ST. MARY'S HOSPITAL.

Two Cases of Ovarian Disease: one of Ovarian Dropsy, the other of Ovarian Tumour; Deaths; Autopsies.

(Under the care of Mr. I. B. BROWN.)

WE recorded, a short time ago, (THE LANCET, vol. i. 1852, p. 265 and 446.) a case of ovarian dropsy operated upon by Mr. Brown at this hospital, wherein he succeeded in staying the progress of the disease by first evacuating the contents of the cyst, and then excising a small portion of the latter. It is a great pity, supposing this method perfectly safe, that many cases are met with in practice, in which it cannot be followed, either from the adhesions, the multilocular nature of the cyst, or its semi-solid contents. In such instances as these, we have our choice between pressure, tapping by the knife or caustic, evacuation of the fluid through the walls of the vagina, the expectant system, and the much-dreaded extirpation of the ovary and its cyst.

The latter operation has recently given rise to very animated discussions, in which the senior obstetricians advocated non-interference, and some of the juniors a bolder line of practice. It is plain that no satisfactory conclusion can be come to, except the results (whichever they are) of the expectant method, and those of the operations performed, be duly and truly recorded. The seniors are certainly amenable to conviction; and there is no doubt but that they would cheerfully subscribe to the propositions of their adversaries, if it were clearly and tangibly proved to them that a certain number of lives have been indefinitely prolonged by operative interference; and that, on the other hand, the fatal issue occurred in a comparatively short time in cases wherein none but palliative measures had been resorted to.

It must be obvious to every practical man, that most of the medical and surgical questions which are at the present moment *sub judice*, lie, as it were, in a nut-shell. Let the problems be decided by facts, provided *all* of them be recorded. Were this mode of proceeding generally adopted, we should see at no distant period perfect harmony touching the following subjects, whereon opinions and practice differ much:—1. Ovariectomy. 2. Cauterization of the cervix uteri. 3. Perineal section upon the staff. 4. Amputation at the ankle-joint. 5. Puncturing the bladder through the rectum. 6. Excision of the head of the femur. 7. Mercury in syphilis. 8. The treatment of rheumatism. 9. The treatment of continued fever, &c. We beg, in the meantime, to allude for a few moments to some cases of ovarian disease, lately treated by Mr. Brown, which will certainly prove very instructive. They present us with valuable facts, which will greatly facilitate the solution of the pending questions regarding the treatment of ovarian dropsy.

M. A. B—, aged twenty-three, married, was admitted, May 7, 1852, under the care of Mr. Brown. She has had no children, and the catamenia, which began at eleven, are regular. Two years before admission, while walking down a hill, the patient felt something give way in her abdomen, and soon afterwards she noticed what appeared to be a hard, round tumour in the right inguinal region, which has gradually increased to the present time. On examination, a tumour was found, over which the integuments moved easily, occupying the whole abdominal cavity, and reaching up to within an inch of the ensiform cartilage. There was distinct fluctuation at the upper part of the protuberance, and one or two hard nodules were felt in some parts, but dulness on percussion was general throughout. The patient has never suffered from difficulty of breathing, or indigestion, and is, in fact, in excellent general health. The circumference of the abdomen is thirty-eight inches and a half.

Four days after admission, a small trocar was thrust into the tumour, a little below the umbilicus; thereupon a fluid escaped, which contained much albumen, and some scales of cholesterine. On a further examination, a few days afterwards, a hard portion was felt in the upper part of the tumour, which portion moved with the rest of the mass, and was separated from the general enlargement by a well-marked fissure.

On the 20th of May, thirteen days after admission, the patient being narcotized with chloroform, Mr. Brown made a vertical incision, about three inches long, commencing a little below the umbilicus. The cyst was thus brought into view; it looked very vascular, and the peritonæum covering it was firmly adherent to its surface. This circumstance induced Mr. Brown to remove the whole cyst; the latter was first, however, punctured with a trocar, and about eighteen pints of yellowish fluid evacuated. On now passing the hand towards the upper part of the tumour, Mr. Brown found a

band, which, after consulting with his colleagues, he divided. The cyst was now attempted to be drawn out of the abdomen, but this could not be accomplished, owing to the above-mentioned adhesions, and the existence of another cyst, about the size of two fists, which was emptied of its contents by the trocar, as had been the first. There were several other slighter adhesions, which gave way under the finger; and as the tumour was yielding to the efforts of traction, a third apparently solid one was found occupying the pelvic cavity. The whole mass was then extracted from the abdomen, and the pedicle firmly tied by a double ligature. The latter was passed by means of a needle thrust through the centre of the pedicle, the loop cut, and the ends tied on either side. The pedicle was then divided between the ligature and the cyst; but before the whole mass could be removed, the opening in the abdomen had to be slightly enlarged upwards. The lips of the wound were now brought together by the deep interrupted sutures and more superficial stitches, to bring the integuments into close approximation. The ends of the ligatures applied to the pedicle were twisted together, and allowed to emerge from the lower part of the wound; wet lint and a bandage were applied; and one grain of opium given.

The extirpated cyst was examined soon after the operation: the parietes were thick and tough, and the solid portion was found to be made up of smaller cysts, containing a fluid of a gelatinous consistence. The patient never recovered from the shock of the operation, the pulse remained small and rapid, vomiting was almost incessant, and she died forty hours after the extirpation of the cyst.

Post-mortem examination.—On opening the abdomen, a small coagulum was attached to the above-mentioned adhesion, but little or no blood was seen in its vicinity. On moving the intestines, a considerable quantity of blood was found deep in the cavity of the abdomen and in the pelvis, surrounding the pedicle. It appeared most probable that the hæmorrhage had taken place from the pedicle itself. This circumstance will be a great inducement for henceforth tying every vessel of the pedicle individually.

Without blaming the operator, we may readily conceive the danger of returning a pedicle, even carefully ligatured, into the closed abdomen. Every practical man will perceive that there is some analogy between this pedicle and the umbilical cord, and that the soft substance found in both may prevent the ligature from acting directly on the vessels, the latter remaining uncontrolled, when after a little while this substance shrinks. Hæmorrhage from the cord can be seen and stopped, whilst loss of blood in the abdomen (favoured by the high temperature of the cavity) may pass unnoticed, and is not easily stopped, even if suspected.

Ovarian Tumour; Extirpation; Death; Autopsy.

Eliza D—, aged thirty years, of dark complexion, married, in an impaired state of health, and who has borne one child, was admitted in June, 1852, under the care of Mr. Brown, with a tumour considerably distending the abdomen. The patient had been inconvenienced with a swelling in the abdominal cavity for the last eighteen months; the growth had at first been very slow, but the increase for a few months before admission had been rather rapid. She had been under treatment at St. Thomas's Hospital for five or six weeks; but the tumour being by Dr. Waller considered of a solid nature, he had declined having recourse to operative proceedings.

When admitted into this hospital, the abdomen had attained the size of an ordinary six-months pregnancy, and the swelling being considered of an ovarian kind, Mr. Brown resolved to attempt an operation, purposing to remove the cyst after tapping, if found necessary. The patient herself was extremely anxious to have an operation performed, as she found the tumour of the abdomen very burdensome.

On June 16th the patient was brought into the theatre, and narcotized with chloroform. Mr. Brown then began by making a longitudinal incision, about three inches and a half in length, commencing it just below the umbilicus. A little dissection soon brought the cyst into view, and when the latter was well exposed, Mr. Brown introduced a trocar into it, in order to allow the fluid to escape; but the latter issued in very small quantity, and was principally composed of pus and blood. It was now surmised that the cyst was of a multilocular kind, and that the spot which had been punctured presented only a small and degenerate cyst. The trocar was therefore introduced into another place, but with the same results. This circumstance caused some surprise, and the wound being now enlarged, several other thrusts with the trocar and canula were successively made; but the fluid was

always scanty, gelatinous, puriform, and mixed with blood. Incisions with the scalpel yielded the same results.

Mr. Brown now passed his hand between the integuments and the cyst, isolated the latter thoroughly from the skin, and the original incision was gradually enlarged, so as to allow the greater portion of the tumour to be grasped. The remaining adhesions were freed by the hand running round the mass; and by a little tilting and nice management, the whole mass, the size of about two men's heads, slipped out of the abdomen, being then only retained by the Fallopian tube.

The abdominal cavity was, by the displacement of the tumour, brought fairly into view, the greater portion of the small intestines being laid bare, owing to the extent of the incision in the walls of the abdomen. The bowels necessarily remained for some time exposed, while the mass was further separated from the surrounding parts, and the ligature applied to its pedicle. Mr. Brown used a strong thread to secure the latter, whilst the assistants held the huge tumour which had just been dislodged. The pedicle was found very thick; the ligature was tightly drawn, and the Fallopian tube divided between the ligature and the cyst.

Mr. Brown very carefully examined the cut surface, in order that no bleeding vessel might escape attention; the bowels, which looked rather congested, were gently returned into the abdominal cavity, one omental vessel tied, and the lips of the wound carefully brought together, as in the first case. During the whole of this operation, which lasted about three quarters of an hour, the patient was kept completely narcotized.

When the woman had been removed, Mr. Brown stated that the tumour, on being put into the scale, was found to weigh eleven pounds and three quarters, independently of the fluid which had escaped or drained away. The whole mass was of a semi-solid character, and presented on a section a kind of honeycomb appearance, the cells being filled with an oleo-gelatinous substance.

For the following details connected with the progress of this patient we are indebted to Mr. Umphelby, the registrar:—

At nine p.m., the patient complained of a good deal of pain; there had been no sleep, and the abdomen was a little increased in size. She mentioned the bandage again as being too tight (about four hours before she had had it loosened.) Pulse 100, soft; respiration 36; very little abdominal movement, and a little tenderness; knees drawn up. Calomel, five grains every fourth hour; powdered opium, two grains every second hour.

Second day.—At twenty minutes past one a.m., the patient was sick and vomited about one pint of watery fluid tinged with green; after this she became easier, and at two a.m., she was bled to twenty-four ounces. The blood was buffed, and she became faint; pulse 120, small and feeble. The patient stated that she now felt easier, and was able to take a deep inspiration with less pain than before the bleeding. The skin became, however, cold, she had clammy perspiration, and was sick when the blood ceased to flow.

Third day.—Occasional sickness, but the patient does not complain of much pain. She takes hydrocyanic acid and soda, and occasionally quinine. Slept at intervals quite comfortably, and improved in appearance. Pulse 130, small and feeble. Arrowroot, beef-tea, and a little brandy, which is taken without sickness.

Fifth day.—Pulse 126, small, somewhat less feeble; has had some sleep; some sutures were removed; no tenderness of abdomen; a fresh layer of plaster is now applied. Soap pill ten grains, as a suppository.

Sixth day.—Much flatus; slept for one hour; abdomen softer and smaller; pain in the left side from distention of the stomach; six sutures removed; fourteen had originally been applied; sickness occasionally; bowels open; one suture removed at the upper part of the external wound; non-union at this part; pulse 114. Two p.m.: Several sutures removed. Ten p.m.: During a fit of vomiting in the afternoon the plaster gave way and the lips of the wound separated completely, exposing the intestines, which were covered with lymph. The edges of the wound were now pared and brought together by four sutures; after this the poor woman felt pretty comfortable.

Eighth day.—Better; some sleep; less sickness.

Tenth day.—The patient has had a good night; she is cheerful; pulse 120, more power; bowels open. The wound having been dressed, some sanious discharge occurred from its whole extent, the margin showing as yet very little effort at union; some feeble granulations at lower part; the abdomen is smaller.

Fourteenth day.—The wound looks more healthy, the patient feels better, and has passed some comfortable nights.

Fifteenth day.—Bowels relaxed; this symptom was relieved by an opium suppository; pulse 107, more distinct; wound gaping, but granulating at the upper part; aspect better.

Eighteenth day.—The patient continues much the same.

Twenty-first day.—Much depressed by the great heat; bowels relaxed; aspect less favourable; the ligature of the pedicle came away, and the patient continued getting lower until the thirtieth day, when the catamenia, which had appeared four days previously, increased to great excess. This circumstance weakened her very much, and she sank at half-past nine on the thirty-first day after the operation.

Post-mortem examination, twenty-nine hours after death.—

Body emaciated, and eyes sunk; hardly any post-mortem congestion, and no rigor mortis. There existed a wound, about seven inches and a half in length, in the median line of the abdomen, between the ensiform cartilage and the pubis, the edges of which were about an inch apart, disclosing to view a portion of the omentum, and some convolutions of the intestines covered with lymph and granulations. Beyond this aperture the two layers of the peritonæum were adherent on the right side to the extent of two inches, and rather less on the left. The original apertures made by the sutures were not all closed. On throwing back the integuments of the left side, the colon was seen extending down by the side of the incision. The intestines contained in the right iliac and lumbar regions were covered with thick lymph, and these regions contained dark and offensive fluid. The liver had formed bands of adhesion between itself and the parietes of the abdomen on to the left side. On raising the colon, the stomach was seen in its usual situation, pale, but not discoloured; the duodenum was in the same state, and the other parts of the alimentary canal were bound together by adhesions, the convolutions adhering to the anterior wall of the abdomen, the bladder, and the uterus. There were several purulent collections among the adhesions; on tearing up the latter there was found an opening in the sigmoid flexure of the colon, about the size of a sixpence. There was also an opening in the cæcum, around the internal orifice of which there was great congestion and thickening of the mucous membrane. The alimentary mucous membrane presented here and there a few red patches. *Uterus and ovary:* There was a small round excavated ulcer on the anterior lip of the os uteri, and a more extensive one implicating part of the mucous membrane of the vagina, and covered with a superficial slough. The structures surrounding the right ovary were matted together, and a probe could be passed out of the cut extremity of the Fallopian tube. The thoracic viscera were healthy.

Without attempting the recapitulation of all the facts connected with these two cases, we may just mention that the hæmorrhage from the pedicle in the first case, and the bursting of the unligatured wound in the second, are accidents which future operators should always recollect. Indeed, it is plain that ovariectomy should only be performed when life is in immediate danger, and after mature consideration.

ST. THOMAS'S HOSPITAL.

Cephaloma developed in the Medullary Canal of the lower part of the right Ulna; Removal of the diseased portion of Bone.

(Under the care of Mr. SOLLY.)

It is generally held that cancerous disease of bone attacks much more frequently the lower than the upper extremity, and that the jaws and skull are especially liable to the affection. There does not seem to exist any particular physiological reason for these differences, but the facts are nevertheless pretty accurately ascertained; and as to the upper extremity, we find the rule fully verified by our pretty extensive nosocomial experience.

Some cases of this kind have especially fixed our attention in the hospitals of the metropolis. In one (Mr. Stanley), medullary cancer had sprung up between the two tables of the skull (*THE LANCET*, vol. i. 1852, p. 238) in a second (Mr. Stanley), the medullary disease affected the humerus (*THE LANCET*, vol. ii. 1852, p. 33); and in a third and a fourth (Mr. Luke and Mr. Adams), the part affected with medullary disease was the lower end of the radius (*THE LANCET*, vol. i. 1851, p. 354.) The first of these cases was fatal; the second subsequently so, after the removal of the arm at the shoulder-joint; and in the third and fourth, the forearm was removed. The case lately treated by Mr. Solly, and which we desire to bring this day under the notice of our readers, is peculiar in two respects: 1st, that the disease sprung up in the medullary