

## **Mr Spencer Wells's note book for cases of ovarian and other abdominal tumours.**

### **Contributors**

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MR. SPENCER WELLS'S

NOTE BOOK

FOR

CASES OF OVARIAN

AND OTHER

ABDOMINAL TUMOURS.

*FIFTH EDITION.*



LONDON:

J. & A. CHURCHILL, NEW BURLINGTON STREET.

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MR. BENNETT WELLS

NOTE BOOK



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1887

J. & A. COCHRAN, NEW BIRMINGHAM STREET

WELLS

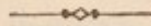
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EXTRACT FROM

'DISEASES OF THE OVARIES, THEIR DIAGNOSIS AND TREATMENT.'

ON THE

'MODE OF INVESTIGATING AND RECORDING CASES.'



WHEN about to examine a patient who is supposed to have an abdominal tumour, with the object of ascertaining if she really has such a tumour or not, and if it is ovarian, and, if ovarian, which of the different forms of ovarian cysts or tumours it may be, and, how its size and connections and the general condition of the patient may influence the mode of treatment to be preferred, and guide us in estimating the probable result of any operation, it is very desirable and convenient to proceed upon some uniform plan. After trying different varieties of case books and hospital tickets, I began, about twelve years ago, to keep a separate book for each patient. Any letters I received from the usual medical attendant were pasted into this book with my own notes, and as the note books accumulated they were arranged in distinct divisions according to the nature of the case, and bound together in series of twenty cases to each volume. By means of a general index it thus became quite easy, on seeing or hearing from any patient, even after several years, to refer to the past history of the case, and make any additions which appeared to be important. I found this plan so very convenient that, when I published the first volume of my work on Diseases of the Ovaries in 1864, I appended the form of note book which I had adopted up to that time; and, hoping that other surgeons would keep notes of cases of ovarian disease in the same manner, I had separate copies printed on writing paper with sufficient space for notes, and arranged that Messrs. Churchill should supply the Note Books. After about three years, this edition of the Note Book was exhausted; and in 1868 I published a second edition, containing some slight modifications which experience had shown to be desirable, and an additional diagram for sketching in the relations of pelvic portions of tumours. Last year a third edition was called for, and a few more slight alterations were made, bringing the Note Book to its present form. It is reprinted here as a practical sequence to the preceding chapter on Diagnosis, and I believe it will be found that no point of importance is omitted, the observation of which would assist in arriving at a correct decision.

As soon as a patient is seen, a note book is taken, and the first page is at once filled up. The date of the visit is inserted with the index number, and then a few questions are necessary to enable one to fill in the answers as to name, age, residence, occupation, conjugal condition, number and ages of any children, and the name of the usual medical attendant. It saves a great deal of trouble in after years if these particulars are noted very fully and accurately; and the surgeon may then proceed to note all that he can see and ascertain for himself by inspection of the patient, before he proceeds to question her further. This plan will be found to save much time, the subjective examination being limited to particulars which the objective examination has shown to be important. Even then the first visit or consultation is necessarily a long one; but a great deal of time and thought and tax on memory are spared at subsequent visits.

It will be observed that four pages are taken up by the objective examination, or the notes of what the surgeon can see for himself without asking any questions of the patient. This is grouped under the general head 'State at First Visit.' All the particulars as to the general appearance of the patient her complexion, the degree of emaciation, her habits of life, and the state of the surface of her body, have some special signification, as pointed out in the preceding pages, especially in the sections on Uterine Tumours, on Pregnancy, and on Phantom Tumours.

Proceeding to inspect and measure the abdomen, the diagram (which differs from those of Bright and others in so far as it has been corrected by photographs of well-formed women) will assist the observer in tracing such outlines of the liver and the spleen as he can discover by inspection, palpation, and percussion, and of any tumour which can be seen or felt. The lines at the level of the umbilicus and the ensiform cartilage, and the central line from the sternum to the symphysis pubis, are all that are necessary for notes of measurement. Spaces are left for subsequent records of size. At pages 232-5, the import of the visible mobility of any tumour, and the evidence as to the presence and extent of adhesions, have been pointed out; and the lessons to be learned by percussion and auscultation have been particularly referred to in the sections on Ascites, Renal Cysts, Pregnancy, Uterine Tumours, and Tympanites. The points to be observed in the examination of the pelvis have been fully described when considering the diagnosis of pelvic cellulitis, hæmatocele, uterine tumours, and pregnancy. It is hardly necessary to add the very obvious caution not to use the sound to ascertain the length of the uterine cavity in any case where pregnancy is at all probable. But it may not be out of place to urge that examination of the uterus by the rectum is often more useful and affords much more information than is commonly supposed. By the vagina the os and cervix are felt and any flexion or version detected; but alterations in the body or fundus, which cannot be reached by the vagina, may often be felt through the rectum.

Proceeding to obtain information as to the catamenia, a few questions become necessary; and so with regard to the urinary and digestive organs, the nervous

system, and the state of the heart and lungs. In a hospital the house surgeon or clinical clerks, and in private life the busy practitioner, are apt to pass over these pages as of no great importance, or to defer the necessary examination to some future day; but it is very important that it should be done well and thoroughly before any course of treatment is determined.

Having completed the examination as to the state of the patient at the first visit, the page relating to the family history, place of birth and residence, the influence of soil, climate, water-supply and drainage, and the mode of life of the patient should be filled up, especially noting any moral causes, previous diseases, or accidents which may have preceded and possibly have influenced the origin and progress of ovarian disease. This may not appear very important in each case by itself, but, as the basis of statistical information, it may become of very great consequence. Then we proceed to investigate the early symptoms of the disease, carefully noting the first signs of ill-health, and a number of symptoms which are more or less generally complained of, pretty much in the order in which they are enumerated as 'Early Symptoms.'

The succeeding page contains a list of the symptoms usually noticed as the disease progresses either to spontaneous discharge of fluid or rupture of the cyst, or until tapping is practised and repeated, or some further treatment has to be considered.

A space is left on the next page where the surgeon should enter his diagnosis as fully as he can, and then endeavour to estimate the probable duration of life if palliative treatment only be adopted. A note of the general treatment recommended may then be made, including, of course, such rules of living, especially with reference to air and diet, clothing and exercise, as may be advised. Notes of medical and surgical treatment follow, and in the following page the progress of the disease at subsequent visits may be noted and marked on the diagram.

If ovariectomy be performed, all the essential particulars of the operations may be noted in the order sketched in the succeeding pages.

A page is then left for a description of the tumour, and three ruled pages follow for the progress of the patient after operation, daily and hourly notes of temperature, pulse, and respiration, and of any medical or surgical treatment. Another page is left for the result, and a few blank pages follow for the subsequent history.

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A Fifth Edition of this Note Book having been called for, a few slight alterations have been made, in the hope that it may become still more useful.

NUMBER.                      DATE OF FIRST VISIT.

NAME.

AGE                      PRESENT RESIDENCE.

BORN AND FORMERLY RESIDING.

OCCUPATION.

MARRIED, SINGLE, OR WIDOW.

IF MARRIED, WHEN ?

CHILDREN—NUMBER BORN.

Age of eldest                      and of youngest

ABORTIONS.

USUAL MEDICAL ATTENDANT.

STATE AT FIRST VISIT.

GENERAL APPEARANCE.

COMPLEXION.

EMACIATION.

SURFACE OF BODY.

Temperature of skin and extremities.

Perspiration.

Glandular swellings.

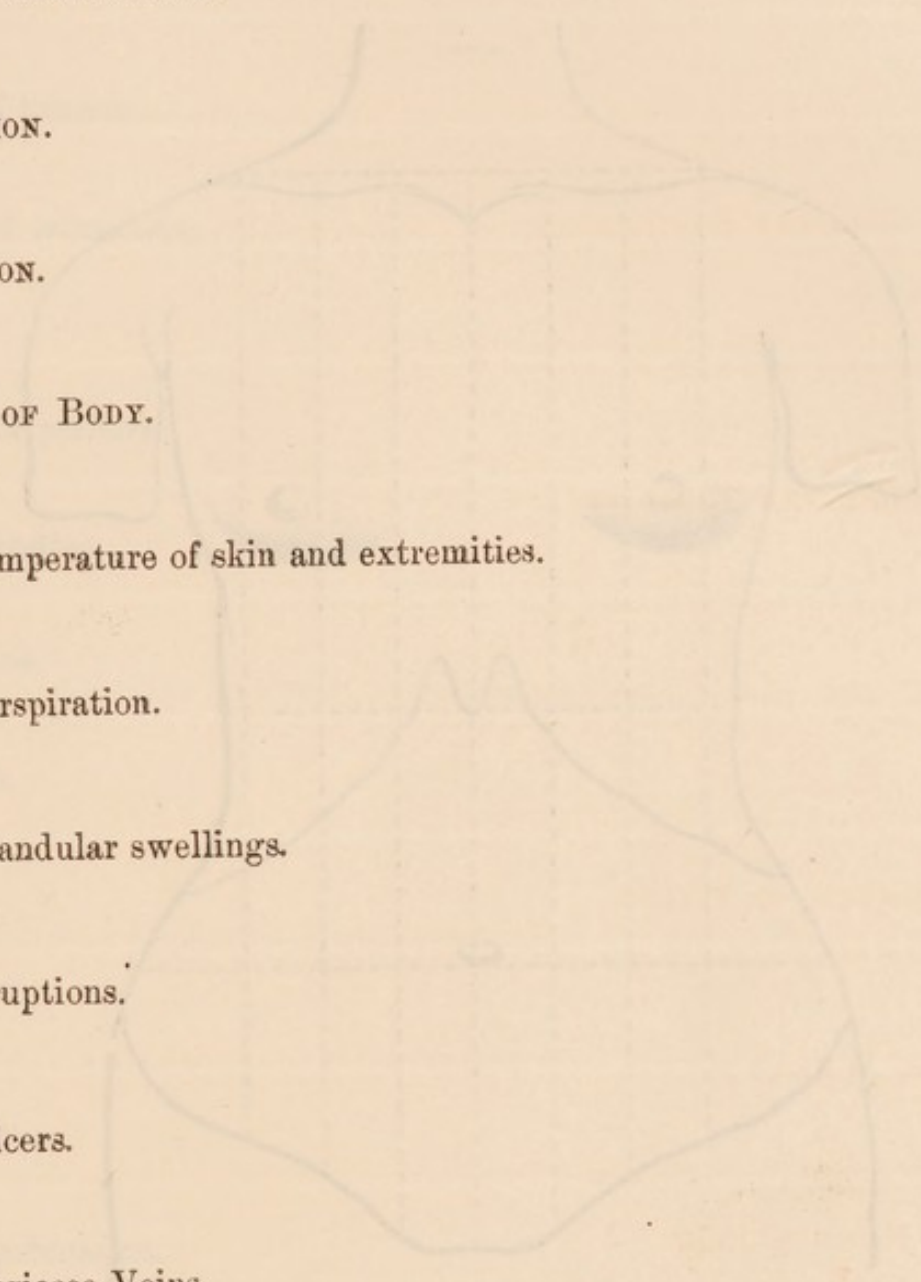
Eruptions.

Ulcers.

Varicose Veins.

Edema.

MAMMARY AREOL .



METHOD FOR DETERMINING THE POSITION OF THE MAMMARY AREOLAE.  
1. Girth at umbilical level.  
2. From umbilical surface to areolar surface.  
3. From umbilical to areolar surface.  
4. From right and left side of umbilical to areolar surface.  
5. From left side to areolar surface.



**STATE AT FIRST VISIT.**  
**INSPECTION AND MEASUREMENT OF ABDOMEN.**

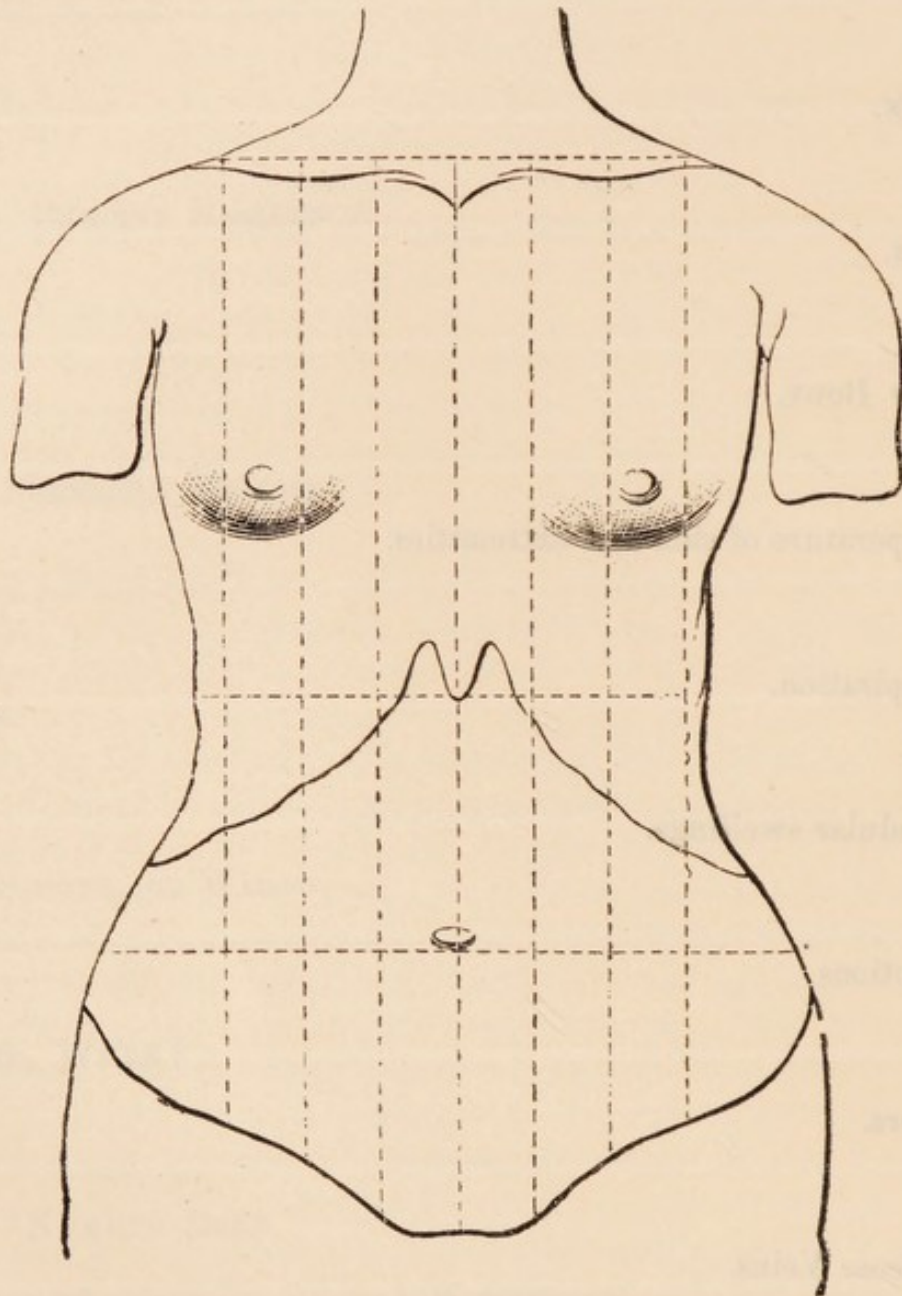


DIAGRAM FOR OUTLINES OF TUMOUR, LIVER, AND SPLEEN.

MEASUREMENTS, IN INCHES.

DATE

1. Girth at umbilical level .....
2. From ensiform cartilage to umbilicus.....
3. From umbilicus to symphysis pubis .....
4. From right ant. sup. sp. of ilium to umbilicus
5. From left ditto to umbilicus .....


**STATE AT FIRST VISIT.**

INSPECTION, PALPATION, PERCUSSION, AND AUSCULTATION.

- 
- Mobility of tumour.
- Evidence of adhesions.
- Thickness of parietes.
- Lineæ albicantes.
- Dilated veins.
- Fluctuation.
- Impulse.
- Crepitus.
- Tenderness.
- Sounds on percussion.
- Sounds on auscultation.
- Lumbar sounds on percussion.
- Effects of pressure on other organs.

**STATE AT FIRST VISIT.**  
**EXAMINATION OF THE PELVIS.**

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**UTERUS.**

Situation.

Deviations.

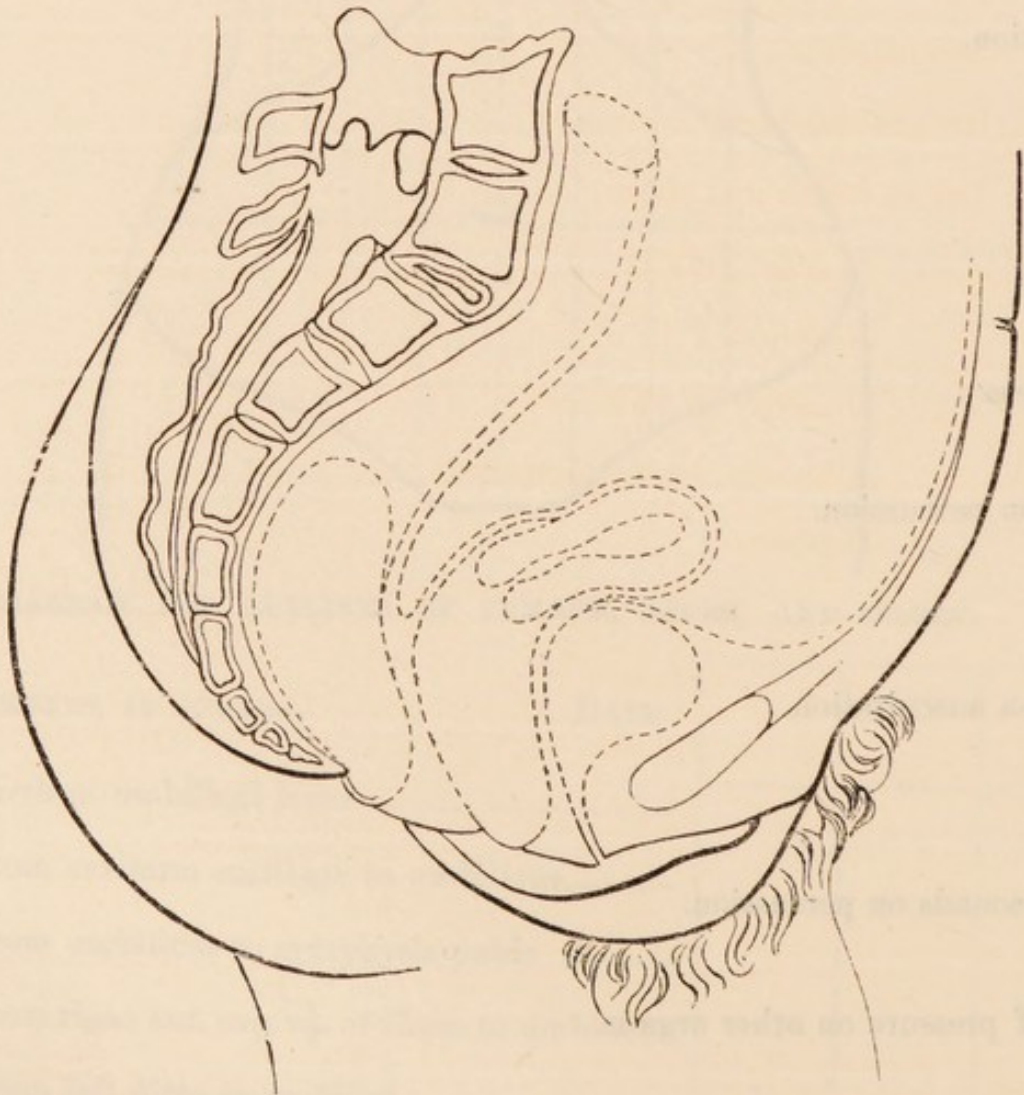
Mobility.

Length of cavity.

Condition of os and cervix.

**VAGINA.****RECTUM AND ANUS.**

DIAGRAM FOR OUTLINE OF PELVIC PORTION OF TUMOUR.



## STATE AT FIRST VISIT.

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### GENITAL ORGANS.

Catamenia now.

Date of commencement.

„ cessation.

Any sudden suppression?

History of excess, or

„ deficiency.

Leucorrhoeal or other discharge.

### URINARY ORGANS.

Dysuria.

Incontinence.

Irritable bladder.

Urine, colour and odour.

„ Specific gravity.

„ Reaction.

„ Quantity in 24 hours.

„ Albumen, sugar, pigments.

„ Deposits.

„ „ inorganic.

„ „ organic.

„ „ Blood.

„ „ Pus.

„ „ Epithelium.

„ „ Casts of tubes.

„ „ Confervoid vegetation.

## STATE AT FIRST VISIT.

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### DIGESTIVE ORGANS.

Tongue.  
 Appetite.  
 Thirst.  
 Flatulence.  
 Action of Bowels.

### NERVOUS SYSTEM.

Sleep.  
 Mental Condition.  
 Neuralgia.  
 Hysteria.

### RESPIRATORY ORGANS.

Breathing.  
 Cough.  
 Expectoration.  
 Physical signs.

Rests best on                      side.

### CIRCULATION.

Pulse.  
 Sounds of heart.

## HISTORY.

---

Hereditary influence.

Mode of life.

Moral causes.

Previous diseases, or

Accidents.

### EARLY SYMPTOMS OF PRESENT ILLNESS.

First signs of ill-health.

Pain or tenderness in

Groin, or

Pubic region.

Vaginal fulness.

Bearing down of uterus.

Pressure on bladder.

Pain, numbness, or weakness of one or both legs.

**HISTORY—EARLY SYMPTOMS.**

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Constipation.

Fulness or pain in breasts.

Nausea.

Symptoms worse periodically?

Discovery of tumour.

Process of enlargement.

Rapid or slow.

Regular or uncertain.

Periodical increase and diminution.

Movements felt.

Early treatment.

## HISTORY—PROGRESSIVE SYMPTOMS.

---

Changes in situation of tumour.

Aggravation of early symptoms.

Dyspnœa.

Tympanites.

Febrile Attacks.

Cyst inflammation.

Peritonitis.

Ascites.

Discharges through	{	Uterus.
		Vagina.
		Bladder.
		Bowel.
		Abdominal wall.

Spontaneous rupture of cyst?

Date of any tapplings, with nature

and quantity of fluid removed.



DIAGNOSIS.

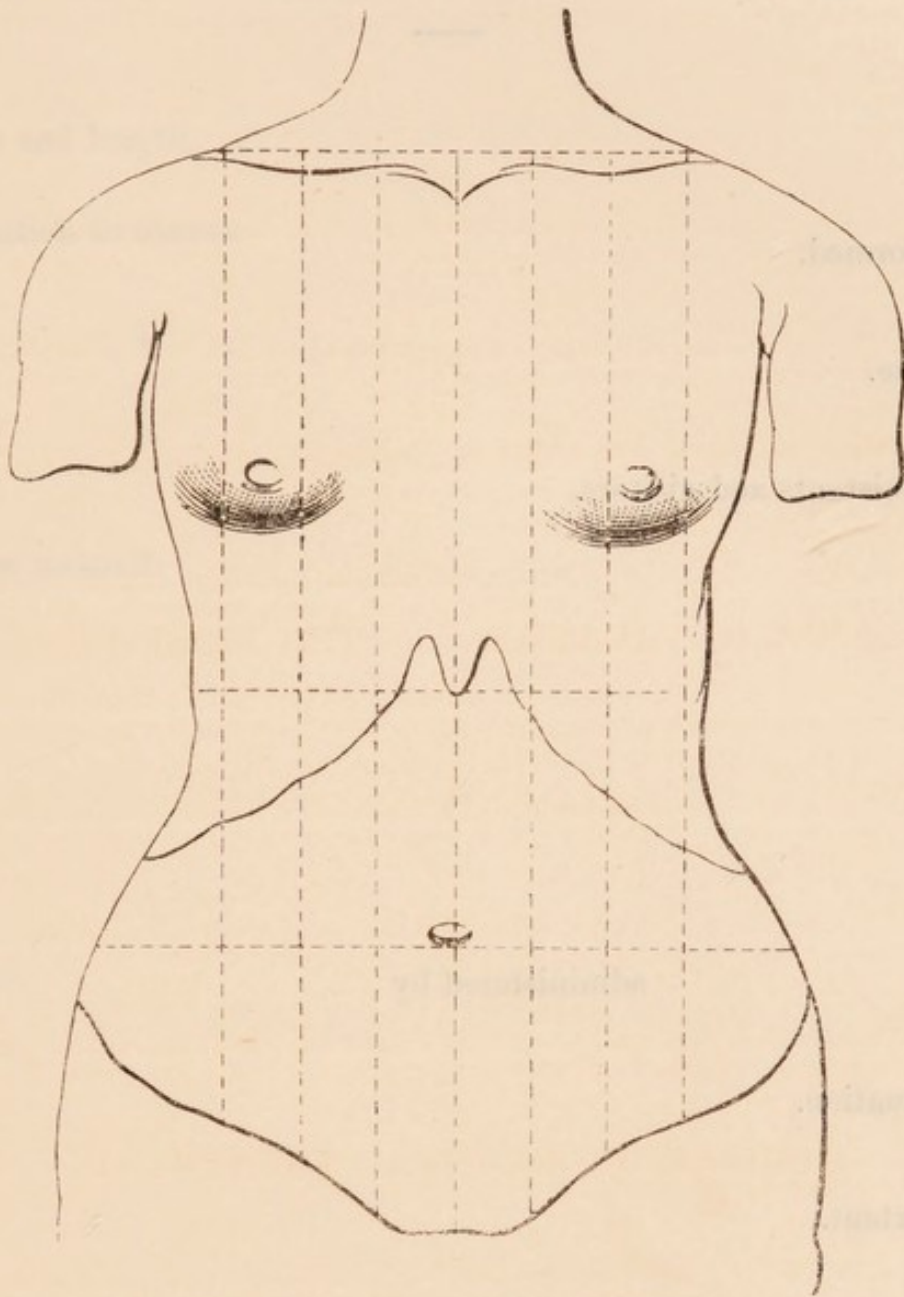
PROGNOSIS.

Probable duration of life if left alone to palliative treatment.

GENERAL TREATMENT AFTER FIRST VISIT.

MEDICAL OR SURGICAL TREATMENT.

## PROGRESS.



RESULT OF TREATMENT.

OPERATION.  

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Date.

Where performed.

Nurse's name.

Names of assistants and visitors.

Anæsthetic administered by

Incision, situation.

Extent.

Adhesions.

Tapping of cyst, or

Removal of tumour.

## OPERATION.

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Pedicle, size and length.

„ Relation to uterus.

„ How secured.

Hæmorrhage.

Opposite ovary.

Uterus.

**OPERATION.**



**CLOSURE OF WOUND.**

**DRAINAGE.**

**OPERATIVE PECULIARITIES.**

**PREVIOUS DIAGNOSIS COMPARED WITH OPERATION.**

DESCRIPTION OF TUMOUR.

Quantity of fluid removed.

Weight of cysts, or of

Solid matter removed.

## AFTER-TREATMENT AND PROGRESS.

[NOTE—Daily observations on the Pulse, Respiration, Temperature, Urine, Perspiration, &c., may prove of great interest, when compared with meteorological observations taken for a few days before and after the operation, especially with regard to Ozone and Antozone.]

Date	Hour	Condition, Remedies, &c.	Temperat.	Pulse	Respir

## AFTER-TREATMENT AND PROGRESS.

Hour	Condition, Remedies, &c.	Temperat.	Pulse	Respiration



## AFTER-TREATMENT AND PROGRESS.

Date	Hour	Condition, Remedies, &c.	Temperat.	Pulse	Respirat

## AFTER-TREATMENT AND PROGRESS.

Hour	Condition, Remedies, &c.	Temperat.	Pulse	Respiration

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## AFTER-TREATMENT AND PROGRESS.

Date	Hour	Condition, Remedies, &c.	Temperat.	Pulse	Respir.

## TERMINATION—OR RESULT OF OPERATION.

## SUBSEQUENT HISTORY.

*It is desirable to ask every patient who recovers to write once every year on the anniversary of the operation, giving full information as to her state. From such communications, and from circulars sent to all who recovered of the first 500 operations, I ascertained that 35 women who were unmarried at the time of the operation had married since (in 1872). Of these, 14 had had one child, 6 two, 3 three, and 3 four children; three had twins. Of 259 women who were married when the operation was performed, 23 had had one or more children since. Of 25 I could obtain no information. Of 300 operations performed since the first 500, 1 patient who was unmarried at the time of operation has married since, and had a child; and of 158 women who were married when operated on, 9 have had one child, 4 two children, and 1 three children. One has had twins, and 3 were pregnant when last heard of.*





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