THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIV.

THURSDAY, JULY 10, 1856.

No. 23.

ENCYSTED OVARIAN TUMOR.

BY ALFRED HITCHCOCK, M.D., FITCHEBURG, MASS.

[Reported at the Annual Meeting of the Massachusetts Medical Society, May 28th, 1856, and communicated for the Boston Medical and Surgical Journal.]

In the following case, after a second tapping, the puncture in the cyst probably *remained open*, allowing the secretion to escape into the *abdominal cavity*; pregnancy supervened, and was followed by permanent cure of the ovarian disease.

Mrs. S. R. D., aged 25, in April, 1848, was attacked with pain in the right iliac fossa, with great tenderness of the parts and considerable fever; the case being unquestionably *ovaritis*. She recovered in a few days, both from the local and general symptoms. In December following, she thought herself pregnant, there now being a tumor—which commenced in the right side, and was slowly increasing in size and occupying more nearly the centre of the abdomen. Her menses continued regular, and her general health was quite good. In 1849, she gave up the idea of pregnancy, and for the first time consulted me as to the character of the abdominal tumor. After several examinations, I made out the diagnosis of “*encysted ovarian dropsy*,” and in this opinion I was sustained by Dr. Leonard French, of Ashby, and the late Dr. Twitchell, of Keene, who, at my request, examined the case.

March 1st, 1850.—I tapped her, with a common trocar, through the *linea alba*, and drew off fifteen pints of dark cream-colored albumen. The more urgent symptoms were at once relieved, and no inflammatory symptoms followed the operation. Iodine, internally and externally, was now freely administered, and the abdomen was firmly bandaged. Soon after this operation, the tumor again began to make its appearance, and, gradually increasing, occupied the whole of the abdominal cavity.

July 8th, 1850.—I again punctured the tumor and drew off fifteen and a half pints of albumen, and again prescribed iodine and compression. In a few weeks after this operation, the patient's skin was covered with a furfuraceous eruption, of a dirty drab color,

attended with pretty copious *diaphoresis*. Considerable tenderness of the abdomen followed this operation, and some derangement of the digestive organs.

Mrs. D. had no return of the ovarian dropsy, but became pregnant, and was delivered of a healthy child, July 10th, 1851. Mrs. D. has since borne another child (Sept. 14th, 1853), and now enjoys tolerably good health and has no appearance of ovarian disease.

[Dr. Hitchcock intended to refer, in this connection, to the remarks of Professor Simpson, in his lately collected writings, relative to this subject, and has requested us to make certain extracts which have an important bearing upon the present case.—EDITORS.]

In the first volume of his *Obstetric Works*, Dr. Simpson proposes the following questions: “*Under what circumstances is the rupture of an ovarian cyst followed by inflammatory action in the peritoneum; and under what circumstances does this dangerous consequence not supervene?*” (*Op. cit.* p. 234, Amer. Edition.) While answering these queries at some length, the author says: “The interior of an ovarian cyst has no power whatever of absorption; and consequently no diuretics, or deobstruents of any kind, have any therapeutic influence on the reduction of an ovarian tumor by removal of its fluid contents by the tissues of the tumor itself. But if the bland uninflamed contents of an ovarian cyst become evacuated by accidental rupture into the cavity of the peritoneum, they may be, and often are, readily absorbed from that position; the peritoneum being normally provided with abundant absorbing powers, and these powers being generally capable of being excited, when required, by the action of diuretics, &c. Consequently, when an escape of innocuous, unirritating fluid takes place from the sac of an ovarian cyst into the sac of the peritoneum, it may be, and often is, rapidly absorbed and removed from the peritoneal cavity. Cases occasionally occur where nature in this way from time to time spontaneously taps, if we may so speak, an ovarian dropsy into the cavity of the peritoneum; thus ever and anon relieving the patient of the recurrent accumulation of fluid.” (*Op. et loc. cit.* p. 235.)

Dr. Simpson goes on to say that an ovarian cyst, after rupture from some mechanical cause, may remain *permanently* open, so as to allow of the continuous escape of the fluid secreted by the ovarian sac into the cavity of the peritoneum itself, the peritoneum under these circumstances sometimes acting as a permanent absorbing surface, removing constantly the fluid eliminated by the lining membrane of the ovarian cyst, as a permanent secreting surface.” (p. 235.)

Dr. Hitchcock, in a recent note to the editors of this Journal, refers to a case of which he is cognizant, “where accidental rupture of the cyst occurred, and the fluid was absorbed from the peritoneal cavity. Whether it proves a radical cure, is yet to be determined.” “Is it not possible,” he asks, “that forcible rupture of the sac may occasionally be a justifiable mode of attempting a cure—analogous to the same method of curing ganglions?” Reason-

ing from the reported favorable effects in cases where the cyst has been accidentally and forcibly ruptured, we should incline to the opinion that such a procedure as is suggested by Dr. H. might, occasionally, be allowable; if the fact could be ascertained that the contents of the cyst were not of such nature as to excite inflammation, there would be no doubt as to the admissibility of such a treatment. This point would be, for each medical man, a serious one to determine. In many cases it might be easily settled; in others doubts might arise.

We subjoin Dr. Simpson's *resumé* of conclusions relative to this important subject. (Vide Works, vol. i., pp. 238, 239.)

"1. The cysts forming an ovarian dropsy, occasionally rupture, *first*, from inflammatory effusion into, and distension of, their cavities; or, *secondly*, the contents of the cysts, being only the common bland secretion of such cysts, and unmixed with any inflammatory matter, they may rupture from mere over-dilatation and gradual attenuation of their coats, or under sudden mechanical pressure or injury.

"2. When a cyst ruptures from the effects of inflammation, or contains within it, at the time of rupture, inflammatory secretions and materials, the escaping fluid, if effused into the cavity of the peritoneum, is always liable to be followed by dangerous, and generally fatal, peritonitis.

"3. If, however, a cyst bursts into the peritoneum under mechanical injury, or in consequence of simple laceration from over-distension of its cavity, and the fluid effused into the sac of the peritoneum is consequently not commixed with inflammatory secretion, there is little or no great tendency to peritonitis.

"4. Sometimes, indeed, when a non-inflamed ovarian cyst thus ruptures into the cavity of the peritoneum, the life of the patient is preserved, or at least prolonged, by this accident.

"5. When an ovarian cyst ruptures into a mucous canal, or upon the cutaneous surface, the safety or danger attendant on the laceration is not regulated by the inflamed or non-inflamed character of the effused fluid.

"6. In cases in which the fluid of an ovarian cyst obtains an outlet by a mucous canal, or by the skin, a temporary or more permanent reduction of the tumor and comparative cure of it may be the consequence.

"Lastly, let me add that, as in many cases and points the surgery of art is an imitation of the surgery of nature, possibly the artificial repetition and establishment of the above modes of relief, if they could be imitated safely and certainly, may yet be found capable of temporarily arresting, if not curing, ovarian dropsies in some appropriate cases; and more particularly in instances in which the great bulk of the tumor is formed by one original, large, preponderating cyst, or by several cysts broken up and conjoined into one common cavity or cell."