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CASES

OF

OVARIOTOMY.

BY

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CASES OF OVARIOTOMY.

Mrs S., aged fifty-five, applied to Dr Thomson of Dalkeith, towards the end of August last, on account of an abdominal enlargement, accompanied by severe pain referred to a small spot under the ribs in the region of the gall-bladder. On examination, the abdomen was found to be occupied by a large ovarian tumour, to which her attention had been first directed six months before. Up to the time of the appearance of the tumour her health had been good: she had worked hard all her life, and had brought up a large family. She remained under Dr Thomson's observation for the next three months, and under the remedies employed the pain diminished, but the tumour continued to increase. She lost flesh rapidly, and her general health gave way.

Dr Thomson asked me to see her in the beginning of December last. She was then very thin and very sallow, otherwise healthy enough looking. The tumour was multilocular, and no cyst of any size could be detected. It filled up the whole abdomen, pushing the ribs outwards, and projecting in a suspicious manner to the right side, bulging the flank outwards, suggesting adhesions. But at that time these were supposed not to exist, owing to the fact that the integuments over this side of the tumour could be moved as freely and easily as over any other part of the abdomen. In the right iliac region there was a peculiar feeling of crepitation perceptible when the skin was pinched up, and adhesions were accordingly supposed to exist at this point. On the left side the abdomen felt soft, except under the ribs, where there were several hard masses to be felt. There was no line of separation between the hepatic dulness and that of the tumour, and the pain formerly complained of in this region had now ceased. The uterus was pushed downwards, but was otherwise normal and movable. A large soft cyst filled the upper part of the pelvic cavity, but no impulse could be communicated to it through the abdominal wall.

For a case such as this, there was evidently no middle course between letting the patient alone, and removing the tumour. And it seemed to me that she had now arrived at that stage of her malady, when I believe we are not only fully justified in proposing ovari-

otomy, but culpably negligent if we do not do so. For her health was rapidly giving way; she was able no longer to procure her livelihood; a feverish state of the system was being set up; her stomach was irritable; she suffered greatly from distention; her nights were wearisome and restless; she walked with difficulty; and her breathing was becoming more and more impeded.

Having made up her mind to have the tumour removed, she was brought to town in the end of December. Meanwhile, in the course of three weeks, her girth had increased from 39¾ inches to 43½ inches, the distance between the ensiform cartilage and pubis being 23 inches. For several days preceding the operation she was so uneasy that she could neither sit nor lie in any position for more than a few minutes at a time.

The tumour was removed on the 7th of January last. There were present Dr Thomson of Dalkeith, Dr Thomson of Inveresk, Dr Graham Weir, Dr Keiller, and Dr Keith. The day was cold, and the temperature of the room could not be raised above 65°, and owing to a dense fog there was so little light that it was a question whether the operation should be gone on with or not; but as the patient had spent the preceding nights in great distress, leaning over the edge of the bed, it was thought advisable not to delay. The tumour was accordingly exposed by an incision about ten inches in length, and some slight adhesions along the line of incision were broken down. The hand passed freely to the left of the incision, but adhesions were encountered over the whole extent of the right side. In the iliac region these gave way readily to the hand, up to a line leading from the spine of the ilium to the umbilicus; but over the whole space above this the adhesions were very startling, and of the most firm description. Before attempting to separate these, the tumour was reduced as much as possible by tapping and breaking down the various cysts, all of which were of small size, and all filled with a thick dark grumous fluid. The openings into these were then tied, in the hope of preventing the escape of any of their contents into the cavity of the abdomen; but the cyst walls were so very thin that on the least pressure they burst in all directions, and some at least of this grumous fluid must have found its way over the intestines. The incision was then extended slightly above the umbilicus, the line of demarcation of the cystic and parietal layers of peritoneum brought into view, and the separation of the adhesions proceeded with. This was a long and tedious business, for there was at least a square foot and a half of densely organized adhesion, against which the hand made no impression. The dissection was accomplished chiefly with the point of the scissors, sometimes using the edge freely to divide any bands firmer than the rest. As the separation reached the edges of the ribs a large piece of bowel, strongly adherent, was separated from the upper part of the tumour. The adhesions then became less firm; some of the delicate texture of the mesentery and omentum

were slightly adherent here, till, close to the margin of the liver, the free edge was reached. Some other adhesions were then detached, the flaccid cysts drawn out, the calliper clamp applied, and the tumour cut away. The pedicle was formed by the left-broad ligament. It was of fair length and thickness, and was secured without much dragging upon the uterus. The wound was then closed by ten long needles, after all bleeding had been carefully stopped. The needles were passed through the whole thickness of the abdominal wall, including about half an inch of peritoneum. The patient was then placed in a warm bed, and in a wonderfully good state, notwithstanding that the operation had extended over two hours, and the exposure of the parts had of necessity been great.

The weight of the cyst walls and the fluid contents collected was upwards of forty pounds; but a good deal had been lost from the bursting of several of the cysts during the operation, so that the actual weight of the tumour must have been at least forty-five pounds.

Everything went well with this case. The wound healed without the discharge of a single drop of matter; quiet and refreshing sleep took the place of the restless and weary nights of the previous months; in ten days she was thoroughly convalescent; she was walking through the room when I called on the eighteenth day; and a month after the operation she went home to Dalkeith.

Mrs G., aged twenty-four, was brought to my house in a cab, one evening in November 1861. She was a very little woman, delicate and anæmic-looking, with an unhealthy, broken-down appearance, and even then was much emaciated. She mentioned to me that for some years past her usual monthly periods had been irregular, and that nearly a year ago she had become sensible of a fulness in the abdomen. This, however, gave rise to no discomfort till the preceding April, when she had a severe attack of pain in the tumour, which confined her to bed for a fortnight. After this her size increased with great rapidity. She was, however, allowed to marry in June, and, strange to say, she did not think of seeking for any advice till six months after her marriage, by which time her general health had completely given way, and slight exertion brought on breathlessness.

The abdomen was occupied by a large multilocular ovarian tumour, extending to the ensiform cartilage. The cysts were apparently small, the largest being in front below the umbilicus. On the left side, close to the ribs, there was a huge solid mass. Along the upper edge of the tumour she had had from time to time a good deal of pain, and occasionally felt there a creaking sensation. The uterus was retroverted, and movable in all directions.

The case was manifestly one in which, owing to the smallness of the cysts, no benefit, except of the most temporary nature, was reasonably to be expected from tapping. But at this time her

general health was so bad that extirpation was not to be thought of. I resolved, however, to recommend the operation should she be brought into a sufficiently good state of health. Under the use of iron, she improved so much in the course of a month, that I did not feel justified at that time in pushing the question of ovariotomy, but kept the case under observation for the next six months. For some months after this she was able to go about with wonderfully little inconvenience, and she could walk to my house and back—a distance of about a mile—without fatigue. The tumour, however, steadily increased, and I proposed to remove it as soon as it should appear that her life was seriously threatened. Her condition at this time was most favourable for ovariotomy; and with this end in view she was repeatedly examined by my brother and myself. Adhesions were supposed to exist along the upper part of the tumour. This conclusion was arrived at from the pain and creaking sensations which at one time she had felt in that quarter.

At this stage of her illness, on calling on her one day, I found she had just been tapped by another medical man, and finding that he had thus assumed the responsibilities of the case, I ceased my attendance. I was thus relieved of not a little anxiety, for at that time there had been no successful case of ovariotomy in Scotland since 1825, when the operation was successfully performed, for the first time in Europe, by the late Mr Lizars.

After an interval of nearly eight months, this patient was taken to Professor Simpson about the end of January last, and I then saw her again, at his request. During this interval she had had no attendance. The circumstances of the case were now much changed: her emaciation was extreme, for the circumference of the arm over the prominence of the biceps measured barely four inches. When laid down in bed she could rarely get up without assistance; she could scarcely drag herself along, and every day she felt the little strength she had leaving her. In her present state she felt life not desirable, and was now very urgent to have the tumour removed, and quite prepared to incur the risks attendant upon the operation. She was the more anxious that her request should be complied with, on account of the fate of a friend of her own, likewise affected with ovarian dropsy, who had died after much suffering in the Infirmary, after repeated tappings and injections, a short time before.

The appearance of the tumour was now most startling. It had increased immensely, and the abdominal walls were very œdematous. The ribs were pushed far outwards, and the ensiform cartilage pointed upwards; and, as she lay in bed, the tumour hung down over the pubis, concealing the upper part of the thighs. Her girth round the umbilicus was upwards of four feet, and the distance between the ensiform cartilage and pubis was fully two feet and a half. The tumour had by this time encroached so much upon the cavity of the chest, that the heart was displaced, and its apex was beating

against the third rib. Relatively to the size of the patient, who was a little spare woman, it was the largest ovarian tumour I had ever seen.

She told me that after the tapping, from which she had been led to expect great things, she measured herself with a string, and was disappointed to find that her girth was exactly the same as before. The amount of fluid removed was little more than a gallon; and, though her breathing was at once relieved by the tapping, in three days she was as uncomfortable as before. But after this she first noticed a thickened state of the parts round the opening. This slowly increased till the whole abdominal wall became œdematous, and took on a hard brawny feeling, as if affected with erysipelas.

Under these circumstances, favourable now no longer, I was asked to remove the tumour; and, at first sight of her, I must say, that, from the large size which the tumour had attained, from her extreme emaciation, from the unfavourable state of the abdominal wall, and especially from the great displacement of the heart, my impression was, that the time for interference was past, and that the disease should be allowed to run its natural course. But, however anxious I might be at the time not to operate in desperate cases, I found I could not refuse; for the patient was young, with the prospect of a long life before her, free of suffering, in the event of a favourable issue. She had quite made up her mind, and though she was made fully aware that the chances were against her, she was sanguine and hopeful as to the result.

She was again examined by Professor Simpson and other friends, and the important question as to the amount of adhesion was carefully considered. From my previous examinations of the case, I believed that more or less adhesion existed along the upper edge of the tumour about a year before. But now there was distinct evidence of a layer of ascitic fluid, which did not exist even when Professor Simpson first saw her about ten days previously. The wave thrill was most distinct over every part of the abdomen, and this seemed to indicate that the adhesions could not be very extensive. The fact, too, that her girth had remained unaffected by the tapping, appeared to show that the upper part of the tumour had at that time considerably subsided. It was therefore hoped that no difficulty would be met with in removing the tumour.

After remaining quietly in bed for a few days, for the circumstances of the case forbade any farther delay, the operation was performed on the 6th of February. The distance between the umbilicus and pubis being sixteen inches, the tumour was exposed by an incision of nearly that length. The tissues were hard and brawny, and, considering their great distention by the tumour, of great thickness, especially near the pubis. The amount of ascitic fluid was much smaller than previous examination had led one to expect. The hand was at once passed to the left under the ribs, where a large mass of solid matter was known to exist. There,

I was glad to find no adhesions. But to the right, above the umbilicus, the adhesions were felt to be extensive. The incision was extended upwards three or four inches, and the size of the tumour reduced as rapidly as possible, by emptying the various cysts. The anterior cyst, with walls of great thickness, contained upwards of a gallon of thick dark grumous bloody fluid. The contents of the other cysts were more or less clear. The adhesions first brought into view were near the umbilicus. They consisted of numerous thin fascia-like prolongations, several inches in length, dipping down from above into the tumour. These were not at any one point of great extent; often single thin cords; but very numerous. The first of these bands, being very much upon the stretch, seemed to contain no bloodvessels and was mostly torn through, and what resisted tearing was divided; but as the separation went on, I was soon made aware, by the amount of hæmorrhage,—most of which, however, seemed to come from the surface of the tumour,—that the adhesions must have contained numerous large vessels. Near the epigastrium the adhesions became closer, but gave way readily to the hand. Some bands along the upper surface of the tumour adhered firmly to the margins of the ribs, and from the posterior aspect of the tumour, there were numerous bands which connected it to the ribs, close to the posterior edge of the liver, which was very much displaced upwards. All these were broken down, some slighter adhesions about the head of the colon gave way as the tumour was withdrawn, as well as two pieces of adherent omentum, which, as they contained vessels, were tied with silver wire. After securing the pedicle, the mass of the tumour was cut away.

Thus far there had been no delay or difficulty, and it was hoped that, from the contraction of the abdominal walls upon the thin vessels that ran into the tumour, the bleeding would soon cease, as it had done in the preceding case, where the adhesions had been much more extensive and formidable. This was not the case, however, for on holding aside the wall, there was free oozing from a vast number of points, and what, during the separation of the adhesions, seemed to be nothing but thin fibrous cords, stretched and drawn downwards by the weight of the tumour, were now found to be numerous long thin wormy-like vessels, some several inches in length and of great size, hanging in great stringy bunches from the inner surface of the abdominal wall. These began to bleed freely, showing at once their real nature. Many of them were secured singly by silver wire, and the ends cut off close; others were tied with one ligature, four or five together. At the upper end of the incision the bleeding was troublesome, and there several oozing points were secured by silk ligatures, and the ends brought outside. After a great number of points had been thus secured, and when the hæmorrhage appeared almost to have ceased, a rather free use of the sponge, to wipe off some small adherent clots, removed likewise nearly the whole of the loops of silver-

wire sutures; and the greater part of these had to be secured again, —this time with silk, or ligatures of horse-hair, which answered extremely well. Still there was some blood coming down from behind the liver, and on gently pushing the liver upwards against a soft sponge, two bleeding points were brought into view far up near the diaphragm. These were secured with some difficulty. It was now observed that when the wall was put on the stretch, numerous fresh points gave forth a little blood, not in any quantity, but just sufficient to prevent one risking the closing of the wound; and it was also observed that when the wall was pressed downwards and let alone, this oozing ceased. The wound was at length closed to my satisfaction in the usual way, and the patient put to bed in a better state than could have been expected; for the exposure of the abdominal cavity and its contents—especially the liver and diaphragm—had unavoidably extended to nearly two hours. At the very most, not more than twenty ounces of blood had been lost during the whole operation.

The weight of the tumour was 63 lbs. 9 oz.

As the effects of the chloroform passed off, the patient vomited freely, but soon rallied, and a small opiate was given to relieve pain. By the evening she was very comfortable, and passed water quite freely. She was left at half-past one in the morning, sleeping and breathing quietly, and in a most promising state. I was asked to see her about five o'clock, and found her very nervous, with somewhat accelerated breathing, but with a quiet pulse. She had got, against instructions, an opiate, besides a half-grain morphia suppository; and then it became necessary, for other reasons, to remove her attendant. By nine o'clock this unfavourable condition had passed off, and she said she felt much better. About eleven, she asked to be raised up in bed, saying she wanted more air; and as this was being done, she suddenly died.

The edges of the wound were found, on post-mortem examination, to be closely glued together, and there was no adhesion to the intestines along the peritoneal line of incision. Slight adhesion existed between the bowels and wall, where adhesions had been separated, but beyond the edges of these patches the exudation had not spread. There was not the slightest trace of general peritonitis, and there was no clot, even of the smallest size, anywhere in the abdominal cavity. There was, however, some slightly bloody fluid in the pelvis.

In this case there can, I think, be no doubt that death was caused by syncope, easily accounted for by the great displacement of the heart, for its apex was beating against the third rib. Had the tumour been removed at an earlier period of its progress, before it had attained such dimensions as to interfere so seriously with the position of the heart and bloodvessels, and before the vital powers of the patient had become so feeble, it is but reasonable to suppose that the chances of success would have been infinitely greater.

And had the abdominal wall been in a healthy state, I cannot help thinking that the hæmorrhage would have given little trouble, and the operation would, in consequence, have been much safer, from the smaller amount of exposure of the abdominal cavity and handling of its contents that would necessarily have been needed. As it was, judging from the post-mortem appearances, the patient was not far from getting well.

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