a copious motion before bed-time without any uneasiness. Five grains more were given early in the morning of the 7th, and another motion was had before noon, with a free and copious passing of urine. She again passed her urine freely, immediately before the operation. On the afternoon of the 7th, I operated in the presence of Dr. Radford, Messrs. W. C. Vaudrey, J. J. Southam, and H. Winterbottom, Surgeons.—Pulse before operation, 70.

OPERATION.—As paracentesis abdominis had been previously performed, and the tumour was of smaller dimensions than Mrs. Wheeler's, the first incision extended from about two inches above the umbilicus to the pubes, or nearly ten inches in length. The parietes of the abdomen were so flaccid that more difficulty occurred in making the first incision, and in dissecting through the peritoneum, than in the first case, where the same was distended. No sooner was the tumour exposed than adhesions presented themselves in every direction. In the diagnosis which Dr. Radford and myself had formed of the case, I fully expected a long standing adhesion to the anterior of the tumour, immediately in the vicinity of the umbilicus; but from the mobility of the tumour in every direction (save the exception mentioned), we thought it pretty free elsewhere. In this we were deceived: adhesions were found in almost every part remarkably strong, and only to be separated with the scalpel. There was also a decided difference in the character of the adhesions: those attached to the parietes were broad and firm in their attachments, whilst those connected with the viscera were by numerous long fibrous bands; it was evidently their length and adhesion to the moveable parts that gave the tumour the mobile character it had. The pedicle, too, being long (as I had anticipated), facilitated the movements of the tumour; the pedicle was broader and thicker than in Wheeler's case, and when cut through, one of the cysts discharged about four pints of fluid. In this instance I passed a double ligature through the expansion of the pedicle, and tied it both ways, thus preventing the parts from pouring out blood, as in Wheeler's case, where they had to be separately tied. The adhesions were overcome by the scalpel, and their number was more than expected. The blood lost in the operation was trifling,—not more than two ounces. The uterus (with the rest of the viscera) was perfectly healthy; the intestines not in the least distended, with either flatus or fecal matter, and in no way impeded the operation—a circumstance which I again attributed to the effects of the inspissated ox gall, which she had taken the night before. The parietes were secured by seven interrupted sutures, with straps of adhesive plaister between, side straps, with pads of linen, and bandages over the whole. My patient was quite equal to the task she had undertaken: scarcely a word fell from her lips indicative of pain,—on the contrary, she replied to any question with great composure, and drew comparisons between the sufferings of parturient efforts and the operation,—concluding that she had had worse labours, and suffered more pain, than at the present operation. After the operation she complained of pain in the left iliac region, and the loins, evidently owing to the stretching of parts adhered, but more particularly the pedicle. The whole time consumed in the operation was about ten minutes, and in about twenty-five minutes from the commencement she was placed comfortably in bed; and, what was most extraordinary, the pulse had scarcely varied a single stroke from what it had been for the last two days. I gave her a draught with three-fourths of a grain of Mur: morphine, with one ounce of camphor water, and left her very composed, if not really cheerful. Before I proceed with the details of the case, I will briefly describe the tumour, as some very important circumstances are connected with it.

DESCRIPTION OF THE TUMOUR.—It will be recollected that paracentesis abdominis had been performed in this case, previously, and the amount of

twenty-five pounds and-a-half of fluid of the true ascitic character had been drawn off, and it became of importance to know if this fluid was really ascitic, or had been contained in the ovarian sac. The form of the tumour was an oblate spheroid, and when perfectly emptied of its contents, the solid part weighed very nearly five pounds; it was composed of a white tough membranous bag, capable of holding about four pints, and a flattened oval solid mass, the cells of which contained various matters, from the consistence of pus, to that of cerate, and of considerable variety in colour. The interstices of the cells were of a hard cartilaginous structure. Inside the large membranous bag, hung from its under surface a pendulous mass, with a narrow neck, about the size of a hen's egg, or rather larger, and of an irregular shape, very similar to a portion of brain enclosed in a thin transparent membrane, which must have floated loosely in the fluid of the sac. The tumour with the membranous bag had very much the appearance of a large placenta with its membranes nearly entire, and its form and arrangement were exactly similar. On examining the membranous pouch very carefully, I could find no puncture but the one by which the sac had been emptied at the pedicle; and as its capacity was not more than for four or five pints of fluid, this together with the apparently thick unyielding character of the walls of the sac, convinced me that it had never held more than four or five pints; consequently, the twenty-five pounds and a half of fluid previously discharged were decidedly ascitic, and in no way connected with the cyst, but produced by its presence. The connection of the tumour anteriorly with the parietes was considerable, and remarkably firm, completely surrounding the umbilicus to the extent of two or three square inches; in cutting through it, the part was hard, as a piece of cartilage, and not easily divided; the fibrous bands, connecting the tumour, with the omentum, intestines, &c., were in many places two inches in length, and very strong, (no doubt of long standing); they were arranged in groups of three or four together, most of them about the thickness of thread, but one or two were broad and flat like narrow tapes. The solid portion (as well as the membranous cyst of the tumour) was beautifully injected with blood vessels, both internally and externally. As the contents of the sac were discharged at the conclusion of the operation, I had not an opportunity of ascertaining its peculiarities. The gross amount of matter removed was: ascitic fluid, $25\frac{1}{2}$ lbs.—contents of cyst, 4 lbs.—cyst and solid substance, 5 lbs.—total, $34\frac{1}{2}$ lbs.

SUMMARY OF THE FIRST FIFTY-TWO HOURS AFTER OPERATION.—Before this, my second operation, I had concluded it scarcely possible that any case (of such importance and peculiar liabilities) could have progressed more favourably than Mrs. Wheeler's; but, certainly, the present as far exceeded the first case, in the rapid progress of its recovery, as it did in having worse prospects to contend with in the beginning. The patient was older by many years, the system equally worn down, numerous adhesions of a very firm nature to overcome, together with an extensive ascitic deposit,—and yet it is impossible to look at the progress for the first 52 hours without surprise, when all these circumstances are considered.

The Temperature was kept nearly the same throughout, as in the first case, but in accomplishing this, fires had to be occasionally made as the weather was colder.

Pulse.—Before the operation the pulse stood at 70. After the operation it was counted by Dr. Radford, and found to be the same; a circumstance very remarkable, and only to be accounted for by the small quantity of blood lost during the operation, and the imperturbable coolness of my patient, who neither moved a muscle, nor expressed the least suffering from pain. During the fifty-two hours it advanced to 90, but always remained soft, and easily compressible; bleeding therefore was not resorted to, which, in consequence of her age, I was not sorry for.

Tongue.—During the time was clean and moist, except at the last visit, when it showed itself slightly furred, probably owing to the bowels not being yet moved.

General Surface.—Was never otherwise than warm and moist, with gentle perspiration.

Pain.—For about half an hour the pain in the left iliac region continued, and also in the loins, but on giving three-fourths of a grain of mur. morphine it disappeared, and did not occur again.

Light Headedness.—Never occurred.

Cough.—There was not any.

Shivering.—None.

Urine.—It was surprising how easily she passed urine by her own efforts, so early after the operation, and continued to do so throughout, amounting nearly to seven pounds in 52 hours; the catheter was, therefore, uncalled for.

Motions.—As yet none, but as flatus had troubled her a little towards the conclusion a motion was expected.

Flatus.—Throughout was too trifling to dwell upon.

Respiration.—Never in the least disturbed.

Cold.—This sensation was never experienced even in the least degree.

Sleep.—The pains in the loins and left iliac region, rendered it necessary immediately after the operation to give three-fourths of a grain of the mur. morphine. The pain soon left and a sound sleep followed. The number of separate sleeps, their length, and soundness, amounting to upwards of seventeen hours in the fifty-two, no doubt facilitated her rapid and satisfactory recovery.

In the next summary I shall dispense with those items of the last which did not occur again, as pain, light-headedness, cough, shivering, flatus, respiration, cold.

All my medical friends who visited the case, were surprised at the progress of recovery, and the perfect absence of dangerous symptoms. The next summary, traces the case up to the first dressing of the wound on the fourth day.

SUMMARY.—From the conclusion of the first fifty-two hours to the end of the fourth day, when the wound was first dressed.

Temperature.—Kept about the same.

Pulse.—Increased in frequency, but kept soft and very compressible.

Tongue.—Kept very clean and moist.

General Surface.—Moist and warm.

Urine.—Continued very free by natural efforts, nearly five pounds in the last forty-five hours.

Motions.—Two immediately after the clysters.

Thirst and Flatus.—Entirely absent.

Sleep.—The time passed in sleep was considerable; thirteen hours out of the last forty-five hours—or thirty hours out of the ninety-seven, from the commencement.

The last summary shews the progress from the conclusion of the fourth day to the termination of the case. The item of temperature is now omitted as unnecessary.

Pulse.—On the 12th rose to 100,—on the 13th fell to 95,—and then gradually lowered four or five each day until the 21st of October, when it became steady at from 76 to 78; during the whole period however it was soft and compressible.

The Tongue never otherwise than clean and moist.

Skin invariably moist and of the usual temperature.

Urine.—The urine, which is at all times an important item, was freely secreted, sometimes as much as 24 ounces in the day, and subsequently from 18 to 24 ounces per day to the termination of the case.

Motions.—On the 13th she required a clyster, which produced a motion, but subsequently she passed them without assistance regularly every day, sometimes twice.

Thirst.—There was not the slightest to contend with.

Sleep.—She slept extremely well every night, and generally the greater part of it.



DESCRIPTION OF PLATE.

A. The pedicle where it was divided. B B B. The large sac. C C C C. Fibrous bands connecting the tumour with the viscera. D D D. The solid part of the tumour consisting of innumerable small cysts, the contents of which varied from limpid fluid to semi-cartilaginous matter.

ADDITIONAL GENERAL OBSERVATIONS.—The success of this second case cannot but be admitted as more remarkable and conclusive than the first. The advanced age of my patient, the numerous adhesions, the extensive ascitic deposit, and worn down constitution, offered but slight prospects of recovery; still the depression of her mind and the inconvenience of a burthen, accompanied with great pain, coupled with the positive assurances, that her case was

perfectly hopeless, rendered even the smallest chance of life by operation very desirable. Under such circumstances, then, the proceeding was justifiable, and her perfect and rapid recovery only tends to confirm the views I have before expressed in respect to this operation. In my mind I feel convinced that in very many instances of apparently incurable ascites, ovarian disease has previously existed, which in fact is the exciting cause of the ascitic deposit. This second case, also proves the value of the simplest mode of treatment. One dose of mur. morphine immediately after the operation, two aperient doses of inspissated gall, and two clysters, being the whole amount of medical assistance, except the most rigid attention to diet, an equable temperature, and perfect quietness. Mr. Lizars attributes his success in the after treatment to timely bleeding, and certainly, I believe, there is little good to be done without it, the pulse must, however, first indicate the necessity for it; in this case no blood was taken, the pulse never being otherwise than soft, and easily compressible; perhaps her advanced age might account for the want of energy in the circulatory powers; another proof of this was the remarkable fact already alluded to, that the pulse did not vary one stroke after the operation from what it was before. The tumour was freely injected with blood vessels; yet no vessels, either in the pedicle, or in any of its adhesions, required the ligature; and the blood lost during the operation was very trifling, certainly not two ounces. Throughout the case there was an extensive secretion of urine, which at all times passed without the assistance of the catheter. I did not interfere with her habit of smoking as she had been long accustomed to it, and seemed to derive a little pleasure from the indulgence. In both these cases the ligatures connected with the pedicles were brought out at the very lowest point of the external incisions, those of Mr. Lizars were (it appears from his plates) brought out about midway between the umbilicus and pubes; this is a matter of mere choice; for my own part, I fancied the ligature would interfere less with visceral movements by being brought out lower, which was my reason for adopting a different method.

CASE THIRD.

I was consulted by MRS. DILLON, who had been labouring for many years under an enormous enlargement of the abdominal regions. Hard to the touch, without fluctuation; on testing it by percussion (except a little on the left side), the integuments appeared to be slightly moveable on the surface of the tumour, which, however, was so extremely large and filling so completely the abdominal cavity, with the smallest perceivable quantity of ascitic deposit, that I could not expect to find much mobility in the tumour, or of the integuments over it. She was in her forty-seventh year, still menstruating, never had any children, and had been married eight years; the tumour occupied more of the left, than the right side; she had a fall from a window about nine years ago, when she struck the left hip against the floor, but did not perceive anything remarkable for nearly two years after, when a tumour, the size of a goose-egg, appeared in the left iliac region, which did not appear to increase much till about four years ago, from which, to the present, it had enlarged rapidly; she was now forty-five inches in circumference at the umbilica

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region, and at a rough guess, the tumour might probably weigh thirty-five pounds. She was subject to frequent very severe pains in her back and iliac regions, and had tried every means of relief proposed; about two years previously she was tapped, but only two pints of thick bloody fluid were extracted, affording her no relief; the solidity of the tumour appeared to offer no hope from tapping. In spite of every means tried by many excellent practitioners, she rapidly progressed for the worse, her life was truly miserable, and she was pressingly anxious to adopt any means, however slight the chance of success; convinced, that at most, her life under present circumstances could be but very short, and almost unbearable, she concluded an operation would only terminate it a few days sooner, if it did not succeed; she had been long unable to partake of solid food, and had often great difficulty in voiding urine; under these circumstances, she earnestly entreated me to attempt relief by operation, and from the success of previous cases, her anxiety for its adoption was extreme. In vain I argued that her case had not the same prospect of success as the others preceding her's, and that if it was performed, the chances were greatly against her; her importunities at length prevailed, and I somewhat reluctantly consented to operate. It was therefore decided to be on the 26th of October, at which time I was met by my friends Drs. Radford and Black, Mr. C. W. Vaudrey, Mr. Middleton, Mr. Holroyd, Mr. J. J. Southam, and Mr. Winterbottom, Surgeons. It was agreed by all present, that the case was not a promising one, and could only be justified by her importunities and miserable state of existence; at the time of operation too, the catamenia appeared, which might have afforded means of putting off the operation, but she informed me whilst undressing, she should suffer more from depression by the delay.

OPERATION.—A small incision was made, which was no sooner done than it was evident to every one present that to remove the mass was quite impracticable, the whole anterior surface of the tumour was adherent to the peritoneum, so much so, that there was not room in any place (except immediately above the pubis) for the flat end of the scalpel handle to enter between the peritoneum; in addition to this, the character of the tumour was evidently of a very different character to the generality of ovarian tumours; it appeared highly vascular, and though laid bare, we could not discover in it any fluctuation on percussion. A brief consultation was then held, when it was decided to make an attempt to lessen the tumour, if possible, before bringing the integuments together again, in which some difficulty was apprehended from its tenseness.

The tumour was pierced in various places with a fine stiletto, when a jet of pure blood issued from each puncture; from this it was evident all attempts to lessen the tumour were useless, and I was reluctantly compelled to close the external wound without affording any effectual relief; the integuments were then brought together as usual, but using more sutures, as the mass beneath rendered it necessary; the parts were well secured by plaisters and bandages, and she was put to bed much depressed in her mind from the fact of its not being removed. One grain of pure morphine was given her. Pulse low and feeble.

SUMMARY OF THE NINETY HOURS AFTER THE OPERATION.

Temperature.—The thermometer was kept steady from 68° to 70°

Pulse.—For the first six hours the pulse was somewhat feeble; it then became fuller, but still soft and compressible. About eleven hours after the operation it rose to 110, when she was bled to sickness, after which, the pulse soon fell, but gradually, to the natural standard, and remained so.

Sleep.—Six hours after the operation she enjoyed about half an hour's sleep—subsequently, frequently for one hour or one hour and a half at a time. After the second day, her nights were chiefly passed in quiet tranquil sleeps, as though no operation had occurred.

Tongue.—Was invariably moist and clean throughout.

Skin.—For six hours after the operation the skin was cold and clammy; after that, it assumed a natural warmth and moisture, from which subsequently it never deviated.

Pain.—Beyond a trifle occasionally felt where the pedicle was tied, she was through the whole treatment extremely free.

Delirium.—A slight disposition to ramble showed itself six or seven hours after the operation, which was attributed to the morphine, and which soon left her after a little sleep, and did not return.

Cough.—Some little occurred on the second day, but of no moment, and required no treatment.

Shivering.—None at any time.

Urine.—Was secreted freely all along; she required the catheter the fourth and eleventh hour after the operation, after which she passed it naturally, and in considerable quantities.

Motions.—One seven hours after operation by clyster, afterwards one every day by natural efforts.

Respiration.—Free and natural at all times.

Flatus.—A little occurred when the clyster operated, but at no other time.

Thirst.—Scarcely any throughout the whole treatment.

Diet.—At first consisted entirely of panada, gum water, toast water, &c.

Mind.—Cheerful, but disappointed that the tumour was not removed.

General Observations.—From the very extraordinary favourable state of the symptoms during the first 90 hours, it was presumed that the operation which had been undertaken to relieve her, though it failed in its object, still had not done any mischief, and every prospect of placing her in the position *prior to the operation* was expected to be realised.

At the termination of the fourth day, that is four o'clock p.m. on Sunday the 30th, the wound was examined, and was found adherent nearly its whole length, except for about an inch just immediately above the pubes where adhesion had not taken place; some of the straps were removed, but no sutures cut out, and all the parts being well cleaned, the bandages were re-applied, during which, she felt little or no fatigue.

Monday morning eight o'clock, a.m.—Found her very comfortable; had slept moderately through the night; voided urine easily; had a motion; felt little or no pain except a kind of smarting along the wound. The husband requested to be allowed to give her a little gin-and-water, as she had been accustomed to take it for the wind with a clove of garlick. I distinctly told

him the disastrous consequences that might follow such an attempt, and that on no account whatever must he, for a single moment, indulge in such an idea; on leaving the room, one of the females attending stated that she had had much difficulty in dissuading him from giving it to her. Up to this time, the fifth day after the operation, the case had progressed as satisfactorily as could be expected, and even more so, when the nature of the case was considered; viz., an enormous malignant solid tumour, at least thirty pounds in weight, distending the abdominal parietes; secondly, the depressed state of the mind arising from the inability to remove the tumour, with the certain prospect of death very shortly, even though the wound might heal; these circumstances led her to indulge the wish to die rather than live. With all these disadvantages she had done well.

Monday evening four o'clock being the termination of the fifth day, I was hastily summoned in consequence of a swelling accompanied with pain of the left leg, from the toes to the middle of the thigh; the pulse quick, feeble, and thready, still the tongue and general surface was moist and warm; no thirst; and had slept some hours during the day, as well as having taken a fair portion of simple food. It was impossible to reflect on the progress of the case as above stated, the sudden change for the worse without any premonitory symptoms, and the peculiar character of the present appearances, without suspecting some interference of the most unwarrantable description in the nursing, particularly when coupled with the wish to exhibit stimulants in the morning of that day. I did not hesitate in challenging her husband with the matter; he, as well as the attendants, denied having given her any of the gin, but neither so positively, nor so free from hesitation and confusion as to lead me to credit their statements. The leg had much the appearance of a case of phlegmasia dolens. Warm emollient fomentations were applied, and some relief from pain derived from them; the pulse, however, rapidly fell to indistinctness, and she expired in less than twelve hours from this inflammatory attack on the morning of the sixth day.

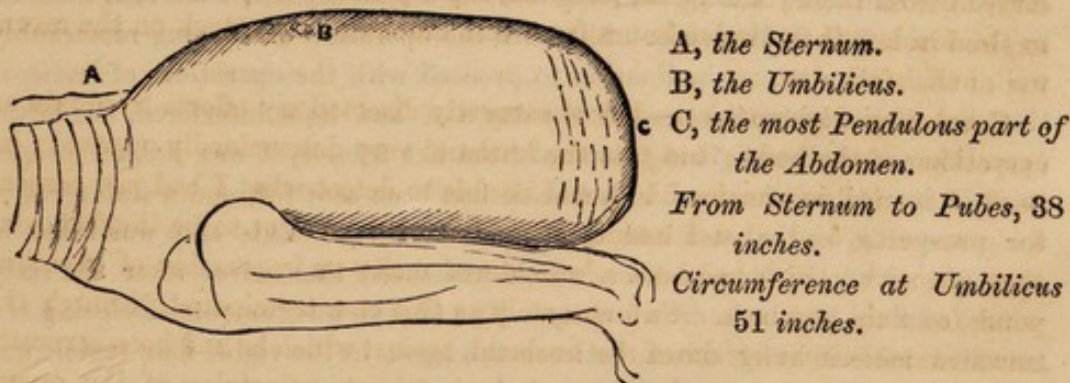
Concluding Observations.—I now earnestly directed my efforts to obtain an inspection of the body; but this the husband very determinedly opposed; indeed, I fancied he imagined I should be able to detect what I had just reasons for suspecting, and what I learned two or three days after to be the fact, viz., that gin with garlick had been administered under an impression of expelling wind from the stomach. Unfortunately as this case terminated, through the unwarrantable interference of the husband, against which he had been earnestly cautioned, yet it in no way disproves the legitimate principles of the operation. It will be impossible for any impartial person to scan over the record of this case without acknowledging, that with all the immense disadvantages of the case, there was every reason to hope a more favourable issue from the rapid and satisfactory progress it had made till within twelve hours of death. The case too, lived sufficiently long to prove the peritoneal section comparatively safe; the wound had in a great measure healed, and all the dreaded circumstances connected with an operation of such magnitude had in a great measure disappeared, and though the case must have soon terminated fatally of its own accord, yet I feel confident the progress of the first few days was so satisfactory, that had justice been done, the case might have lived for some

time ; as it was, the case was decidedly successful as regards the effects of the wound and abdominal exposure.

CASE FOURTH.

When I commenced the record of Mrs. Wheeler's case of peritoneal section, I had no thought of being so soon engaged in a second of the same nature ; that, however, has taken place, and more successfully, if possible, than the first ; such results naturally increase my opportunities. I have now a fourth case to record, with a prospect, at this moment, of at least four or five more. It is my intention to persevere in this operation until I have produced sufficient evidence to establish it a legitimate operation of British (as it is already of Foreign) surgery, or until I discover enough to condemn it. In accomplishing this, I shall find much greater difficulty in overcoming the feeling of reluctance generally manifested by the profession towards any new and bold step (though supported by numerous proofs), than I should in meeting with condemnation for the unfortunate result of some one or two isolated cases, which in no way affect the principle of the operation, but afford arguments to those who are prejudiced against its being adopted as a legitimate means of relief. In this, however, I am not singular.

CASE OF HANNAH EDGE.—*Early History.*—Hannah Edge, of Thornset, near New Mills, in Derbyshire, arrived in Manchester by coach from the former place on Wednesday the 2nd of November, 1842, to consult me on her very remarkable case ; and certainly I was no little surprised at her appearance ; she had the abdomen enormously enlarged, the umbilicus almost touching the knees. The following sketch will give some idea of this singular case, when laid horizontally.



When she sat on a chair she formed an inclined plane ; and when she attempted to walk, the head and shoulders had to be pitched backwards to a very considerable degree, to maintain the centre of gravity, and her arms were used as balancing poles, after the manner of a tight rope dancer ; the whole appearance was remarkable, and could only be exceeded by the singular ovarian case of tapping recorded in the *Medical Times*, of October 1st, 1842, by S. S. Brame, of Lowestoft, in Suffolk. Her age was 39, tall and emaciated ; her health, however, had been generally good, and her family was also healthy ; she had had three children. About seven years ago, immediately after the birth of the second child, she discovered a considerable enlargement of the

lower part of the belly on the right side, about the size of a person four months advanced in pregnancy; not feeling any particular uneasiness she did not take any medicine for it. Four years ago she was confined of her third child; she was very large at her confinement, and afterwards nearly as large as a person at the full period of pregnancy. She thinks the tumour might have existed before the birth of the second child, but did not notice it. After the birth of the third, she applied to different persons for relief, but medicine appeared to have no effect. She had been tapped four times; first time in two places, when twenty pounds of fluid were extracted; second time, twenty-four pounds; third time, twenty-eight pounds; making in the whole four tappings. She was so enormously large, that I called in my friend, Dr. Radford, to see her, who joined me in a strict investigation of her case. The parietes were extremely thin, and fluctuation felt equal throughout the whole surface; it was concluded to perform paracentesis abdominis on the following day, (November 3). Accordingly Dr. Radford, Mr. J. Southam, and myself, met, when I pierced the parietes on the right side about midway between the crest of the right ilium and the umbilicus; after about thirty pounds of a dark glairy fluid were taken away, when the fluid had ceased to run, a large globular tumour yet remained, the walls of which pressed against the end of the canula. I now placed my patient more on her side, (it must be observed hitherto she had been lying on her back,) and without taking out the canula, I introduced the spear, and pressed it inwards as far as possible; I penetrated the sac, and brought away thirty pounds more of a much clearer fluid; I considered the first fluid evacuated was collected in the abdominal cavity, viz. ascitic, although the character of the fluid was more that from cysts than usual, whilst the latter thirty pounds were evidently cystic. Dr. Radford supposed there were two separate cysts, or one large one, with a septum; but as I have seldom observed ovarian cases of long standing without ascitic deposit, I am still inclined to think the first fluid ascitic. She bore the operation of tapping remarkably well, and I felt a strong inclination to proceed with the operation of extirpation, but as the advanced time of the day and bad light interfered, the latter operation was deferred; being isolated from her friends, it was judged proper to defer it until her husband and friends had been sent for, and a statement of the prospects of the case had been made to them. This step was taken in consequence of the appearances which presented themselves after the sixty pound of fluid had been drawn away. The flaccid integuments inclosing the tumefied masses hung down between the legs; in the right iliac region was one tumour about two or three pounds in weight, and in the centre above the pubes another about two pounds weight; these tumours appeared to have a membranous connection with each other; higher up and nearly opposite the umbilicus on the left side, a small tumour appeared, which my medical friends considered, as well as myself, some other organic enlargement independent of the ovarian disease, probably the spleen not enlarged at all, but only rendered more apparent by the flaccid state of the integuments, and a little displaced from the previous distention. Dr. Radford, Mr. W. C. Vaudrey, Mr. J. Southam, Mr. Nursaw, all considered the adhesions very extensive, (and as there is much latitude for opinion in such obscure cases) I must confess I did not agree with them as to the full extent of adhesions. It appeared to me

when these gentlemen grasped the integuments that they included the walls of the cyst, which made parts of the tumour appear more adherent than they probably were; I was certain some adhesions did exist, but from observations on other cases, I felt convinced that where there were extensive ascitic deposits the adhesions were likely to be of a less serious nature, and more easily separated than if the tumours were accompanied with little or no ascitic deposition, and I may here mention what appears to be a fact connected with ovarian disease, namely, the size of the solid part of the tumour is in inverse ratio to the quantity of fluid deposited. Thus in Wheeler's case, ascitic deposit seven pounds and a half, tumour eight pounds and a half, cystic deposit eight pounds and a half. Beswick's case, ascitic deposit twenty-five pounds, tumour five pounds, cystic deposit four pounds. In the present case, ascitic deposit thirty pounds, cystic deposit thirty pounds, tumour about three or four pounds. This, of course, arises from the breaking up of the solid into small, and the smaller into larger cysts. The peculiarities developed by this case fully justified my friends in requesting me to postpone the case, in order to make her relatives aware that it was a case of great danger, and though no prospect presented itself for relief otherwise, and a rapid deposition again certain (it being only twelve weeks since she had been tapped before) so that her life would, in all probability, be very short, and accompanied with much incumbrance and misery, still it was perhaps the most prudent course not to operate, unless the patient and her relatives after being made aware of the full extent of the danger, were really determined it should be done. To this I reluctantly agreed (I say reluctantly) because it was with no other view she came to Manchester, and I dreaded the delay would create an alarm in her mind that would tell against her when subsequently operated upon. Lastly, I esteemed it of consequence, to let one stage of irritation and inflammation answer for both tapping and extirpation. After this, her relatives visited her, when she determined to be operated upon, and accordingly the 8th of November was fixed at 12 o'clock A.M.

At Twelve o'clock, a.m. on the 8th of November, I was met by the following gentlemen, at the temporary residence of the patient: Dr. Radford, T. Nursaw, H. Winterbottom, W. C. Vaudrey, and J. Southam, Esqrs., Surgeons. The appearance of the abdomen was flaccid in the extreme, the integuments hanging down in large folds, reaching to the knees when in a standing position, and it was with the greatest difficulty that a fair incision could be made in them, in consequence of the loose folds. There was evidently a considerable amount of fluid in the sac of the tumour, which had been secreted since the operation of tapping. After my medical friends had fully satisfied themselves of the willingness of my patient to submit to the risk of an operation, however great, I proceeded to the operation, the room being at the temperature of 72° F.; pulse at 70, soft: a bold incision was made in the parietes, and an enormous sac presented itself, which, contrary to my expectations, had contracted very numerous and extensive adhesions, not only to the parietes, but to almost every part of the abdominal viscera. These adhesions were of long standing and firmly organized, particularly as regards the parietes, which *in one place* were so adhered that the line of distinction between the peritoneum and the sac of the tumour could not be distinguished,

and when the operation was over, it was found that a portion of the peritoneal surface of abdominal parietes, equal in size to a crown piece, had been cut away. The adhesions to the abdominal viscera were what I have usually seen in such cases, *bands of lymph easily separable without hæmorrhage*, but very numerous; taking the adhesions altogether, I had never witnessed any thing equal to this case, for extent or number, either in the living body, or in *post mortem* examinations. The operation occupied a considerable time, and was accompanied with a large loss of blood. The sac was finally lifted from the abdominal cavity, and it would be difficult to depict the surprise on the countenances of my medical friends at the immense size it exhibited, which could only be compared to the stomach of a cow, except *that it was much larger*.

The length of time the operation had occupied, the extent of the hæmorrhage, the long exposure of the viscera, and the extreme exhaustion of my patient, led all present to conclude that she could not survive many hours, in which view I fully participated, considering the above statement with the very numerous adhesions I had to encounter. The parts were however well closed, and she was put to bed, perhaps more comfortable than attendant circumstances warranted. A draught containing Morphine: Mur grs. i. Mucil: Acac: f ʒi. was immediately given; the room darkened, and kept perfectly quiet. For some hours she complained (as usual) of severe pains in the loins, and particularly in the right iliac region, which evidently arose from the ligature on the right fallopian tube and broad ligament.

REPORT OF THE FIRST TWENTY-FOUR HOURS AFTER OPERATION.—The temperature of the room was reduced to about 65° and kept to about the same temperature. The pulse languid until about the expiration of the first twenty-four hours, at which time it gained strength and fulness, and just about the completion of that period I found it necessary to bleed largely until sickness came on, which relieved her. The skin was cold with clammy moisture for the first four hours, after which it became warmer, and immediately preceeding the bleeding it had become hot and dry; for the four first hours the hands and feet had the appearance of a cholera case. The tongue was clean at first, but at the conclusion of the first twenty-four hours was red and tremulous, and a slight thirst came on. The bowels having been (previously to the operation) freely moved, no attempt at evacuation occurred the first twenty-four hours, and not the slightest flatus could be observed. After the first six hours the pain at the pedicle had entirely ceased, and no other pain was noticed; indeed, after the bleeding every remnant of pain vanished. My patient had not the slightest indication of light-headedness—no cough—no shivering—nor hæmorrhage. The bladder had been well emptied previous to the operation, so that the catheter was not introduced until eight hours after the operation, when eight ounces were taken away, (a favourable omen, for I have invariably remarked, when the secretion of urine continues free, the case generally does well,) at the end of the sixteenth hour another eight ounces were drawn off, and always with considerable relief to the patient. The urine was generally pale whilst being secreted freely, but in cases which have ended fatally, the urine was extremely high-coloured.

REPORT FROM THE CONCLUSION OF THE FIRST TWENTY-FOUR HOURS TO

THE END OF THE THIRD DAY.—The temperature, though generally ranging about 65° F., yet no very particular attention was directed to it. The pulse, after bleeding, fell below its natural standard, and for a time became very feeble, but towards the conclusion of the second twenty-four hours it rose considerably, and a second bleeding was called for, which was carried into effect to sickness. Almost every symptom became relieved after this second bleeding. The skin was hot and dry for the second twenty-four hours; after the second bleeding, however, it assumed a natural warmth and moisture. The tongue was slightly coated, thirst considerable, which gave way after the second bleeding, but the tongue remained coated over. The bowels were not moved during this period, although frequent enemata were administered, and 5 grs. of Calomel and 8 grs. of Jalap, with Infusi Sennæ was taken internally—towards the conclusion of the third twenty-four hours some indications were manifest that a motion would occur shortly. During this period, no pain was complained of—no light headedness—and only one slight fit of shivering. The urine continued to be secreted plentifully, but the catheter was necessary for its evacuation. At the conclusion of the third day the bowels were fully and effectually relieved by natural efforts, after which, my patient expressed herself *made over again*, and felt sure of her ultimate recovery.

PROGRESS FROM THE THIRD TO THE TENTH DAY.—The room was now only guarded from extremes as to temperature, its average being about 64°. On the fourth day, the pulse was about 80, but soft and compressible. From this time it gradually assumed its natural position, and suffered no subsequent variations. The tongue gradually became clean and moist, and by the end of the sixth day was in every respect natural. The dry heated feeling of the skin changed after the fourth day, and it remained of a healthy warm moisture. No pain whatever occurred after the fourth day, and sleep now occupied most of the night, and sometimes occasionally, the day. From 3xx to 3xxii of urine was now secreted daily. The bowels were moved every day: on the fifth and sixth, twice each day. After the third day, both urine and motions were passed by her own natural efforts. For the first four days her diet was rigidly confined to panada, gum water, weak tea, toast water, bread pudding, and such like simple materials. After the fourth day, a little weak mutton broth, and subsequently, a gradual change to more nourishing substances, still adhering to the simplest forms of cooking, such as broiled chops of mutton, milk, tapioca, eggs, &c. On the fourth day, all the sutures were removed, but the ligature remained firm; the wound had healed throughout its entire length. On the eighth day, she sat up an hour or two at a time in bed: the wound requiring little or no dressing, except where the ligature passed through, which was still firm. On the twelfth day, she walks about the room, has a good appetite, sleeps all night, is cheerful, and fast gaining strength. On the sixteenth day after the operation, the ligature began to loosen, and on the eighteenth it came away entire.

From this time her progress was so rapid and satisfactory, that any further particulars of the treatment would be deemed unnecessary to record. She left Manchester at the end of the fifth week, and has continued to enjoy uninterrupted good health since.

Thus one of the most formidable cases that it was possible to encounter, and, which every one who witnessed it pronounced hopeless, (from the immense size of the tumour, the great amount of secretion, the terrific, extensive, and long organised adhesions,) recovered, and in many points, the case was far less troublesome than many that have since occurred to me of a less complicated nature.

In conclusion, I must say, that her health was re-established, contrary to the expectations of every one present at the operation.

The following wood-cut will give some idea of this enormous sac and solidified masses. AAA, the large sac. BB, a smaller sac. cccc, masses of cysts in various parts of the the walls of the two sacs. D, the fimbriated extremity of the fallopian tube. E, the pedicle and broad ligament. F, a mass of cysts situated in the pelvis. G, a mass of cysts in the left iliac region, adhered firmly to the abdominal parietes. H, a mass of cysts situated immediately under the diaphragm, also adhered.



This was the first case that I had seen where the solid parts of the tumour had been divided in different masses, and situated at a distance from each other. The weight of the entire sacs, solidified masses, and their contents, amounted to $73\frac{1}{2}$ pounds avoirdupois: of the contrast in appearance of the body, before and after the operation, it is impossible to give a just idea, the first figure accompanying this case will, however, convey a faint outline of what appearance the case bore previous to the operation. It is now nearly six years since the case was operated upon, and at this time she is enjoying the best health and spirits, with every probability of a long life.

CASE FIFTH.

I have reported the following case that it might not be said I only made public the fortunate cases. It is analogous, as far as the peritoneal section is concerned, but entirely different as to the why such an operation was attempted. Of the cases previously related, those of *ovarian disease were decidedly and*

remarkably successful, neither age, extent of adhesion, size of tumour, length of disease, nor quantity of ascitic deposit, offered any obstacles to their recovery. The case of Mrs. Dillon, I am inclined to think, (and regret I had not an opportunity of confirming it by a post mortem examination,) was not an ovarian disease, but a tumour of another and widely different character, one that would very soon have destroyed the patient. Had not indulgences been resorted to of a character incompatible with recovery, there is no doubt on my mind that she would have lived much longer after the operation: still the time was sufficient to prove how little danger arose from the incision of the peritoneum, that being nearly healed before death.

This case was truly an unfortunate one, still it in no degree detracts from the operation *for encysted ovarian tumours*. The seat of the disease, and the disease itself, offered less prospect of success, whilst the latterly rapid growth, and frequent severe accompanying pains of the tumour, shewed that its malignant character would soon have been developed to the full, and terminated fatally; all these were fully confirmed by the post mortem examination. Mrs. Hardy, æt. 45, never had any children, appeared about the size of a female in the eight month of utero-gestation. The tumour had a lobulated character, felt hard and unyielding, not the slightest deposition of fluid could be detected either in the abdominal cavity, or within the walls of the tumour; it appeared not to have the slightest peritoneal attachments, and could easily be moved under the integuments; lastly, it occupied more of the right, than of the left side. Having been made fully aware of the danger of extirpation, still she was urgently desirous of having the tumour removed. And in the hope that its attachments would not be serious, the operation was commenced on the morning of the 17th, in the presence of Dr. Radford, Mr. Walker, Mr. W. C. Vaudrey, and Mr. Winterbottom, surgeons. An incision to the extent of thirteen inches was quickly made, and as had been anticipated, no peritoneal adhesions existed; the tumour, however, presented a very different appearance to encysted ovarian tumours, it was of a bright pink colour, hard as a piece of boiled liver, and composed of numerous small lobes with acute edges, similar to the lobes of the liver. The mass appeared about 12lbs. in weight. I soon discovered to my mortification that its attachment was of a very broad character at its base, and highly vascular, no less than the full length of both fallopian tubes, and the greater part of the uterus itself formed a part of the tumour. I had now gone too far to recede, no alternative presented but extirpation of the whole mass; at this period of the operation my patient began to faint, (and it should here be stated that for some time past she had been subject to syncope of an alarming character,) ligatures were placed round the fallopian connections as well as the central uterine attachment, still considerable hæmorrhage occurred when the parts separated. The mass included in the ligature was too great to have any decided effect on the vessels supplying the diseased mass, which were very numerous, and from repeated attacks of syncope following each other rapidly during our endeavours to secure the vessels, it was evident the shock of the operation would be too great; the vessels were secured, the integuments brought together and the patient placed in bed, after which every means were put in force to rally her but in vain, attacks of syncope continually occurred, and she finally sank about an hour and a half after

the removal of the tumour. Some time after, a post mortem examination was instituted, when it was found that the part severed was so charged with vessels, that the section presented mouths of vessels almost as numerous as the cavities of a piece of sponge, and some of them very large; there was but a small portion of the neck of the uterus and the os uteri that was not amalgamated with the substance of the tumour. The tumour weighed 13lbs., was entirely solid and highly vascular, and its character evidently such as to promise an early and speedy termination of life, even had it remained, if any injury or excitement had occurred. No one could have regretted the unfortunate termination of this case more than myself; my medical friends felt it keenly, and though it cannot be quoted as an argument against the operation *for ovarian tumours*, yet it offered an excellent caution against attempting the removal of tumours of a more solid formation, which are sometimes connected with viscera of more serious importance than the ovaria. It may also be observed that persons prone to syncope of an alarming character, are perhaps not fitted to undergo an operation of such magnitude; in such, the mere shock of the operation must often be attended with a fatal issue.

CASE SIXTH.

HANNAH HAGUE, æt. 22, of Rye Croft, near Ashton-under-Lyne, had been suffering from ovarian disease for five or six years. It commenced on the right side, without any other known cause than that she recollected having a fall some years back, after which she felt pain in the right groin. She had submitted to tapping six times; first time 17 lbs. of fluid, second, 18 lbs., third 20 lbs., fourth 20lbs., fifth 22 lbs., sixth 28 lbs. The last tapping was a few days before the extirpation. I do not usually approve of tapping, except at the time of operation, and after the first incision, when the sac is exposed; but as this case had only been under my care a few days, I felt anxious to ascertain if there was much solid matter connected with the sac, a point not very clear, whilst the sac was distended with fluid. The catamenia had been regular, and when the sac had been emptied of its contents, a large solid nucleus appeared to fill the pelvic cavity above the upper aperture, as well as below it. As far as I could ascertain, I thought the sac and tumour pretty free from adhesions and therefore advised the operation. A medical gentleman, however, in the neighbourhood, strongly advised her to take a course of medicine, and not to submit to the operation at all, which he characterized in the worst view possible. My patient went under his treatment for a time; ptyalism was produced, great prostration of strength followed, without any benefit being derived. She now determined on having the operation performed, as soon as I thought she was sufficiently recovered from her debility to undergo it with a chance of success. She subsequently took lodgings in Salford, near Manchester, and Aug. 21st was appointed for the operation. I should have mentioned that she had never been married, nor had any children. The operation was conducted similarly to those already published, in the presence of Dr. Radford, Messrs. J. Southam, Close, Winterbottom, &c., Surgeons. After the integuments were divided, I discovered a broad patch of adhesion of the sac to the parietes, about midway between the umbilicus and the sternum; with this exception, no other obstacle presented itself, and the

operation was concluded in less than twenty minutes, including dressing, bandaging, and putting to bed. My patient was of a weak, delicate habit, and had been much worn down by the disease; nevertheless, she bore the operation extremely well, complaining only of a severe pain about the right groin and low down in the back; but as this is usual after the operation, I depended on the morphine for its relief. The temperature of the room during the operation was rather more than 70° F.; and for some days the thermometer was only allowed to range from 65 to 76° . Some medical gentlemen think I attribute too much to the raised temperature of the apartment; I do not think so, and therefore earnestly advise all who operate not to overlook this (in my consideration) important fact. Very little blood was lost during the operation; certainly not more than three or four ounces. The tumour weighed 29lbs. 14oz., the empty sac and solid portion being about 14lbs, and the fluid contents nearly 16lbs. It must also be borne in mind, that the sac had been emptied only a few days before, to the extent of 25lbs. of fluid. I would here observe, even supposing I had no adhesions at all to contend against, (which I had) what could I have done with an incision of three, four, or even eight or nine inches in length, to extirpate 14lbs. of solid matter? In other words, the minor operation in this case would have been a decided failure, and such an attempt must have terminated with enlarging the incision.

The following summary of the first eight days will shew the progress of the case.

Operation at two o'clock, Monday, Aug. 21st, 1844. Immediately after the operation, one grain and a half of the muriate of morphine was given in solution.

At four p.m.—Temperature was continued about 68° for the first twenty-four hours, afterwards from 65° to 66° : the pulse, which had been about 76° before the operation, had risen to 82; the surface of the body was however cold. Pain in the lumbar region very severe; ordered to have nothing but toast water or a solution of gum: arabic.

At nine p.m.—Temperature as before; pulse had fallen to 72; the surface of the body was warmer; pain considerably less severe: she had had no sleep, but was free from vomiting and thirst, &c.: had not passed any urine; ordered 3-4ths of a grain of mur: morphine in solution, panada, and toast water.

Aug. 22d, three a.m.—Temperature as before; pulse 74, soft and compressible; skin warm, and an inclination to moisture; tongue clean; no thirst or flatus; pain very trifling; no cough; had slept a full half hour soundly; the catheter was introduced, and eight ounces of urine drawn off, of a pale sherry colour; ordered one grain of calomel, panada, gum water, toast water, as before.

Eleven a.m.—Temperature a little lower; pulse 76, soft; surface warm and inclined to moisture; pain entirely gone, but was succeeded by a slight tenderness on pressure; no urine had been passed since last visit; ordered a gruel clyster; diet and drink as before, half a grain of calomel.

Three p.m.—Temperature lower; pulse 80; skin hot; tongue furred; some thirst; the belly tender to the touch; drew off by the catheter eight ounces of high-coloured urine; ordered 20 grains of ox gall inspissated, deferred bleeding, as the pulse was still soft.

Ten p.m.—Pulse 80, still soft; tongue furred: the bowels troubled slightly, with flatus; had slept soundly a full hour since last visit; was occasionally nauseated; ordered a repetition of the clyster, and ten grains more of the inspissated ox gall.

Aug. 23d, nine a.m.—Pulse 82, still soft; skin hot; tongue furred; flatus still troubling the intestines; had slept soundly four hours, at twice, since last visit; urine drawn off by catheter to about six ounces; no motion from the bowels; ordered a clyster, with the addition of one ounce of ol. terebinth.

Five p.m.—Pulse 80, softer than before; tongue still furred, but thirst less; no pain; no cough; flatus less troublesome, and the tenderness less; was a little sick; had slept an hour and a half since last visit; had passed eight ounces of urine by natural efforts; no motion: ordered ten grains of ox gall; diet, and drink as before.

Ten p.m.—Pulse had fallen to 75, soft and compressible; skin warm and moist; tongue cleaner; thirst less; no pain; no flatus; had slept two hours; passed ten ounces of urine of a paler character; had one very copious motion; still a little sickly; diet, and drink as before.

Aug. 24th, ten a.m.—Very much improved in every respect; pulse 72, soft; surface warm and moist; had passed fourteen ounces of urine, and had two motions by natural efforts.

Five p.m.—Incision dressed, adhesion was effected the whole length, except where the ligatures occupied.

Ten p.m.—Improvement still apparent; urine passing freely; added beef tea, and ground rice pudding to the diet; drink as before.

Aug. 25, ten a.m.—Continues going on well; wound dressed; all the interrupted sutures removed; sleeps well; passes urine and motions freely; diet and drink as before.

Aug. 26th.—Continues well; has long sleeps; appears very cheerful; ordered mutton chop, in every other respect the former diet and drink adhered to.

Aug. 27th.—Very well; sat up in bed for about an hour; eats her food with great relish.

Aug. 28th.—In all respects continues to improve.

From this time she progressed favourably, with the exception of a slight depression of mind, in consequence of my having to leave her two or three days for a distant patient; on my return her spirits revived, and on the 9th September, only 18 days from the operation, she returned to her friends at Ashton-under-Lyne. The first ligature came away on the 14th day, and the principal one on the 14th Sept., or 23d day. Up to the date of this communication, she feels quite well—eats her food with great relish—feels her strength improving daily. As I am of opinion that the character of these tumours cannot be too freely discussed, I may state that the tumour was composed of one large sac, that at the time of the operation held 14lbs. of fluid and which had only been emptied a few days before, to the extent of 25lbs. The pedicle from the right ovary was moderately thick and vascular; attached to the large sac was a solidified mass, to the extent of 16lbs, partly seated in the right iliac region, but a large portion occupying the pelvic cavity, which it nearly filled; the solid part consisted of small cysts in all conditions, their

contents varying, some containing a gelatinous transparent mass, others pus, &c., and occasionally a hydatid here and there on the surface.

One or two remarks have occurred to my mind since my last published cases. The constant tendency of the solid part of the tumour towards filling up the pelvic basin, and from the pressure of this mass on the pelvic viscera—particularly the uterus—the liability of diagnosing a diseased uterus where no such disease exists. The other point is, the apparently greater liability of the right ovary to take on this disease than the left; certain it is, that nearly four-fifths of the cases I have seen (and they are many) have been of the right ovary. In conclusion, the case here given is of peculiar interest, as being the first presented to my notice of this disease in so young a female who had not been married; not the slightest derangement of the catamenia had ever taken place—consequently, not the slightest connection with conception can be traced.

CASE SEVENTH.

In November last a lady, Miss —, of R—n, Wales, came to Manchester to consult me respecting her case; she had been tapped six times, and had consulted a variety of practitioners, none of whom advised more than tapping, and attention to the stomach and bowels. This lady was 35 years of age, fair complexion, tall, flat chested, and troubled with an asthmatic cough of long standing, with copious expectoration of a muco-purulent character. She was extremely anxious that I should consider her case a favourable one for extirpation. I found her larger than any female at the full period of utero-gestation; the abdominal cavity was so tensely filled that it was impossible to give any decided opinion as to the probability of adhesions, but I was inclined to believe it pretty free; my principal object, however, at this time was to ascertain if there was any derangement of the uterine structure, I therefore instituted a careful examination *per vaginam*, and gave it as my opinion, that *that* organ was perfectly healthy. On comparing the facts of this case with its past history, I advised the lady to return home, to lead as quiet a life as possible, pay proper attention to her bowels, and put off the next tapping as long as she possibly could, but that when that operation took place I wished to be present. I felt pretty confident that the prospects of the case were good, yet I desired to see it immediately after tapping, to confirm more satisfactorily the views I had formed upon it. With some few instructions as to the mode of proceeding, she returned home; I occasionally heard from her, and latterly expressing her determination to come again to Manchester to be tapped by me, and if necessary, to undergo the operation as soon as I thought it prudent; she accordingly arrived in Manchester the second time, Jan. 16th, and I proposed to empty the sac on the following day.

On the 17th January, I proceeded to tap my patient. I selected the left side as the one on which the sac appeared most prominent. As my patient, however, had always been tapped centrally, beneath the umbilicus, she expressed some slight fears as to the alteration of the mode of procedure, but assuring her it was not only the most common mode, but most particularly applicable to her case, she immediately acquiesced. The sac was penetrated by a large trocar, and 24 pounds of thick, viscid fluid, of a dark coffee colour,

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less

were extracted: she bore the tapping extremely well; this was the seventh time she had submitted to it. The quantity each time had increased, and the space of time between the tapplings had diminished. She supposed she had been subject to the disease ten or twelve years at least. After the fluid contents had been evacuated, I had the patient laid on her back, and found that the tumour was still of a considerable size, but from its retreating easily towards the pelvic cavities without any drag upon the abdominal parietes, and from the great facility with which it could be moved about, I concluded that no adhesions of any importance existed, *certainly none anteriorly*, so on that point no objection could be raised to the extirpation. I was equally well convinced that the uterine structures were perfectly normal; indeed, the only circumstances that could at all be deemed objectionable were the flat chest, and habitual cough, which, though evidently asthmatic, yet were to be dreaded, as her family had furnished examples of phthisis, and it was not impossible, if any great determination towards the chest took place, a change to phthisis might be the result; still, all circumstances being considered, I concluded the case a favourable one, and one that ought not to throw away the chance of life by extirpation. It was therefore proposed to operate on the following Tuesday, the 21st of January. In the interim she was very cheerful; the cough was a little troublesome, most probably from a cold she had taken whilst journeying to Manchester. The operation was begun by me on the Tuesday morning, a little before twelve o'clock, (accompanied by some friends who had been with me at most of my former operations, and others that for the first time wished to witness it, viz., Dr. Radford, Mr. Windsor, Mr. Vaudrey, Mr. Roberts, and my assistant, Mr. Ledward). The preparations were much as usual; the room was heated to 76° F. I made an incision of about fourteen inches, when the pearly white sac that had been previously emptied on the 17th, came full in view, which was found to be connected with two other sacs that had laid posteriorly, that is towards the spine, one of which was small, but the other large, and also accompanied with a large mass of solid matter: this solid part had chiefly occupied the pelvic cavities. To lessen the volume somewhat, and facilitate its removal from the abdominal cavity (the opening to which, though 14 inches, was *small enough*), I emptied the smaller sac to the amount of 6lbs., which, with the 24lbs. previously abstracted, made 30lbs. The whole mass was still found to be very large. The diagnosis of the case was perfectly correct, no adhesions, *save the pedicle*, presented themselves. After dividing the pedicle, which, in this case, was remarkably thin, I had the satisfaction of lifting the whole mass from the abdominal cavity. This mass weighed 23lbs., which, added to the 30lbs. before, make a total of 53lbs. weight: at least 9lbs. of this was solid; so that Dr. Bird's plan would have been out of the question; as all present witnessed, it required no little exertion on my part to get this tumour through an opening of 14 inches. The pulse of my patient before operation was somewhat above 90. During the operation not two ounces of blood were lost, and the wound was closed with nine interrupted sutures, and the pedicle ligature brought out at the lowest part of the incision. *The time occupied by the operation was about 20 minutes.* My patient was then put to bed very cheerful, and complaining only of pain in the groin, *which is usual where the pedicle had been separated.*

PROGRESS OF THE CASE FROM THE TIME OF THE OPERATION TO THE END
OF THE FOURTH DAY.

Tuesday, Jan. 21st, 1845.—Operation, twelve o'clock ; m. temperature, 76° ; pulse before, 90 ; after, 85. At two p.m., two hours after operation : temperature about 72° ; pulse 90 ; no hæmorrhage ; the surface of the body was warm except at the extremities, which were cold, there was no moisture ; tongue clean ; no thirst or flatus ; mind perfectly calm, and her usual cough had not been in the least troublesome ; pain in the loins, and in the direction of the pedicle very severe ; slight shivering ; no discharge of urine or motions ; respiration free ; some little sickness, and had no sleep. Ordered, Ext : Hyosey : grs. vi. ; stat : sumend ; gum water to drink, occasionally changed for toast water and panada.

Four p.m.—Temperature, 72° ; pulse had risen to 100 ; not the slightest trace of hæmorrhage ; surface of the body generally warm, but still dry, and the extremities warmer than at last visit ; tongue clean ; complained of slight thirst ; bowels as yet free from flatus ; mind calm and cheerful ; cough still absent ; pains in the loins and iliac region very severe, but without any shivering ; no urine or motions ; respiration good ; no sleep ; no sickness. Ordered Ext : Hyosey : grs. vi. ; panada and gum solution as before.

Nine p.m.—Temperature lowered to 68° ; pulse had continued to rise, and now was 110, but not full, more the character of debility than inflammatory action ; no hæmorrhage ; surface warm, but still dry ; tongue clean ; some little thirst, but no flatus ; cough not troublesome. For the first time the pain was considerably less. The catheter was passed, and ʒix. of urine, rather high coloured, drawn off ; no motion ; respiration regular ; had no sleep, and very little sickness. Ordered a clyster of common gruel, with castor oil in it ; half a grain of calomel put on the tongue. Panada and gum solution as before.

Twelve p.m.—Found her much the same in every respect as at my last visit.

Jan. 22nd, seven a.m.—Temperature lowered to 65° ; pulse 110, very soft ; the skin for the first time felt moist, and had its usual warmth ; the tongue more moist and clean ; thirst nearly gone, and the pain very trifling ; had passed about ʒvi. of urine naturally ; bowels not yet moved ; respiration a little quicker ; had slept a full hour and a half ; sickness very trifling. Ordered another clyster, and gave another half grain of calomel ; diet and drink as usual.

Eleven a.m.—Temperature 65° ; pulse had fallen to 96, soft ; general surface warm and moist ; no thirst, cough, or pain ; urine passed naturally ʒvi. ; no motion ; had slept about half an hour, and had a little sickness on waking. No medicine ordered ; diet as before.

Four p.m.—In every respect the same as at last visit, except no sleep.

Eight p.m.—Continued about the same, but had slept half an hour.

Jan. 23, seven a.m.—Found her considerably better, having slept from two to three hours, and had had a motion, which gave great relief. Ordered a little weak beef tea ; in other respects her diet was the same as before. Another clyster to be given during the forenoon.

Two p.m.—Another copious motion from the bowels gave great relief. Urine began to secrete freely ; had enjoyed occasional short sleeps.

Ten p.m.—Every thing in the shape of bad symptom had left her; still she had not had any motion without clyster, although urine was secreted freely, and voided naturally. Ordered broths of mutton or beef, to be given more freely.

Jan. 24th, ten a.m.—Continued improving; the bowels were freely emptied by clyster. Ordered a mutton chop, and gave x. grs. of ox gall inspissated in pills. Her sleeps were two or three hours at a time, sound and refreshing.

Ten p.m.—Continued about the same. Ordered ten grains more of inspissated ox gall.

Jan. 25th, ten a.m.—Found my patient very cheerful; had passed a motion naturally, and a large quantity of water; had slept most of the night well. Ordered five grains of inspissated ox gall, broths, chops, and tapioca.

Ten p.m.—The case now presented no symptoms which required watching. From this period all went on well.

GENERAL OBSERVATIONS.—On Friday morning, the third day, I dressed the wound, removed the greater part of the sutures, and found the wound perfectly healed. On the Sunday, the remaining sutures were taken away. From this time, the case progressed favourably, with the exception of her cough, which became very troublesome, in consequence of the severe frost accompanied with dense fog, mixed with smoke, which got into the room; the cough for some hours harassed her much, and depressed her spirits, but which resumed their usual condition after the fog and frost gave way; so much did the cough harass her that she was afraid of encountering a similar state of atmospheric impurity, and she was determined to travel home as soon as it was possible she could do so. To this I offered no objection, as the fogs of Manchester are of very frequent occurrence, and of a very dense character. My patient now sat up a little every day, and on the 15th day after the operation she returned home into Wales at a much earlier period than any other patient had ever left my care; but as her brother-in-law was a medical man, and had had the management of her case so long previously, I had every confidence in his attention to her, more particularly as my patient resided with him.

There was not the slightest hæmorrhage or light headedness throughout the whole treatment. Temperature was kept at from 64° to 68° during the first five days.

From the long standing of this case, its magnitude, &c., the results must be considered a flattering testimonial in favour of ovariectomy.

CASE EIGHTH.

Mrs. L—g—e, Worksop.—Had been frequently tapped for ovarian dropsy; latterly the sac refilled with great rapidity, and the walls of the sac and abdomen had adhered together, and become so thin immediately under the umbilicus, that when the sac became distended with fluid, the parts gave way, and she was spontaneously tapped without any assistance two or three times. The rapid secretion of cystic fluid was reducing the constitution, and she was extremely anxious for an entire removal of the disease. On a strict examination it was found that adhesions existed between the front walls of the sac and the peritoneum, but it was supposed they were not very extensive.

For two days a little preparatory medicine was given, which consisted of two pills of 4 grs. each of the fel: bov: inspiss: every four or six hours. By this means the bowels were kept well emptied, and every disposition to flatus removed; whilst taking this remedy a great improvement was manifest in the digestive functions. Considering the case in as good a condition as could be expected for the operation, she underwent it at 11 o'clock, a.m., March 10th, 1843. The room was at the temperature of 72°. Contrary to all expectation, the adhesions were both numerous and extensive, and the operation was one of great difficulty, occupying about twenty-five minutes. The patient bore it extremely well, and was put to bed much more comfortable than the circumstances of the case warranted. The room was ordered to be kept perfectly quiet and darkened, and one grain of mur: morphine given in solution. Little or no hæmorrhage occurred during the operation. The tumour was four-fifths solid, and weighed about 17½lbs., which, with about 8lbs. of fluid in one of the cysts. made a total of 25½lbs. The pulse before the operation was 90, and rather full. After operation the pulse was still 90, and but little altered in character.

One p.m.—Temperature 68°; pulse had fallen to 84, soft, slight sickness, felt inclined to sleep, but had not slept; pain rather severe in the loins and in the vicinity of the pedicle, which was on the right side; the skin was warm and moist, with the exception of the feet, which were colder. Ordered warm flannels to the feet, solution of arabic gum to drink, occasionally toast water, and half a grain more of the mur: morphine in solution.

Three p.m.—Temperature 68°; pulse 82, soft; pain less severe in the loins; sickness very trifling; skin warm and moist, including the extremities, which were a little colder on the previous visit.

Six p.m.—Temperature 66°; pulse 82, very soft; no sickness; skin warm and moist; had slept a full hour, but the nurse said she started and talked much during her sleep; appeared very cheerful, and full of hope as to recovery. The catheter was introduced, and about eight ounces of pale sherry-coloured urine drawn off. Complained of being thirsty; the tongue was, however, very clean, and rather moist. Toast water and gum solution was given more freely. Ordered half a grain calomel and ten grains of inspissated ox gall.

Twelve p.m.—Temperature 66°; pulse 80, very soft; no sickness; no pain; skin warm, and a copious moisture over the whole body; had slept since last visit about an hour, but very disturbed and troubled with frightful dreams. Ordered one grain of solid opium, with half a grain of calomel, and eight grains of inspiss: ox gall. A common gruel clyster to be given.

Four a.m., March 11th.—Temperature 66°; pulse 80, soft; had slept about an hour since last visit, but very restless during it, and talking fast. The clyster had brought away a copious motion. Catheter introduced, and ten ounces of water drawn off, rather high coloured. Felt much relieved and very cheerful, and stated that she would gladly undergo the operation again, rather than suffer as she had done. Drink and diet as before.

Eleven a.m.—Temperature 65°; pulse 78, soft. Had had occasional short sleeps, not quite so disturbed as before. A small quantity of fæces came away

mixed with clyster. Catheter used, and eight ounces of urine drawn off, of a pale colour. No pain; calm and cheerful.

Two o'clock, p.m.—Twenty-seven hours after operation. Found her in every respect as well as at last visit, and left her in a quiet and apparently sound sleep. I had not left her above half an hour, when I was summoned hastily to her. The nurse stated she was fast asleep, and awoke with a loud scream, and sprung up in bed almost upright, but was instantly aware of her position, and sank down frightened and pale. I was on the spot in less than three minutes, and found the countenance remarkably pale, and expressing great anxiety; she spoke to me and hoped nothing had occurred to do injury, said she dreamt the operation was performing again; whilst speaking the jaw fell, and on turning down the bed clothes, it was discovered that a large amount of blood had escaped from the lower part of the wound. In a few seconds she expired. I felt no doubt the ligature on the pedicle had been thrown off, probably by the violent exertion of springing up in her sleep. On applying traction to the ligature, such was the fact—it came away. Thus in a few seconds the hopes of a case were destroyed that in every respect was doing remarkably well, equal in prospect to any that had occurred to me for the first twenty-four hours, and I feel convinced, but for the violent movement resulting from the accidental throwing off of the ligature, the case had every prospect of doing well.

CASE NINTH.

Mrs. B—h—t, Derbyshire, consulted me in June, 1843, having, previously undergone various modes of treatment for what at the time was termed obstinate ascites; she had not derived the least benefit from any plan that had been proposed; the abdomen gradually increasing in size, her condition became extremely uncomfortable, and she felt anxious for some relief by operation. On examining her carefully, I fancied large tumefied masses could be felt in several places, although the tenseness of the abdominal cavity by fluid deposit was so great, that no correct conclusion could be arrived at, I therefore proposed tapping, and for that purpose visited her at her own home, when about 40lbs. of fluid were drawn away, to the great relief of my patient. After the fluid was drawn off, the abdomen presented a curious aspect, for independent of the lax integuments, there appeared to be a considerable number of small tumours situated at different parts of the abdominal cavity, which I could only account for, by supposing that these tumours were dispersed in various parts of one large sac, as in the plate of Case 4th, a mode of arrangement I have often witnessed under these circumstances. I advised my patient to wait a few weeks, and watch the progress of refillment of the supposed sac, ordering her in the meantime to take no medicine, except simply to regulate the bowels, for which purpose I ordered the *fel: bov: inspiss: grs. x.* twice or three times each week, which was found to have a most excellent effect, in causing a due number of evacuations daily: dyspeptic symptoms, which had previously been very troublesome, entirely left her, and her countenance, which had for years assumed a yellow tinge, wore a far more healthy aspect: still the abdominal enlargement continued. For the first two days after tapping, the secretion appeared checked, but after that, increased rapidly, so that she was obliged

early in October to visit Manchester, with a view of seeking further relief. From the previous knowledge I had of the case, after tapping, I considered little or nothing more could be learned, except by an exploratory incision. One or two circumstances threw some doubt over the case. There was not the slightest preponderance to either side of the abdominal region, as in a great majority of ovarian cases. There was no dragging pain in either groin, or in the lumbar regions, and to the touch the vibratory motion of the fluid felt more like ascitic than cystic. The presence of tumours after tapping, and the little, indeed no effect, medicine had upon the case, induced me to recommend the exploratory incision.

On the 5th of October, 1843, she submitted to the operation in the presence of Dr. Radford and Messrs. Vaudrey, Winterbottom, Ledward, and other surgeons. The bowels had previously been well moved with the ox gall inspiss: and the bladder emptied immediately preceding the operation, the pulse being about 90, temperature 72°. The incision was commenced about two inches above the umbilicus, and continued about as far below it, viz., about four inches in all; on making it, a large quantity of fluid escaped, probably five or six pints, in which floated hundred of hydatids; the escape of fluid was now suddenly arrested by a large hydatid blocking up the incision, which I pierced with the scalpel, but which was no sooner emptied than another supplied its place; the incision was then enlarged about two inches, when a great rush of hydatids, large and small, escaped, from the size of a pea to that of a swan's egg. The amount of fluid and loose hydatids that escaped was guessed to be upwards of 20lbs., and filled two large wash-hand basins, independent of what was absorbed by the clothing, and went on the floor of the room. When the abdominal cavity was emptied, a curious scene presented itself, every portion of the viscera contained in the abdomen was covered with hydatids of all sizes attached; on the surfaces where there appeared the least number, on close inspection, they were covered with thousands of extremely small hydatids, not larger than rape or millet seed: independently of this pathological phenomenon, most of the viscera were enlarged, and adhered to each other, particularly the uterus, right ovary, liver, and spleen. Under such a complication of disease, it appeared any thing but desirable to persevere in any further attempt at extirpation, I therefore, with feelings of fear for the result of the case, proceeded to close the wound by interrupted sutures; having nearly done so, it occurred to me that my patient would run no greater risk by a further attempt to ameliorate her condition for the future, which I considered legitimate; my hopes were small; therefore, before closing the wound, I inserted into the abdominal cavity a string composed of about a dozen folds of white worsted, twelve inches in length, bringing one end out at the lowest part of the external wound, all other parts were closed, a firm bandage applied, and my patient was then removed to bed—the time occupied being about twenty minutes. Half a grain of mur: morphine in solution was then given. The pulse after the operation was not in the least altered in character, and remained about 90.

Three hours after the operation.—The pulse was tranquil, skin moist and warm, tongue clean, experienced no pain nor sickness, and for the last half hour had felt drowsy.

Six hours after.—Had slept nearly an hour since last visit, had no pain, nor the slightest uneasy feeling of any kind: a little serous discharge had taken place from the wound.

Ten hours after.—The catheter was used, and eight ounces of urine drawn off, of a pale colour; had slept a full hour and a half since last visit.

Oct. 6th, eight o'clock a.m., twenty-two hours after operation.—Urine again drawn off by the catheter to ten ounces, pulse 86, soft. The temperature up to this time had been kept at about 65° or 70°. Skin warm and moist, no pain; had slept three hours since last visit.

Two o'clock, p.m.—The pulse had risen to 95, full; skin dry and hot, tongue dry, still no pain or tenderness; the serous discharge, which had up to this been more or less constant, had now ceased. I bled her to 18 ounces (*until she felt sick*), and gave her eight grains of inspiss: ox gall, with one fourth of a grain of calomel every four hours. Ordered her an enema of common gruel with an ounce of liquid ox gall in it, and one ounce of spt: terebinth.

Six o'clock, p.m.—The pulse was 80, very soft, skin moist, less thirst, no pain; the enema had brought away some fœces, and she had slept an hour since last visit, urine eight ounces drawn away, felt very comfortable, no discharge from the wound.

Oct. 7th, six a.m.—Had slept most of the night, felt well, passed a large motion by natural efforts, and also ten ounces of urine without the catheter. The discharge from the wound re-appeared slightly, and evidently changing in character, having a disagreeable smell. My patient's diet from the operation had been entirely confined to panada, toast water, mucilage of gum arabic, and such simple materials, and I still thought it necessary she should continue them.

Oct. 8th.—The discharge becoming purulent and pretty extensive, in every other respect my patient was remarkably well, which induced me to add milk, bread pudding (with yelk of eggs in it) to her former diet. She now voided urine and motions regularly.

Oct, 9th, 10th, 11th, and 12th.—My patient continues daily to improve; a copious discharge of pus continued from the wound, which was entirely healed up, with the exception of the aperture through which the worsted threads passed, and from which the pus escaped. I now considered a stronger diet necessary, mutton chops, broiled steaks, porter to drink, and occasionally a glass of old port wine; under this treatment she continued to improve; she finally left Manchester on the 30th of October, with the precaution not to remove the worsted tent, which she rigidly attended to for the four months following; I saw her at the end of that time, the discharge was then very trifling, so little, that I advised the tent to be gradually withdrawn. About the middle of March, 1844, I heard from her that the discharge had ceased, and the wound closed. In 1845 I saw her a stout and healthy person; not the slightest abdominal enlargement could be detected; no irregularity of outline; she was quite able to attend to all the arduous duties of a milk farm, and up to this period, 1848, she is still in good health. This is, I believe, the first case upon record where ovarian, or uterine disease, had been treated by the ulcerative process.

CASE TENTH.

The following case is placed here simply from its analogy in treatment to that of case ninth; the case itself, however, was purely ovarian, whereas the last was an extremely complicated one, consisting of ovarian, uterine, and hepatic enlargement, together with a vast amount of general disease, and deposits of hydatids. Mrs. Woods, from the United States, who had journeyed to England for the purpose of being under my care, which she had been advised to do in America, at the same time premising that before going abroad she had formerly been attended by me in previous illnesses, not at all connected with her present condition.

July 20th, 1845, she visited Manchester, and submitted to my examination. I found an immense ovarian tumour springing from the right side, and occupying the whole abdominal cavity; she was considerably larger than at the average full period of pregnancy; a great portion of the tumour was evidently solid; in some parts, however, particularly on the right side, fluctuation was distinct. From the history of the case, frequent attacks of inflammation had been suffered, all of them accompanied with great tenderness on pressure of the abdominal parietes, requiring active leeching, general bleedings, with other antiphlogistic means. These particulars, confirmed by the immobile character of the mass, led me to suspect extensive adhesions, such as, *at that time*, I did not feel myself justified in encountering by operation: I therefore advised her to remain as she was; this decision depressed her mind considerably, she begged of me to try some mode of relief, but I replied I could only tap some of the cysts, and thus lessen the mass for a time, or, I could make an exploratory incision, and by that means ascertain if the diagnosis as to adhesions was correct, and if possible adopt the treatment of case ninth. This latter proposition was immediately accepted, and feeling I could not retract, I consented.

On the 23rd of July, 1845, with a temperature of 72°, the bowels having been previously opened by the inspissated gall, and the bladder well emptied, I proceeded to make an incision, in the presence of four medical friends, from two inches above to two inches below the umbilicus: a large gush of cystic fluid escaped to the extent of about sixteen pints; on the sac being emptied, I discovered a large amount of solid matter, and what was still worse, every part of the external walls of the tumour was so amalgamated by extensive adhesions to the abdominal parietes and viscera, that any attempt at removal would be impossible; having therefore cleared out the sac, not only of its fluid contents, but also three or four masses of solid *material* attached to the inner surface of the large sac, and consisting of the usual character of small cysts, in almost semi-cartilaginous cells, and filled with a variety of contents. These solid portions were attached to the inner walls of the large sac by a sort of thick pedicle, which easily gave way to traction. Having lessened the volume of the whole considerably, and removed not less than twenty pounds, I closed the wound by four interrupted sutures, leaving in the empty sac a thick string of threads of about twelve folds, and bringing the end out at the lower part of the wound, and securing it there by plaisters and bandages; half a grain of mur: morphine was given in solution, and my patient put comfortably to bed, from which she had only been taken about fifteen minutes.

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Four hours after operation.—The pulse 86, soft and compressible, temperature about 66° ; skin warm, and a general moisture over the whole body; had slept a full half hour soundly, no sickness, no pain; had passed a small quantity of urine without the assistance of the catheter.

Eight hours after operation.—Temperature 66° , pulse 96, still soft and compressible; skin warm, but not moist: had slept but little, not more than half an hour; tongue clean and rather moist, no vomiting, no pain, nor tenderness; had passed about four ounces of urine; felt a little sickly. Ordered a clyster with castor oil in it; and as she appeared restless, I gave another half grain of *mur: morphine*.

Twelve hours after operation.—Pulse 110, full, and not easily compressible; hot and dry; tongue tremulous and red; slight tenderness on pressure of the abdominal parietes, particularly about the umbilical region; no sleep; no urine passed, nor yet any motion from the bowels. Ordered a clyster with zifs of recent liquid *ox gall* in it; bled to xxviii , producing sickness; diet of the simplest character, tea, gruel, panada, gum water, and the like.

24th of July.—Clyster had operated freely, a large amount of flatus had been expelled per anus, urine had passed freely; pulse had fallen to 86, very soft, at a temperature of 64° , and had slept soundly for two hours and a half since last visit; from this time no peritoneal excitement occurred; my patient progressed remarkably well; up to the fourth day a serous discharge, but not to a great extent, took place from the wound where the tent was fixed; in all other parts it was perfectly healed, and by this time all the interrupted sutures were removed.

On the fifth day after operation, the discharge by the tent was offensive, and evidently purulent; up to the twenty-first day, the amount of pus, per diem, was considerable, and told upon the powers of the system, requiring strong nourishments and porter to fortify against it. I watched her very closely for eight weeks, at the end of which time she was removed a few miles into the country, where I saw her occasionally; at the end of the fourth month, the discharge was trifling, and the size of the abdomen scarcely more than natural. She felt desirous of returning from the United States, and ultimately accomplished it. In August, 1846, I heard from her, she was well in health, the abdomen of natural size, and with the exception of a slight oozing from a very small aperture in which there was no tent nor had been for some time, it would be difficult to discover that she had ever been subject to ovarian disease. In 1847, I heard again from another branch of the family that she still enjoyed good health. The satisfactory issue of these two cases gave great relief to my mind, as I anticipated a mode of relief to those cases in which an operation by extirpation was altogether hopeless, from the extent and character of the adhesions, &c. I believe these are the first cases of the kind ever treated by an intentional ulcerative process, and as they were both extreme ones, there is reason to hope the plan may be of use to many others similarly circumstanced.

Dr. Tilt of late has proposed the ulcerative process as a mode of treatment in ovarian cases; it is, however, but justice to him to state, that he had no knowledge of the cases here reported, although they occurred some years ago, simply because they were reserved for publication until the remainder of my ovarian cases were put to press. The cases were, however, witnessed by

others, and I trust will be the means of offering relief to the almost hopeless cases we occasionally meet with, where extirpation cannot be thought of.

CASE ELEVENTH.

PREVIOUS HISTORY.—Mrs. S., of Tyldesley Banks, Lancashire, aged 51, long subject to irregular menstruation; bowels generally confined; the left side of the abdomen more tumefied than the right; tumour to the touch of the cystic character; has noticed the enlargement five or six years; frequent pains in the abdomen, chiefly on the left side; size of the abdomen equal to that of mature pregnancy; uterus, per vaginum, perfectly healthy; countenance good; low spirited; no cough; tumour very movable; fluctuation distinct; sleep disturbed; recumbent position uneasy; when lying on the right side a dragging sensation in the groin; recollects pain and swelling in the abdomen, after lifting a heavy weight, some years ago, chiefly on the left side. Digestion impaired; often troubled with flatulence; has never applied bandages; subject to leucorrhœal discharges; occupied only as a housewife; stature tall; has never been tapped; married; has had only one child, twenty-nine years ago.

PRESENT CONDITION.—Tapped the sac January 10th, 1846; removed 22lbs. of dark coffee-coloured thick fluid; ordered the inspissated ox gall, grs. x. night and morning, with the view of emptying the bowels well before extirpation, and to allay intestinal flatus, which that remedy does most effectually. January 14th, 1846, 11 o'clock a.m., extirpated the sac in presence of Sir Arnold Knight, Drs. Watson, and Lewis, of Liverpool, Dr. Radford, and Mr. Winterbottom. Pulse before operation 90, soft. The incision from umbilicus to pubes; the sac, with some four pints of freshly secreted fluid (since tapping), about 6lbs in all. which, added to the former 22lbs, presenting a total weight of 28lbs; pedicle as predicted on the left side, and of moderate thickness; no adhesions; the tumour, one large thick-walled cyst, without solid matter; temperature of the room during operation, from 70° to 74°; pulse, immediately after, 90, soft; blood lost not two ounces; bore the operation with great fortitude; gave a draught with three-fourths of a grain of mur: morphine.

PROGRESS OF THE CASE.

Two o'clock (three hours after the operation).—Temperature of the room 70°; pulse 94, soft; tongue moist and clean; no hæmorrhage; skin warm and moist; felt considerable pain at the pedicle (left groin); no cough; no shivering; no movement of the bowels; passed no urine (the bladder having been well emptied before operation); no thirst; no flatus; respiration calm; no disposition to sleep; no sickness; bowels perfectly free from tenderness: ordered thin gruel and tea with softened bread in it.

Six o'clock, p.m. (seven hours after operation).—Temperature 68°; pulse 96—98, firm but soft; no hæmorrhage; tongue moist and clean; general surface warm, with copious perspiration; pain at the pedicle much less; no cough; no shivering; no motions; passed $\frac{3}{4}$ of urine by her own efforts; no thirst; no flatus; respiration calm. The morphine had produced one hour and a half of sound sleep; no tenderness; no sickness. Ordered one grain of calomel; diet as before.

Eleven o'clock, p.m.—Temperature 68°; pulse 86, soft; no hæmorrhage;

tongue moist and clean; skin warm and moist; pain left the pedicle; no cough; no shivering; no motions; passed urine ℥vi. without assistance; no thirst; no flatulency; respiration calm and free; had slept since last visit one hour and a half. Ordered one grain of calomel, and a draught with mur. morph. three-fourths of a grain; a diet, weak fluids as before.

January 15th, seven o'clock, a.m.—Pulse 82; tongue clean; skin moist and warm; no pain; no cough; no shivering; no motions; had passed urine three times; during the night (℥xxiv.); slight thirst; no flatulency; respiration free; had slept three and a half hours; no tenderness on pressure; slight sickness (from the calomel). Diet as before.

Twelve o'clock, a.m.—Pulse 80; tongue clean; skin moist; not the least pain; no cough; no shivering; bowels not moved; passed ℥viii. of urine; no thirst; no flatulency; respiration free and calm; had slept one hour since last visit; no tenderness on pressure; slight nausea from the calomel. Diet as before.

Six o'clock, p.m.—Pulse 80; tongue clean; skin moist no pain; no motions; had passed urine twice copiously; no thirst; no flatulency; respiration good: had slept two hours; no tenderness on pressure; sickness left. Ordered Fel. bov. inspiss., grs. x.: diet as before.

Eleven o'clock, p.m.—Pulse 80; tongue clean; skin moist; not the least pain; bowels not moved; no urine since last visit; no thirst; no flatus; respiration good; had slept two hours; no tenderness on pressure; no sickness. Diet as before, with boiled bread and pudding.

Eleven o'clock, a.m., January 16th, forty-eight hours after operation.—Pulse 84, very soft; tongue clean; skin moist; no pain, except an uneasy feeling in the bowels, as wanting a motion; urine had passed freely; a little flatus from the bowels; respiration very good; had slept four hours since last night; no tenderness on pressure; very slight nausea. Ordered a gruel clyster of the simplest kind: diet as before. In this the first 48 hours, no less than 15 hours and a half were spent in sound sleep.

Eleven o'clock, a.m., January 17, seventy-two hours after operation.—Pulse 86—92; this rise probably owing to the clyster not acting; tongue clean; skin warm and moist; not the least pain; a trifling uneasy sensation of fullness, and wish to have the bowels emptied; urine in considerable quantity the last twenty-four hours; a little thirst experienced; no flatulency; respiration good; had slept eleven hours since last report; not the least tenderness on pressure; no sickness. The wound was examined; all the sutures removed; the incision perfectly healed. Ordered a clyster, with ℥ij of recent ox gall added to it. Diet as before continued.

Eleven o'clock, a.m., January 18th.—Fourth day completed. Pulse, highest, 80, lowest 70; tongue clean; skin moist; no pain; the clyster had acted in less than half an hour after exhibition, producing a very copious motion; urine somewhat less in quantity, probably owing to the bowels having been acted upon; no thirst; no flatus; respiration good; had not slept so much last night; no tenderness on pressure; no sickness. Ordered a little veal tea; diet in other respects as before.

Eleven o'clock, a.m., Jan. 19th.—Fifth day after operation. Pulse 80; tongue clean; skin moist; free from pain; bowels freely moved by natural

efforts; urine passes freely; no thirst; no flatulency; respiration good; slept through the night at least seven hours; no tenderness on pressure; complains of hunger. Ordered a broiled mutton chop.

Eleven o'clock, a.m., January 20th.—Found her sitting up; pulse 80; bowels freely moved; urine passes freely; skin moist; relished her mutton chop; slept all night. Ordered a chop to dinner, and a poached egg to her tea. From this time the case went onwards to a rapid recovery.

January 21st.—Sat up a considerable time to-day; feels well except weakness; takes her food, and sleeps well; bowels regular; urine passing freely.

January 22d, the eighth day.—Sat up a great portion of the day; feels in every respect well.

January 23d.—Continues well.

January 24th.—Continues well.

January 25th.—Sits up most of the day: eats and sleeps well.

January 26th.—Continues well; takes a little porter.

January 31st.—In good health and spirits; is preparing to leave Manchester in a few days.

OBSERVATIONS.

The temperature of the room was gradually lowered after the operation, and on the second day, a small fire, just necessary to make it comfortably warm, was all that was allowed.

The pulse was remarkably soft and compressible throughout, the highest range never exceeded 98, and that immediately after operation, which proved only to arise from nervous excitement, and, therefore, but of temporary duration, as it soon fell to 86, whilst her natural pulse some days before the operation was about 80. A second rise of the pulse was observed on the third day, when it reached 92, owing probably to the bowels wanting emptying. The natural pulse of 80 assumed its position on the fifth day, and became permanently steady. As the blood lost during the operation was so trifling (scarcely amounting to two ounces), it was probable the circulation would have made greater efforts after; such, however, was not the case. Hæmorrhage was entirely absent in this case.

The tongue exhibited throughout a moist cleanliness, which I certainly attributed to the action of the inspiss. ox-gall, in placing the stomach and alimentary canal in as good a position as possible before operation.

The skin, with the exception of a few hours after the operation, was always moist and warm. Immediately after operation severe pain was felt at the attachment of the ligature, which gave way in about four hours, after which she experienced no pain, with the trifling exception of a little griping, occasioned by the calomel exhibited with the view of creating a little nausea to check any undue force of the circulation. Not the slightest cough was observed during the treatment of the case; no shivering: the bowels were not moved till the close of the third day; the simple clyster on the second day had no effect, but the clyster with recent ox-gall acted immediately; after all, the inactive state of the bowels was no more than is usually met with after childbirth, and the common consequence of removal of pressure, and lying still in bed, with low diet. One of the most remarkable features of this case was the active secretion of urine from the time of the operation to recovery; not the

slightest assistance by the catheter was given. In four hours after the operation, at least eight ounces were passed easily, although the incision through the abdominal parietes was six inches. Indeed, the secretion by the skin was equally active with that of urine; the latter, when abundant, is indicative of a good termination of the case, and, on the contrary, when deficient, a fatal result may be anticipated. Little or no flatulency was observed; the absence of this very troublesome symptom is always of great importance, and I have never observed it where the ox-gall has been given, but have seen much annoyance and trouble with flatus where it has not been used.

The respiratory organs were not in the least disturbed. Sleep in this case was also a remarkable item,—no less than fifteen and a half hours in the first forty-eight, after operation, and equally as much in proportion afterwards.

An entire absence of tenderness on pressure showed how little the peritoneal surface suffered from so extensive an injury—a fact that would have been deemed past belief a few years ago.

Sickness was scarcely ever observed, and what little did appear arose from the exhibition of calomel, with the intent to produce nausea.

As to medicine, two draughts with the mur. morph., two grains of calomel, and about twenty grains of fel. bov. inspiss., were all that was necessary.

The clyster, with two ounces of recent ox-gall, was immediately followed by a motion; I cannot too strongly recommend this species of clyster to the profession, where an immediate action is wanted without using irritating, and, therefore, mischievous materials.

The wound was quite healed on the third day, and the sutures entirely removed—a circumstance at all times desirable, as any object that has a bare possibility of irritating should be dispensed with, as early as it can safely be done.

The diet in this case was similar to that of my previous cases; plain oatmeal gruel; weak tea with softened bread in it; simple boiled bread pudding; toast water, &c. After the bowels had been moved, and all other symptoms favourable, a little weak broth was allowed; in this case veal broth was given on the fourth day. On the fifth or sixth day a broiled mutton chop was added, to the no small satisfaction of the patient, after so spare a diet.

It would have been almost impossible to have desired a case, of so serious a character, to progress to a cure more favourably than this, and it is another addition to the many proofs I have already adduced of the justifiable nature of the operation of *ovariotomy*. I have still some other cases to bring forward, after which, the whole will be published in a separate form, by which time I hope much of the prejudice of the profession respecting this operation, will have passed away.

In addition to these remarks, I have been favoured with some observations from Dr. Watson, of Liverpool, to whom I presented the extirpated sac and contents secreted since tapping:—

“The fluid was coffee or rather cocoa-coloured; it had two deposits on standing; the lower stratum of a brown colour, the upper of a reddish pink, which was due to the presence of the red corpuscles of the blood, proved by the microscopic test.

"The presence of albumen in such a fluid follows of course, and this in a *free* state. Nitric acid produced an almost pulpy mass, so large was the quantity of that substance.

"No evidence of the presence of cholesterine was obtained. The filtration of the fluid required a day or two to effect."

CASE TWELFTH.

Mrs. T., of A., æt. 35. Married ten years. Never had any children, nor yet any miscarriages. Menstruation, until within the last four years, had been regular. Had been tapped three times. Was at present as large as at full period of pregnancy. Tumour apparently springing from the right ovary. A considerable amount of solid matter felt in the right iliac region, and some also felt in the pelvic cavity. The solid parts easily moveable. About five weeks had elapsed since last tapping, and was now an inconvenient size. The only prospect was to tap again, or submit to extirpation. The probability is, that if tapped, she will refill in less time than since the last tapping. She begged to be operated upon, and would listen to nothing else, except as a step towards it. I advised previous tapping before I ventured to give my sanction to extirpation, to which she consented. On the 24th of August, 1845, I tapped the sac, and removed about 38 pounds of dark coffee-coloured fluid, thick and tenacious. After tapping, the solid parts could be moved about in every direction under the abdominal parietes, and there did not appear to be any adhesions between the walls of the sac and the parietes. Preparatory to extirpation, I ordered her to take the inspissated ox gall, ten grains night and morning, for three days, which had the effect of regulating the bowels, producing one and sometimes two motions per diem, without any unpleasant griping or irritation of any sort. On the morning of the 28th I proceeded to extirpate the tumour in the presence of four medical friends—the temperature of the room at the time being 72°, and the pulse, previously standing at 85, soft and compressible. The diagnosis proved correct. There were very few adhesions, and those extremely trifling. The sac held about six pints of fluid, which had been secreted since tapping;—the sac and solid parts being about 12 pounds, making a total of 18 pounds removed by operation, which, with the 30 pounds previously taken, made a total of 48 pounds within four days. The operation was completed in about fifteen minutes—the incision being closed by seven interrupted sutures. Half a grain of morphine mur. was given in solution, and my patient put to bed, apparently very comfortable.

12 o'clock p.m.—Pulse 85; still soft. Temperature 68°. Extremities cold; trunk warm and inclined to moisture; very calm, and disposed to sleep, but had not slept.

6 o'clock p.m.—Temperature 66°. Pulse 86; soft; skin warm over the whole body and extremities; felt sickly; had slept two hours soundly; complained of the usual pain at the seat of ligature on the pedicle; in other respects very cheerful and comfortable. Introduced the catheter, and drew off ʒviii of urine of a pale colour.

12 p.m.—Had slept two hours since last visit; pain had left iliac and lumbar regions. Pulse 90; soft. Temperature 66°. Drew off by catheter about ʒviii of urine, higher in colour than before. Up to this time her diet had been only

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thin oatmeal gruel, toast water, gum water, and such simple materials, which was strictly adhered to.

6 a.m.—August 29th.—Temperature 66°. Pulse 90; full, and somewhat strong; skin hot; tongue dry, and a slight disposition to be light-headed; had not slept. On using the catheter, about ℥vi of very high-coloured urine were drawn off. I found it necessary to bleed until sickness occurred, which took place after about ℥xvi had been taken away, and a copious perspiration followed; ordered a clyster with ox gall in it.

At noon the pulse had fallen to 80, and very soft; tongue moist; skin warm and moist; no pain; had slept one hour.

6 o'clock p.m.—Pulse 80; still soft; had passed urine naturally to about ℥viii ; no motion from the bowels; ordered another clyster with recent ox gall in it, and ten grains of inspissated gall in form of pill every four hours.

10 o'clock p.m.—Pulse 80; soft and equal; urine passed naturally. The second clyster had returned, bringing with it a copious motion. My patient in every respect decidedly better. Simple diet and drink, as at first, continued.

6 o'clock a.m.—August 30th.—My patient very much improved; had slept well most of the night; had had natural evacuations this morning.

6 o'clock p.m.—Continues improving.

8 o'clock a.m.—August 31st.—Still improving; removed the interrupted sutures; the wound entirely healed; the discharge by the ligature at the pedicle had occasionally been serous since the operation, but very slight, and was now becoming purulent and offensive. Rice and bread puddings, with an egg in them, added to her diet.

September 1st, a.m.—Bowels moved twice since last visit; passed urine freely; appetite keener; discharge free and purulent; had slept soundly all night.

From this time her recovery progressed satisfactorily. The ligature came away on the 15th of September, and on the 21st she returned home, a distance of twelve miles, which she accomplished without fatigue, and has remained well since. Is now stout and good-looking, and has menstruated regularly since the operation.

CASE THIRTEENTH.

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Mrs. S., October 1st, 1845, applied to me on account of a large ovarian dropsy. The abdomen extremely tense; the right side apparently more prominent than the left; no solid mass could be discovered by the touch. She had been married twelve years; was now aged 38. Had not had any children. Had menstruated very regularly until about four years ago, when, after some very severe abdominal pains, (which she supposed to arise from cold,) the menstruation ceased, and has not since been resumed. Her general health in other respects is very good; bowels usually much confined. I proposed to have her bowels attended to in the first instance; then to tap the sac or sacs; after which I could give a more decided opinion on the case. To this plan she consented. I ordered ten grains of inspiss. ox gall every four hours. On the following morning the bowels were effectually cleared out,—not only of solid material, but a considerable amount of flatus. On the evening of October 2nd, I re-

moved 28 pounds of fluid from a large sac lying in the right side. After this was emptied another, situated more to the left, presented itself, and as the fluctuation was very clear I passed the trocar into it, and removed about 12 pounds more fluid. The empty sacs were now easily felt, accompanied with two separate solid masses; one about the situation of the right ovary of about 2 or 3 pounds weight, and the other, a trifle smaller, attached to the walls of the larger sac, some distance from the other. Adhesions were discoverable in two places; one immediately below the umbilicus, and the other nearer to the right side. Both attachments were to the abdominal parietes, but neither to any extent. From the fact of the ovarian enlargement not being of very long standing, I had reason to hope the adhesions were not very firm. On the morning of the 5th October, 1845, the operation was performed, the pulse being at 80 and temperature of the room 71°: my patient was full of hope and confidence. As was previously anticipated, the adhesions were easily overcome, and the immense double sac, with its solid accompaniments, removed in less than twelve minutes, including closing the wound, bandaging, &c. After the operation the tumour was weighed, and found to be 14 pounds, which, with the product of the tapplings before, amounted to 54 pounds avoirdupois weight. My patient was very cheerful, and expressed herself much satisfied, and that she would willingly undergo such an operation again, rather than suffer from the incumbrance she had done. I forgot to observe that she had been tapped twice previously; the first time to about 28 pounds—the second time to 30 pounds. Two years and a half elapsed from the commencement of the disease to the first tapping; and in fourteen months she was tapped the second time. From the second to the third tapping was but about four months, shewing the common features of these cases, viz.—the more frequent the tapping the shorter the interval generally becomes; so that it is often easy to guess pretty accurately the probable prospect of the life of the individual. After my patient was put to bed, half a grain of mur. morphine and six grains of inspiss. ox gall was given in pills, to be repeated in two hours. Four hours after the operation the pulse was soft, calm, and stood at 80, as before the operation. She complained as usual of a severe pain in the lumbar and right iliac region, but which had abated the last half hour; had not been to sleep; no sickness; no thirst; the skin was warm and moist throughout the whole body. Eight hours after the operation the pain had quite left her; had slept an hour: skin warm and moist; pulse 86; temperature of the room near 70°; passed the catheter and drew off ten ounces of urine, by which she felt relieved, and thought she could sleep again; ordered the room to be kept cooler.

October 6th, 8 o'clock a.m.—Found the temperature of the room 65°; the pulse 78; skin warm and moist; had slept soundly three or four hours during the night; passed the catheter again, and removed ten ounces more urine: the bowels felt as though they would shortly be relieved. The diet, up to this, had been of the simplest quality, and in the smallest quantity possible at a time, consisting of gum water, toast water, boiled bread, weak tea, &c., &c. It is almost useless to record every particular of this case, as it progressed very favourably to a successful issue. On the evening of the 6th she passed a large motion with the assistance of a clyster, and passed urine during the night without catheter. On the 7th she had a natural evacuation from the

bowels. On the 9th the interrupted sutures were removed; the incision was well healed. On the 24th the ligature on the pedicle came away, and on the 30th she left Manchester, and bore her journey home, a distance of about 30 miles, without fatigue. In about six months from the time of operation she began to fatten, and is now stouter than at any former period of her life.

[Before giving the next case, I am called upon to correct a statement made by me a little time ago. It will be recollected that in the *Lancet* of the present year, Dr. Tilt, of London, has published a series of highly interesting papers on ovarian diseases, with their medical and surgical treatment, and proposing a new plan of treating this formidable disease, viz., by an ulcerative process. Seeing this announcement, we at once communicated with Dr. Tilt, saying that we had adopted the ulcerative process as a means of cure some years ago, and therefore it was not new. We did not, however, intend to state that we had adopted Dr. Tilt's mode of procedure *in establishing the ulcerative process*, but merely that we had cured such cases by the ulcerative means. There is a wide distinction between Dr. Tilt's method and our own, which it is only justice to state. Dr. Tilt establishes the ulceration by first attacking the abdominal parietes with the slow caustic called the Vienna paste, and then having exposed the ovarian mass, attacking it by the same means. We certainly lay no claim to this mode of producing the ulceration, and shall give Dr. Tilt quiet and undisputed possession of his discovery. It must also be remembered that Dr. Tilt proposes this means to supersede the necessity of extirpation, which he condemns as cruel in the extreme. On the other hand, we established ulceration in the cases previously given, (case 9 and case 10,) because, having made an incision, with the view of extirpating, and finding the adhesions of so general a character, and so firmly formed, we judged it prudent not to proceed with the extirpation; but, to give the female some chance, we passed a large worsted tent into the *very interior* of the tumour, and succeeded in setting up an ulcerative discharge from the inner portions of the mass through the parietes,—the worsted threads forming the medium which conducted the pus formed *outwardly*, and thus prevented its accumulation in the abdominal cavity, *the mischief of which is well known in the history of ovarian diseases*. We had the happiness to succeed in the two cases before alluded to, by the means we had adopted; and since our communications with Dr. Tilt have been made, *another successful case* has occurred to us, which we shall give at the close of these observations as case 14. With regard to the cruelty of the two modes of procedure, as compared to each other, we cannot but think, on reflection, every operating surgeon will at once declare the plan we propose infinitely less painful and occupying much less time than the plan by the *Vienna paste*, a remedy of which we happen fortunately to know some little about. Some years ago we introduced into England the mode of operation, as proposed by M. Laugier, of *Paris*, to destroy varicose veins by the slow caustic, or *Vienna paste*. This operation we have performed now fifty times, and always with success,—the cases turning out perfect and permanent cures. Many of them are reported in the *Lancet* of 1839-40-41-42. Notwithstanding all this, we were witness in every case of

the most excruciating torture continued for many hours together, *and this only to effect the destruction of the coats of a vein on the surface of the integuments.* In respect to the plan of treating ovarian disease by this slow caustic, *first*, there is the opening to be made in the abdominal parietes, which must, as a matter of course, being of considerable thickness, occupy a very long time;—some hours at least—more likely many hours; and for the pain to be borne *the while*, we leave our readers to guess, hoping they nor their patients may ever have to experience such. Now, all this first part of the question by our plan is *settled by the scalpel in a few seconds*; and we argue, even if the operator *had no intention to extirpate, however favourable the case might be*, but was *bent upon the ulcerative mode for the tumour*, surely he would never occupy hours in going through the abdominal integuments, *and with great suffering to the patient*, if he reasonably could effect the same in a few seconds, and that without, or at least nearly without, pain. But to proceed. The opening being made, and the tumour exposed, Dr. Tilt then attacks the walls of the tumour (the least sensitive part) with the slow caustic. How long the process will be required to reduce a tumour from 60 to 70 pounds weight, (*which we have more than once seen*,) or how often this excruciating caustic may have to be repeated, we are not very much enlightened about. Then, again, the difficulty of keeping the ulcerated part of the tumour opposite the ulcerated opening in the integuments; the liability of the pus formed, lodging in the peritoneal cavity, the probability of *Vienna paste* becoming half or wholly dissolved, and spreading to other viscera; the mischiefs, many and serious, that may arise from such circumstances. On the contrary, *we propose*, in the second stage of the operation, if the tumour is not adhered, *to remove it*; and if adhered, *not to a formidable extent, still to remove it*. But if so formidably adhered as to present insurmountable difficulties in the way of removal, *in such a case* we should consider it our duty to lessen the volume of the tumour with the scalpel as much as possible; (*and we never saw a case where the tumour could not be lessened very materially, even from its interior, as in case 10*,) and then set up the ulcerative process by worsted bands from the interior of the tumour, where the seat of the disease is most active, and where its vitality and power of growth are soonest destroyed. The first opening, too, being always down pretty close to the pubis, and the worsted bands being brought out at the lowest point of the wound, there can be no accumulation whatever in the abdominal cavity; no mischief arising from the presence of pus in that cavity (often the cause of death.) We leave the question of choice to the profession, confident that the surgeon's knife is infinitely less cruel than any slow burning caustic, and immeasurably less dangerous to the patient. We now proceed to the particulars of case 14.]

CASE FOURTEENTH.

Hannah P—s, aged 27, tall and good-looking, had been employed as a domestic servant; for the last three years she had been subject to ovarian disease, previous to the appearance of which she had not menstruated regularly for four months. She consulted me early in the present year (1848); she was then very large; the right side larger than the left. The disease rendered her incapable of retaining her situation, and she was obliged to be thrown on her

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own resources, her friends being very poor. The overseers sent her to the medical officers of Salford, refusing to do anything for her except she was under their care. Being desirous, however, to place herself under my care, she rejected the overseers' offers of assistance, coupled with the conditions they were; subsequently she went into the Manchester Royal Infirmary. No particular treatment was adopted; an operation was spoken of, and at one time she was placed upon the operating table, but the operation was put off, and so from week to week, until at last wearied out, she left the hospital, and came to beg of me to take her under my care. I consented, if she could find means to subsist on in my private hospital, to operate, putting payment out of the question altogether. I proceeded, after due attention to the bowels, to remove the fluid by tapping, August 10th, 1848, which amounted to 40 pounds. When the fluid was removed I examined the abdomen carefully, and thought the sac sufficiently at liberty to be easily removed, but advised her to wait a little, to see how fast the sac was disposed to refill. She waited patiently for two or three weeks; the sac gradually refilled; and, finding she was becoming impatient, and as her slender means were nearly exhausted, I consented to remove it on September 1st, and on opening the abdomen I found the sac with about 6 or 7 pounds of fluid, moderately free, except that near its attachment to the right ovary a solid mass of about 4 pounds weight was so firmly adhered to the adjacent parts that I considered its removal would be attended with too much risk. I therefore removed the sac and its contents, and passed a thick worsted tent deep into the substance of the solid mass, bringing it out at another part; then, putting the two loops together, brought them out at the lowest point of the abdominal incision. The wound was closed, and my patient put to bed in a very cheerful frame of mind. The pulse was about 78 before the operation, and remained without any alteration for some hours after. Half a grain of morphine, with six grains of ox gall, were given, and repeated in two hours after. The operation was performed about 11 a.m.; and at 10 p.m. the pulse began to rise. At 4 a.m. next day it was 100, full and strong, when I bled her to ℥xviii , which produced sickness and fainting, but she soon recovered. On the evening of the second day the pulse was 80, and soft. She complained of great pain and tenderness in the right iliac region, where there was also considerable tumefaction. Piline poultices of hot water were kept constantly applied on the part; the bladder was frequently emptied by catheter, and bowels relieved by clyster. On the fourth day, in the evening, a free discharge of pus began to pass out of the abdominal cavity by the tent, which by the sixth day was very copious, and extremely nauseous. This discharge continued, without much abatement, for three weeks, when the amount began to decrease. At the end of five weeks it ceased altogether, the tent having just previously come away. The ulcerative process told severely upon her system; but good diet and some porter rallied her. She is now capable of her usual avocations. Not the slightest tumefaction in the right iliac region; not the least deposition in the abdominal cavity; and, what is infinitely more satisfactory, the long absent function of menstruation reappeared—the first time about a fortnight after the tent came away, and then again in as near a month as may be. She expresses herself at this time in as good health as she ever recollects having. The sallow complexion, so often an accom-

paniment of uterine and ovarian disease, has now given way to a natural and healthy colour. A more satisfactory case of the ulcerative process it is hardly possible to desire.

CASE FIFTEENTH.

The case I am about to record is one of great interest, and therefore no apology is requisite for entering into the particulars of it at considerable length. Mrs. Hague, of Shakspeare-street, Manchester, whom I had previously attended in three confinements, was again pregnant, and solicited my attendance on the 22nd of December, 1846. On examining carefully the various points of her case, it appeared pretty evident that pregnancy was nearly completed as to time; but that it was also accompanied with an abdominal deposit, which, at the time, I concluded to be ascitic,—not having the slightest suspicion at that time of any ovarian disease. I proposed little or no medicine, except that of simply attending to a proper state of the bowels, quiet, &c., preferring to see what features the case might assume after delivery. On the 2nd of January, 1847, I was called to her, labour having set in; and in the evening of that day she was delivered of a fine child. The after-treatment of the confinement was attended with no difficulty; in fact she recovered from its effects remarkably well. Still, it was evident that the abdomen was but little decreased in size by the delivery. On the third day after delivery, upon a very careful examination, I was convinced that there was an ascitic deposit, to a considerable amount, in the abdominal cavity; and when the finger was gently pressed upon the surface, about midway between the crest of the ilium and the umbilicus on the right side, and then suddenly thrust forward, I fancied I felt a substance rebound from the point of the finger, which I concluded, in all probability might be an ovarian cyst—a circumstance, however, difficult to reconcile with previous pregnancy and delivery—the two conditions, as a matter of course, being rarely met with together. On the 7th of January I tapped my patient, when about 10 pounds of ascitic fluid was discharged. When it had ceased flowing I found the abdomen to be still of very large size, and a cyst pressing against the point of the canula of the trocar. I again introduced the spear, and pressing it forwards, it entered the sac, and I was enabled to draw off 28 pounds of a fluid, very different in character to the 10 pounds first drawn off, viz.—thick, viscid, and of a coffee colour; whereas the former was bright, limpid, and transparent. After the sac had been perfectly emptied, and my patient laid on her back, a very distinct empty sac was easily traced, and in the right iliac region a solid nucleus, of apparently 4 or 5 pounds weight was clearly indicated. There did not appear to be any adhesions formed, and my opinion was, that it was a very favourable case for extirpation. On acquainting my patient with the nature of the case, and its dangers, with the probable prospects of an operation, she at once, after a few minutes' conversation with her husband, determined to have it extirpated. My patient was a lady of strong mind, and had had frequent opportunities of knowing the result of all the operations I had previously been engaged in, from her residence being but a short distance from my own; indeed, long before she was aware of being a victim to the same disease, she had taken a very considerable interest in the success of the operation practised for the cure of it. With her-

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mind thus prepared, and finding her case a favourable one for the operation, (with the exception of her recent confinement,) I consented to perform the operation after a sufficient time had elapsed from her confinement and tapping to ensure a better result. In the meantime I felt it desirable to watch the refilling of the sac, and support the system by tonic medicines. The sac gradually refilled, and by the 22nd of May her size was such as to render moving about very uncomfortable and inconvenient. I therefore tapped her again, and removed about 45 pounds of cystic fluid, the ascitic deposit being very trifling—probably not more than two or three pints. I now felt convinced that no further time ought to be lost. My former experience told me the morbid secretion would increase in rapidity, and my patient sink in proportion. With her full consent I proceeded to extirpate on the second of June. The operation was, comparatively speaking, a very easy one. No adhesions presenting, the sac and solid nucleus were removed, which weighed $14\frac{1}{2}$ pounds—the time occupied being not more than fifteen minutes—including putting to bed. I ought previously to have stated that her bowels had been well regulated by the ox gall, and after the operation half a grain of mur. morphine, with six grains of ox gall, were given—a similar dose to be repeated in two hours. It will be unnecessary for me to report the progress of cure in this case, being, in every respect, so analogous to those already recited. It will be sufficient to state that scarcely a bad symptom ever shewed itself during the whole treatment; and by the 3rd of July she was so far recovered that my attendance was only occasional. It would be difficult to conceive a case more interesting than this—a combination of pregnancy, extensive ascitic deposit, with equally extensive ovarian disease. The recovery,—first, from confinement under such prospects; second, from two tapping operations; and, lastly, from ovariectomy,—all within the space of five months. The weight, also, removed from a delicate female in so short a time was remarkable, and deserves particular notice. 1st.—On January 2nd, the child, placenta, and liq. amnii could not be less than 10 pounds; 2nd—January 7th, removed by tapping, ascitic fluid 10 pounds, cystic 28 pounds; 3rd—May 22nd, at the second tapping, ascitic 3 pounds, cystic 45 pounds; 4th—June 2nd; at the operation, sac, with its contents, solid mass, &c., $14\frac{1}{2}$ pounds; making a total of $110\frac{1}{2}$ pounds removed in five months, a most extraordinary tax upon the powers of nature.

The sequel to this case is equally interesting. Some time after she had recovered from the operation, it was found necessary for the family to remove to the United States. Before, however, the voyage was undertaken, it appeared, after a very minute inquiry, that she really was pregnant again, and dated conception from some portion of the month of December, or little more than five months from the operation (June 2). I felt now more than ever interested in the result; for as yet, in all my previous cases, I had seen no tendency to conceive after the operation, and although many of the patients had previously borne children, and were still capable, as far as age, &c., were concerned, yet no subsequent conception had occurred. In fact, I had almost come to the conclusion that although conception might be confined to one ovary only, at a time, yet nature appeared to resist conception where there had been a mutilation of one of the ovaries, the other being perfect. This, however, was in a measure disproved, by the fact that pregnancy is often accompanied

by disease of one ovary; indeed I have seen very many cases where a diseased ovary has existed with pregnancy. The case of Mrs. Hague is an example, and is also a proof that after one of the ovaries had been entirely removed, conception had again occurred. I was particularly anxious to see the termination of this subsequent impregnation, and felt no little disappointment at her leaving England, as I thought it very probable that sea sickness might bring on abortion, that no medical man might be on board to attest the fact, and, consequently, that the question at issue might be disputed, or want confirmation. I had, however, no control over their movements. The family went to America; but, finding matters there not in accordance with their wishes, they immediately returned to England, and I had the satisfaction of being sent for soon after, and found that she had not aborted, although during both the outward and homeward voyage she had been distressingly sea sick, under which suffering she was in constant fear of abortion taking place. On June 25th, 1848, uterine pains and slight floodings occurred, which gave way to treatment, but recurred again on July 8th with greater violence, and on the eve of that day she aborted a dead foetus, of apparently about seven months' development, in a state of putridity. She recovered remarkably well, and is now enjoying better health than for many years previously. Thus I had the satisfaction of witnessing the termination of this singular case, which, under all the disadvantageous circumstances, recovered so satisfactorily. I may also add she is now again pregnant.

OBSERVATIONS.—In the previous fifteen cases recorded, almost every variety of ovarian disease is included; and as respects the mode of operation, the peculiarities of treatment requisite, the particular management as to nursing, diet, temperature, &c., have been so fully entered into, that it will be as useless as unnecessary to continue to report the remainder of the cases so minutely; I shall, therefore, content myself by simply giving a brief register of each case, in order that a fair statement may be made as to the real mortality of ovarian extirpations in my own practice.

After I have completed the cases, I shall, in separate monographs, give my opinion as to Diagnosis, Prognosis, Treatment, &c., of this very formidable and much more common disease than is generally imagined.

CASE SIXTEENTH.

Mrs. Young, of H., ætat. 32. Had had one child 7 years ago. Fell down stairs in 1842; began to enlarge soon after on the left side. Very large in 1844, and was tapped—35 lbs. of fluid removed. In 1845 was tapped twice: first time, 37 lbs., second time, 40 lbs.; after the latter tapping, a large solid mass was felt. After the fifth tapping, in 1846, (the two last operations producing an amount of 40 lbs. of fluid each time,) she submitted to the operation of extirpation, July 12th, 1846, when 22 lbs. of solid mass, with the sacs, were removed. Incision thirteen inches. She recovered perfectly in less than five weeks, and now enjoys very good health. Menstruation regular, which had not been so for a long time previous to the operation—not less than three years.

CASE SEVENTEENTH.

Mrs. R—n., ætat. 45. Subject to ovarian disease twelve years; never bore any children; nor miscarried; had never been tapped; the tumour more of a solid than fluid character; was very large: recollects no injury; never recollects menstruating regularly. Submitted to extirpation March 12th, 1846. Incision from sternum to pubes; tumour removed with difficulty, in consequence of adhesions. Peritonitis followed, but she ultimately recovered, since which she has enjoyed remarkably good health; menstruation is now regular; the weight of the tumour 46 lbs., and was attached to the right side. Before the operation she was thin, sallow,—almost a dirty yellow skin; she is now stout, and the colour of the skin healthy, even good looking.

CASE EIGHTEENTH.

Mrs. Jones, Manchester, ætat. 51. Emaciated in the extreme; had been labouring under ovarian disease for upwards of sixteen years. She was unable to move about. The tumour chiefly occupied the right side, and more solid than otherwise; tapping only produced about 10 lbs. of fluid, and prostrated her strength considerably. In four days she was as large as before by measurement. She prayed to have the mass extirpated, which was complied with, somewhat reluctantly on my part. It was performed in less than twelve minutes, and the tumour, nearly 40 lbs. weight, removed. Some adhesions were formed with the parietes. The case appeared to do well for the first twelve hours, when she began to sink, and died before the completion of the thirty-sixth hour, apparently from exhaustion. She had scarcely had the common necessities of life for the last two years.

CASE NINETEENTH.

Mrs. Elliot, of Aspatia, ætat. 40. Had never been pregnant; had been suffering a considerable time from ovarian disease, not traceable to any particular cause, unless from irregular menstruation. She submitted to the operation on the 30th Aug., 1843. There were considerable adhesions to the abdominal parietes in front, but not of long standing, which easily gave way to the finger, not requiring the scalpel at any part. The tumour extirpated was about 30 lbs., with its contents, and sprung from the right ovary. For the first twelve hours the case progressed remarkably well. At this time peritoneal inflammation set in, and, in spite of the most active treatment, she died at the close of the second day. There was an appearance about her that ought perhaps always to be considered as not very promising for an operation, viz., she was fat, and very pale; a sort of subject that I have always avoided since, and not without good reason.

CASE TWENTIETH.

Mrs. Priest, of S— B., ætat. 40. Had been a sufferer from long standing ovarian disease, not less than ten or twelve years. Had been previously tapped, but was now, (June, 1843,) much larger than a full period pregnancy. I tapped her on the 26th of June, removing 35 lbs. of fluid, dark, thick, and coffee-coloured; after which she was carefully examined, and a large solid

mass, with the emptied sac, occupied the right side of the abdominal cavity, and apparently adhered to the parietes abdominis in one or two places, but not to any great extent. On the 14th of November she had filled again, even to a larger size than before. On tapping her, 42 lbs. were removed, and on the 16th of Nov. she submitted to extirpation. The tumour was found adhered in three places; the incision was about ten inches; the solid mass and sac weighed 16 lbs.; active inflammation set in, but was successfully combated. She recovered well, and at this time (1848) is in very good health.

CASE TWENTY-FIRST.

Elizabeth Winstanley, *ætat.* 26. Pale, and inclined to obesity; applied to me for a large ovarian tumour, apparently occupying more of the right side of the abdomen than the left. On examination, a large cyst, with a small amount of solid nucleus, was distinctly made out, springing from the right ovarium. The disease had been of three or four years standing, and almost every kind of medical treatment tried without the slightest improvement. She was determined on extirpation: although I disliked the pallid obesity, I consented. She was first tapped, and on the 9th Nov., 1846, the tumour was extirpated. The sac, fluid, contents, and solid matter, weighed 35 lbs. Not the slightest adhesion interfered. Inflammatory action set in, which was subdued, and she did remarkably well to the eighth day, when, from drinking some buttermilk, which had been forbidden, she became sick; the violent retching produced a second inflammatory attack, which ended fatally on the tenth day.

CASE TWENTY-SECOND.

A. Brooks, of Staly-Bridge, *ætat.* 52. Had an enormously enlarged abdomen; the disease had existed sixteen years. The swelling did not occupy more of one side than the other, or at least the preponderance was so trifling that it could not be stated with any certainty. Menstruation had always been irregular, but never suppressed; there was much greater density on the left side; it was therefore considered by my friends and myself as ovarian. I therefore operated on January 16th, 1844. Immediately after the first incision, about twelve inches, it was evident that extensive disease existed, independent of that of the left ovarium, which was enlarged to about 4 lbs. in weight. The uterus itself was enlarged to near 20 lbs. in weight, and the ascitic deposit amounted to about 8 lbs., making 32 lbs. in all. Having proceeded so far, the question arose, what was to be done? I determined to extirpate the whole, converting the vagina into a *Cul-de-Sac*. The operation was soon and easily accomplished; inflammation set in and was subdued; subsequent depression and exhaustion supervened, from which she rallied. On the twelfth day she was doing so well that every reasonable hope was entertained of her ultimate recovery; a nutritious diet had been given, and everything promised well. From the fact of both ovaries and uterus having been extirpated, my interest was doubly excited. On the thirteenth day the nurse put an end to all the flattering prospect by an accident. On lifting her from the bed to ease the bedding, the patient fell on the floor somewhat violently, although three women had hold of her; the result was, inflammatory action

arose, and though every assistance was rendered, she died on the morning of the fifteenth day. The result was most mortifying, for had not the accident happened, I feel assured the case was doing so well that a recovery might have been confidently anticipated. The length of time from the operation, and the difficulties already overcome, fully entitle me to think so. This case, of course, will be used statistically against the operation, although in reality it was a most successful one, as far as the operation was concerned.

CASE TWENTY-THIRD.

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Mrs. Lythgoe, *æ*tat. 51, of Nantwich, Cheshire, consulted me on January 27, 1848, respecting a long standing ovarian disease, with extensive cystic and ascitic deposit, at which time no very definite opinion could be given until after tapping, when it was clear that there existed a considerable solid mass, with some adhesions, the disease arising from the right side. I advised the operation of extirpation, which, after much vacillation, she requested me to perform on the 15th of March, 1848. The adhesions amounted to four, well organised, and of long standing, but not extensive. The operation occupied little more than ten minutes, and was the first ovarian operation performed under the influence of chloroform. The mass removed, including fluid contents, was little short of 40 lbs. She recovered extremely well, and left Manchester on the 8th of April, 1848. She is now apparently ten years younger, good looking, and enjoying very good health. The incision was about ten inches.

CASE TWENTY-FOURTH.

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Mrs. Ball, of Newcastle, *æ*t. 47, had been suffering under ovarian disease for five or six years; applied to me March, 1848. She was then very large, and no definite opinion of the case could be given until after tapping, which she submitted to, when about 40lbs. of dark chocolate-coloured fluid were taken away. On a careful examination afterwards, I concluded the sac was firmly adhered to the front walls of the abdominal cavity, and did not therefore advise any further interference. This opinion depressed her much. After recovering from the effects of tapping, she returned home; when the sac had refilled she visited me again, and pressed me to cut down upon the sac, and ascertain if my former conclusions had been correctly formed. I yielded to her solicitation, and made an exploratory incision, which happened to be exactly where the adhesion was very firm. I declined, therefore, proceeding further. In June, however, she applied to me again to be tapped, after which I fancied the sac was not so firmly attached as I formerly had supposed. She was now determined to have something done, and not to leave the neighbourhood until it was accomplished. I therefore proposed establishing the ulcerative process. On the 14th June, 1848, I proceeded to make an incision lower down than I had previously done, and to my astonishment found the sac at that part quite free. The mystery was now explained; the adhesion which had misled me was a long one (at least three inches) in the line of the linea alba, and in the direction of the former incision. Finding the tumour could be easily extirpated, I proceeded to remove it, which only occupied a few minutes. This case did remarkably well to the fourth day, when symptoms of

exhaustion rapidly supervened, and she died on the sixth day. It must be remembered that the subject of this case was reduced to the utmost verge of debility previously, and was anything but a promising case, independent of being difficult to control as to habits, &c.

CASE TWENTY-FIFTH.

✓ Mrs. Brown, æt. 40, of Kirkham, in Lancashire. Tumour removed, 46lbs. Recovered, and is now enjoying excellent health. 59 lbs

CASE TWENTY-SIXTH.

✓ Miss M—— K—— Edinburgh. Tumour removed. Died within twenty-four hours, from shock, combined with great exhaustion. 60 lbs

CASE TWENTY-SEVENTH.

✓ Mrs. Trail, Kirkham, æt. 35. Tumour removed, which, with cystic and ascitic deposit, weighed 50lbs. Died on the third day. 61 lbs

CASE TWENTY-EIGHTH.

✓ Ellen Duxbury, of Newton Moor, near Manchester. Tumour removed. æt. 27. Weight 48lbs. with contents. Since married, and now quite healthy. 62 lbs

CASE TWENTY-NINTH.

✓ Mrs. S——, Oldham. Tumour removed, 28lbs. Æt. 45. Recovered well, and continues in good health. 63 lbs

CASE THIRTIETH.

✓ Mrs. Alice ——, Ramsbottom, near Bury, Lancashire, æt. 25. Tumour removed, 40lbs. Is now quite well. 64 lbs

CASE THIRTY-FIRST.

✓ Miss J——n, Armagh, Ireland. Tumour removed, 30lbs. Did very well for the first twenty-four hours; subsequently sank, partly from shock and partly from exhaustion. Died in thirty-six hours. 65 lbs

CASE THIRTY-SECOND.

✓ Sarah Jackson, æt. 47, Oldham. Tumour removed, 37lbs. Recovered well, and remains well up to this time. 66 lbs

CASE THIRTY-THIRD.

✓ Mrs. Roberts, Liverpool, æt. 27. Tumour removed, 30lbs. Sunk from exhaustion on the ninth day. 67 lbs

CASE THIRTY-FOURTH.

✓ Mrs. R——, North Wales, æt. 35. Tumour removed, 20lbs. Died of inflammation on the third day. 68 lbs

CASE THIRTY-FIFTH.

✓ Mrs. Mc. A——, Yorkshire, æt. 37. Tumour removed, 40lbs. Recovered very slowly, but is now enjoying remarkably good health. 69 lbs

The whole of the abdominal sections in which I have been concerned up to this time, amount to 40.

	DIED.	RECOVD.
1 Large Fleishy Tuberculous Tumour of the Uterus.....	1	0
1 Large Uterine Disease, combined with Disease of both Ovaries	1	0
1 Large Ovarian Disease of one Ovary, with Uterine Disease	1	0
32 Ovarian Tumours	10	22
5 Exploratory Incisions.....	1	4
	—	—
	14	26

The first in this table was scarcely an error of diagnosis, inasmuch as it was suspected not to be ovarian before operation.

The second lived to the 15th day, and in my opinion would have entirely recovered, but for the accident related in the case. *Vide* case 22.

The five Exploratory Incisions were undertaken, not to prove the existence of ovarian disease, but to confirm the previously expressed opinion that they were not capable of removal, with the option of removing them if they should be found better than anticipated.

In none of the Exploratory Incisions was the rapidity of the disease increased, and in two the inflammatory action which supervened arrested the cystic secretion. One case marked here as Exploratory, did not die in consequence of the operation, as the wound had entirely healed. Previous to the incision she had to be tapped every three weeks, and she sank at the second tapping, about thirty-five days after the exploration, from mere exhaustion by secretion.

The five exploratory operations here mentioned occurred early in my experience on ovarian operations. Two, if not three of them would have been extirpated had they come under my notice at a later period.

Of the twenty-two Ovarian Recoveries, three were cured by ulcerative process, viz., case 9, 10, and 14.



