ENCYSTED TUMOR OF THE LEFT OVARIUM.

BY C. F. WINSLOW, M.D., NANTUCKET.

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WHEN I returned from Europe, in 1837, I found an old friend of mine, Mrs. Margaret Bunker, laboring under abdominal dropsy. The abdomen was very large. When I left her, two years previously, she was spare and in feeble health, with a bad cough, frequently raising blood and large amounts of mucus and purulent excretions. She was the mother of three children fully grown, and her health through life had been delicate. I supposed she would die of pulmonary disease before my return home. But on my return, her general health and appearance were better, her cough and expectoration had wholly ceased; and for a year her abdomen had been enlarging, with some pain and soreness in the lower part of it. The catamenia had not been natural for many years, but had been very painful, and now the period of life had arrived for their cessation. They occurred at long intervals. Her appetite was good, and her general health comfortable; but the enlargement was a burden, and, as it constantly increased, it gave her alarm.

Medical assistance had been sought, but no comfort nor benefit had been given her. Diuretics and all ordinary means had been resorted to, without advantage. She had been disgusted with, and was tired of, medicines. In this condition of things, I was called in, and, from all that could be learnt of the origin of the disease, I supposed it to be common ascites. I was sure of dropsy from the fluctuation, and I could feel no tumor. Whatever means were used, availed nothing. She grew to be a wonder to look upon, and could still walk about house and attend to many domestic affairs. She had a good appetite, and was cheerful. I advised tapping. After a long time, she consented to the operation, and it was done with a trocar of medium size. I was surprised that no stream of water followed the removal of the style. But in a moment, a glairy fluid began to ooze out. Little, however, was discharged, and no relief was obtained. The puncture healed in a few hours, and the patient remained as before, only more uncomfortable from increasing distention.

In a few weeks another puncture was made, with a larger trocar, and about a half pint of thick, tenacious, pearl-colored fluid was obtained by pulling it through the canula with a probe. This operation was unsuccessful, and the abdomen had now become so large that the parietes were stretched to extreme thinness.

What was to be done to prolong her life? Fluctuation was distinct all over this immense swelling, and I was now sure of the nature of the fluid which filled the cavity. I conceived the plan of pumping it off. I proposed it to my medical friends, but they had never heard nor read of such a thing, and could not enlighten nor encourage me. I had arranged the whole plan of operating in my own mind, and fortified its probable success by analogies in physics. I presented it to the lady for her consideration. She possessed uncommon intelligence and firmness; but it seemed to her like an experiment, and she objected to it. I reasoned with her, and she made up her mind, after some days, that she had better submit to the operation.

I had a trocar made, three-eighths of an inch in diameter. I adjusted a silver tube, made with an elbow, to a good Maw's syringe, and covered the end with wax and thread so that the fixture should be immovable and air-tight. The floating part of the tube was made to fit *nicely* to the canula, so that it could be adjusted easily, whenever it might be desirable. This was all.

The time was fixed for the operation, and though the result, if successful, would be nothing more than that of common paracentesis, it was looked at by patient and friends as something wonderful and possibly fatal. I felt only anxious for the success of an operation which I had so well calculated, and which I considered new. It was, indeed, an experiment; but I felt an enthusiastic assurance of its triumph.

I invited Dr. Elisha P. Fearing to assist me. The patient was seated in a comfortable rocking chair. Suitable bandages were applied around the abdomen, and assistants were placed at the ends to draw them when required. I made the puncture about midway between the umbilicus and the ant. sup. spinal process of the left ilium. The canula was so much larger than the others that a stream flowed with quite a jet, but the fluid was so thick and heavy that it fell quick like jelly. It continued to run thus till a half-pint had escaped, when it stopped. Now was the time for my success or failure;—and if the latter, the case would have to be abandoned altogether. I adjusted the pump, and my colleague held the instruments firmly, while I drew upon the piston. There was some resistance. In a moment it was overcome, and when I pressed down the piston, a full stream gushed out with an old coagulum of blood, which had caused the obstruction. Thus I continued to pump, now and then encountering a coagulum of blood or jelly, until I removed seventy-two pounds, by weight, of this gelatinous fluid.

The operation was made slowly, and the bandages were tightened so as to give uninterrupted support to the abdomen. The patient was relieved, and was cheerful during the operation, but towards the last of it she became somewhat faint. Hot wine was administered, and she was put to bed. I was particular that no air should enter the canula, and the puncture was carefully closed with adhesive plaster. When this came off, five or six days afterwards, the wound was completely healed.

After the operation, the parietes of the abdomen hung in folds like cloth, but they gradually contracted to a natural condition. She was comfortable, and nothing occurred unfavorable. In a week she sat up, and her appetite was natural.

Tumors, however, of great size were now manifest in several parts of the abdomen. The largest were on the right side, and they extended above the umbilicus. They were not sore nor painful; but the incurable nature of the malady was unfolded. As was to have been expected, the abdomen gradually enlarged again; and after several months a second operation was made, similar to the first. Thirty-five pounds of the same gelatinous, pearl-colored fluid were removed, and she was put to bed in a comfortable and cheerful condition. Thus she continued for a fortnight, at the end of which, she lost her appetite and became more feeble. Her spirits left her—she refused food—declined all conversation—gradually

passed into a lethargic state, and died in about six weeks from the second operation. Much secretion took place before her death, so that the abdomen was very large. The first operation was made June 3d, 1839; the last, December 31st; and she died February 15th, 1840.

Post-mortem Observations.—Before making an incision into the body, a considerable quantity of the same gelatinous fluid was removed by the pump. This was not weighed, but estimated to amount to twelve or fifteen pounds.

On laying open the abdomen, an enormous, thick fibrous sac, at first sight resembling the paunch of an ox, appeared to fill it. This was connected with a great mass of tumors, or, rather, it was one sac of a number which existed in this enormous tumor, for it was all one, and it proved to be the left ovarium. I passed my hand around the mass and turned it out of the cavity, and it hung by the fallopian tube alone. It had no other attachment to the body.

The surface of this great tumor was smooth, but irregular, and on laying open the different hard and rounded compartments which constituted it, I found them more or less advanced towards the condition of the great sac which had been punctured during life. The fluid in all was more tenacious and transparent, resembling vitreous humor. Some cysts contained a pint or a quart; others were like honey-comb, containing numerous smaller cells; some not larger than a walnut, separated by highly vascular partitions. This mass weighed seventeen pounds.

The punctures in the sac had all healed completely, and the eschars were as visible and perfect as cicatrices of the skin.

The uterus, right ovary, and every other viscus of the abdomen, were in a natural state.

The lungs were in a healthy-looking and crepitating condition, mottled only with a black or bluish pigment, such as we frequently observe in persons who had complained of no pulmonary disease during life.

Nantucket, January 17, 1851.

EMPHYSEMA FROM FRACTURE OF THE RIBS.

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A CASE reported in your Journal of last week, recalls to mind one which came under my observation a short time since. On the 16th of July, 1849, I was called to see Mr. Lawrence Warner, of Locke, Cayuga Co., æt. about 80, who had the day before been thrown from his carriage in consequence of some part of his harness giving way. Being quite infirm, he was precipitated with considerable violence upon his shoulder, making but little effort to resist the fall. Two physicians, residing near, saw him very soon, but finding it difficult to handle him much, came to no definite conclusion respecting the extent of the injury. His son-in-law, Dr. Shaw, of Cayuga, then on a visit to his house, saw him a few hours after the accident, and as the symptoms were urgent, very properly extracted a few ounces of blood, and applied other appropriate remedies. I found him bolstered up in bed, his countenance

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