SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.

On the Occurrence of Ovarian Tumours in Sisters.

A Record of three instances in which two sisters were successfully operated upon for the removal of Ovarian Tumours.

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Many cases of fibroid tumours of the uterus occurring in sisters have been published, and there are several instances in which two, three and four sisters have been operated on for the removal of such growths. But with regard to ovarian tumours the association is much less common. That it does occasionally occur in blood relations and in sisters, no one will deny, but curiously enough I cannot find any mention of authentic cases in current literature, nor am I cognisant of published statistics relative to the percentage of ovarian tumours in general, let alone this point in particular. That being so, it is not to be wondered at that the number of instances in which ovarian tumours have occurred in sisters has up to the present received but little attention. Pfannenstiel, writing in Veit's Handbuch der Gynäkologie, vol. III., part I., page 413, says:—“Up to the present we know little of the relations of heredity to ovarian growths. The number of cases of growths of this kind observed in sisters and blood relations is remarkably small when contrasted with the frequency of ovarian tumours in general. Nevertheless, hereditary tendency, such as is seen in cancer, taken as a whole seems not improbable if we take such a tendency in a general sense, and not as signifying a liability to the development of particular growths in particular organs.” These remarks reflect very clearly our present position, and also show how little the subject has been studied. It is with the motive of bringing forth information on this somewhat rare occurrence that I am now recording the following cases.
Some coincidences may be noticed in relation to these cases. All the patients were operated on by the same surgeon. In each instance one sister was single, the other married. In the first, the unmarried sister had two large multilocular cysts, the other a multilocular cyst and a large cystic ovary. In the second, each sister had a dermoid tumour of the left ovary. In the third, each sister had a multilocular tumour of the right ovary and both patients were said to be pregnant. In all three instances the sisters from each family were operated on consecutively. All the patients came under notice within the period of sexual maturity.

M. S., aet. 17, single, and employed in her father’s shop, was sent to me in September, 1890, by Dr. Sydney Haynes, of Stansted, Essex. The patient was a girl of medium height with dark features and brown hair. She gave the following history:—Menstruation appeared at the age of 12 years. It was regular, the flow lasting from two days to a week, the loss being scanty. In the intervals she was troubled with whites. Her family history was bad, the father, two uncles and a brother all having had cancer. On examination the patient’s heart and lungs were found to be healthy. The thorax and limbs were somewhat emaciated, micturition was frequent, the urine being acid, with a specific gravity of 1010 and no albumin. The bowels were regular, and there were no nervous symptoms. The abdomen was greatly distended, and fluctuation was felt in front and at both sides. There was dulness all over the swelling and resonance far back in the flanks. Examination per vaginam revealed an unusual condition. A septum was felt running across the vagina, dividing it into two canals, an anterior and a posterior, each being of about the same calibre. Two tumours could be made out, one lying in front of the uterus, the other behind that organ. For some months she noticed that the abdomen had been getting larger, but beyond that fact there was no history of illness, with the exception of loss of appetite and emaciation. The patient was admitted into the Grosvenor Hospital for Women, Westminster, where I operated on September 10th, 1890, in the presence of Dr. Haynes and my colleagues. Two large cysts were removed, and at the same time I cut out the vaginal septum. The tumours when examined showed nothing of a malignant type. The patient made an uninterrupted recovery, and was well in March, 1908.

In September, 1901, E. P., aet. 40, married and the mother of three children, was sent to me by Dr. Sydney Haynes. She was an elder sister of the previous patient and her history was somewhat
similar. Menstruation appeared at 13 years of age, the flow usually lasting five days and the loss being medium. Her last child was born six years ago and from that time up to ten months ago, her periods were regular. She then began to lose every fortnight, the last period being in September, 1901. In November, 1900, she began to feel out of sorts, and thought she was getting thinner in the chest and arms, and at the same time stouter in the abdominal region. Beyond these symptoms there was nothing to complain about. The patient was larger built than her sister. She occupied herself at home with domestic duties, and so far as she could recollect, had never sustained any injury. Her condition when examined was as follows:—The lungs and heart were normal. The tongue was clean, bowels regular. Micturition was natural, the urine being neutral in reaction, with a specific gravity of 1015, and free from albumin. She slept well and had no headaches. The abdomen was distended to half way between the umbilicus and the ensiform cartilage, the swelling showing more on the left side. There was a dull note all over the tumour, and the flanks were resonant. Bimanual examination showed the uterus to be in front of the tumour. On September 27, 1901, I operated, assisted by my colleague Mr. Morris. On opening the abdomen a large pink coloured tumour presented. The incision was enlarged and the cyst removed whole. It had a very short pedicle and proved to be a multilocular cyst of the left ovary, the opposite organ being much enlarged and cystic. In order to save it I resected the larger cysts and closed the wounds with fine silk sutures. Then having punctured and expressed the fluid from the smaller cysts, the ovary was dropped back into the pelvis and the wound in the abdominal wall closed in one layer with silk worm gut sutures. The patient rapidly recovered and returned home well within a month. She was in good health in March, 1908.

M. S., æt. 29, married and the mother of three children, the youngest being six years of age, consulted me in April, 1905. She was well up to a year ago when she began to have pain in her left side of a dragging character. Her womb came down about six months ago, but she was unable to wear a pessary. Within the last few months she has lost flesh, but it was the prolapse that brought her to the hospital. Examination per vaginam showed a large heavy uterus with the cervix split stellately and the os uteri patulous. Bimanually, a hard swelling could be felt lying in front of the uterus, making pressure on the bladder and pushing the uterus down in the vagina. The swelling could not be separated from the uterus. Since her fourteenth year she had been regular, losing from five to seven days. For some months she had had an inter-menstrual acrid discharge, micturition was frequent. The bowels were regular. The heart sounds were weak and the pulse was rapid and small. The last
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Menstrual period was in February. This patient's aunt on the father's side had an ovarian tumour removed by Sir Spencer Wells some years ago. It was said to be from the left side, in his list of 1000 cases, however, the nature of the growth is not disclosed. The diagnosis arrived at was, a dermoid tumour of the ovary. On April 5, I operated at the Grosvenor Hospital for Women. My colleague, Mr. Morris, assisted me, and Dr. Blumfeld gave the anaesthetic. A free incision was made and a dermoid tumour of the left ovary, the size of a large cocoanut, was removed. Its pedicle was very short and had kept the growth in close contact with the uterus. The tumour contained skin, bone, teeth and a quantity of light coloured hair. The patient made a speedy recovery, and in March, 1908, was well and expected to be confined of her fourth child in July.

A. P., aet. 34, single, and by occupation a housekeeper, consulted me in July, 1905. She was a healthy dark-featured woman with brown hair and good teeth. She gave the following history. Menstruation began at 13 years of age. The flow was free and usually lasted for seven days. The last period was in May, 1906. She enjoyed good health up to six weeks ago, when she began to feel ill and complained of backache and pain in her left side. Bimanual examination revealed a hard swelling lying in front of the uterus from which it could not be separated. It seemed to be more on the left side of the pelvis than on the right, but no pedicle could be felt. General examination showed the thoracic and abdominal viscera to be healthy. Micturition was frequent, the urine being acid, with a specific gravity of 1020, and free from albumin. Some months previously I had removed a left dermoid tumour from her younger sister. The early and free menstrual loss led one to bear in mind the possibility of a uterine fibroid, but the ultimate diagnosis was a dermoid ovarian tumour.

On August 1, 1906, I operated at the Grosvenor Hospital for Women. My colleague, Mr. T. Crisp English, assisted, and Dr. Blumfeld gave the anaesthetic. The abdominal walls bled freely. On opening the peritoneal cavity the tumour was seen to be a dermoid, and therefore the incision was enlarged to six inches so that the tumour might be extracted without bursting. The pedicle was extremely short and at the same time broad and thick. The tumour was brought outside the abdomen with some difficulty and the pedicle was then tied in sections and the growth removed. The right ovary was normal. The tumour was a dermoid of the left ovary and it contained skin, bone, teeth, and a bundle of light coloured hair. The patient got well quickly and went home at the end of a month. She was well in March, 1908.

E. M., aet. 18 years, single and by occupation a clerk, was
brought to me by her mother in January, 1906, on account of an abdominal swelling which was pronounced by three medical men to be an eight month's pregnancy. The following history was related to me by the mother. "In December last the patient consulted a doctor on account of the stopping of her periods for the second month. She also noticed that the abdomen was getting bigger. Up to that date she had experienced no discomfort; but three weeks later, December 23, she was suddenly seized with a violent attack of pain in the right side of the abdomen which lasted for four days and four nights, during which time she was in great agony."

The patient, a bright, good-looking girl, whose demeanour made it evident that she had nothing to conceal, attributed her condition to getting a chill whilst bathing in the sea in September last, she being unwell at the time. The flow suddenly stopped without any sign of pain or inflammation, and from that date she had not seen anything.

Menstruation first appeared at the age of 15½ years, and she was quite regular up to September 5th. The flow lasted four or five days as a rule, the loss being medium and the pain at those times very slight. Early in life she had chorea, but with that exception she always enjoyed good health.

On examining the patient, the following notes were made:—
The breasts are small and the nipples normal. The areola are devoid of any darkening, and no Montgomery's tubercles are present. The thorax and limbs are not emaciated. The lungs are healthy. On auscultation a pulmonary hæmorrhagia is heard. The pulse is regular, and beats 60 to the minute. There is a large swelling in the abdomen reaching to midway between the umbilicus and the ensiform cartilage. If anything, it is situated more on the right side of the abdomen. Its surface is irregular and hard in parts. It can easily be moved laterally, and to a certain extent vertically. It is not tender when palpated, and no distinct sense of fluctuation can be obtained. The percussion note in both flanks and above the swelling is resonant.

No contractions, movements, or foetal parts can be made out, and no foetal heart or uterine souffle can be detected by auscultation. Pelvic examination reveals a small uterus with virginal os and cervix. The vagina is not discoloured, and there is no leucorrhœal discharge. Having carefully considered all the points of the case, I diagnosed an ovarian tumour with a twisted pedicle, and my clinical assistants, Drs. Clutterbuck and Thomson, agreed with me. Later on the patient was seen in consultation by my colleagues Mr. Meredith and Mr. Doran, who confirmed the diagnosis.

On January 22nd, 1906, at 9-45 a.m., I operated, at the Samaritan Free Hospital for Women. Dr. Brewer gave the anaesthetic, gas and ether, and Dr. Clutterbuck assisted me. On opening the abdomen
the walls bled freely, and the parietal peritoneum was found to be adherent to the front of the tumour. The incision was enlarged upwards, and the omentum was seen to be adherent to the abdominal wall, and also to the upper part of the tumour, the walls of which were almost black. The parietal peritoneum was much congested, and in some places it looked quite dark. The adhesions were separated, and much free fluid escaped from the abdominal cavity whilst the tumour was being extracted. The pedicle was extremely short, and it was twisted one and a half turns. The large intestine was adherent to the base of the cyst and to its pedicle, and some careful dissection had to be performed before it could be separated and the pedicle tied. The tumour was then removed and the peritoneal cavity washed out with hot saline solution. The incision was closed with silkworm gut sutures in one layer, and a dressing of sterilized gauze applied.

The tumour was a multilocular cyst of the right ovary almost in a condition of necrosis. The opposite ovary was healthy. The patient made an excellent recovery, and is now (March, 1908) in perfect health.

E. B., æt. 24, married, and the mother of one child, was advised by her younger sister, on whom I had operated a year previously, to consult me because of a gradual enlargement of the abdomen, which she first noticed a few months after her confinement. She gave the following history:—At the age of ten years she had rheumatic fever, and at fourteen she had a second attack. Menstruation appeared in her fifteenth year, and recurred regularly, the loss being medium, and the flow lasting as a rule six days. She never suffered from dysmenorrhœa. The interval between the periods was twenty-one days. At the age of nineteen she had a third attack of rheumatic fever. Her confinement took place eleven months ago. The child came feet first, and the perineum was torn. It was, however, stitched up at once, and gave no further trouble. A fortnight later she experienced slight pain in the front of her left thigh; but, notwithstanding that, she got up and walked about. On going upstairs, however, she was seized with a pain in the back of the left leg, and had to be assisted to her bedroom. The pain became worse, and the leg swelled, and this caused her to keep her bed for five weeks. Even now (December 16th, 1907) there is pain and swelling in that limb if she walks or stands about for any length of time. She did not have a binder applied after her confinement, and she very naturally thought that her figure had not resumed its proper size and shape on that account. Later on, as the swelling did not disappear, she began to suspect that she had again become pregnant, more especially as the breasts were secreting milk. The fact that the periods were quite regular up to December, however, made her feel
doubtful about her condition, and having talked the matter over with her sister she sought my advice.

The patient was a tall, well-developed brunette. Her general condition was as follows:—The lungs were healthy. The pulse was small, and at the apex of the heart a mitral systolic murmur was audible. Micturition was normal, the urine being acid, with a specific gravity 1015, and no albumin or sugar. The appetite was fair, and the bowels regular. The temperature was normal, and the skin cool and moist. She slept well, and there was no history of headaches. The face, body and limbs showed no signs of wasting, and beyond the fact that there was a swelling in the abdomen the patient seemed to have no cause for complaint.

On abdominal examination a large flaccid swelling could be made out in her abdomen, reaching almost to the ensiform cartilage. Free fluctuation could be detected, and pulsation was marked all over the tumour. Auscultation revealed a distinct souffle on each side of the swelling; there was a dull note on percussion over the front of the abdomen, with resonance in both flanks. Bimanually, the body of the uterus could be felt above and behind the pubis. It was somewhat pushed to the left side of the pelvis, and felt enlarged. It moved independently of the tumour, which filled the pelvis and fluctuated freely. The cervix uteri was soft, and the os patulous and irregular. There was no tenderness in the left thigh or calf of the left leg. A diagnosis of ovarian tumour, possibly burrowing in the broad ligament, was made. The patient was admitted into the Samaritan Free Hospital for Women, where her sister had been operated on a year previously. My colleague, Mr. Meredith, kindly saw the patient in consultation, and confirmed the diagnosis. On December 31st the patient was placed under ether by Mr. Jones, and, assisted by my colleague, Mr. Darwall Smith, I opened her abdomen and removed a large multilocular cyst of the right ovary containing a gallon of dark, grumous fluid. The pedicle was quite eight inches broad, and it was tied in sections. The left ovary was large, but healthy. The wound was closed by silk sutures in three layers, and a dressing of gauze applied.

The patient made a good recovery, and went home within a month.