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REMOVAL OF DROPSICAL OVARIA, ENTIRE, BY THE LARGE
ABDOMINAL SECTION.

By D. Henry Walne, Esq., London.

THIRD CASE.—On the 27th of June, 1843, a young lady from the country, accompanied by her mother, called on me, bringing a note from Dr. John Elliotson, whom she had that morning consulted respecting an abdominal enlargement, which had for some time past been a source of anxiety to herself and her friends. Dr. Elliotson having ascertained the presence of dropsical disease of one of the ovaries, and the result of his extensive experience being a conviction of the inefficacy of medicine in the treatment of that malady, had “at once told her not to be tapped, nor to take medicine likely to weaken or even annoy her,” and advised her to put herself under my care, if I were willing to operate upon her. Being well acquainted with my “success in operating on the ovary,” he seems to have “regarded it as a duty” to advise her to become my patient, provided neither she nor I objected to the operation. Having perused the note, not without some admiration of the manly frankness by which it was characterized, I proceeded to investigate the case of Miss A. K., who had not quite completed her twentieth year.

More than four years ago it had been observed that she was larger in her person than was natural; so much so, that the mistress of the school at which she was then a pupil had written to her mother, intimating that something was wrong in her state which gave her a very matronly appearance. She herself is of opinion that at a much earlier date she had been unnaturally large, and believes that her complaint originated in an attack of inflammation, for which leeches had to be applied to the abdomen, when about 11 years of age.

Having left school at Midsummer, 1839, she became a governess in a private family; but towards the end of the year her size excited so much observation, and caused so many unpleasant remarks on the part of persons who did not know it to be the effect of disease, that she was obliged to return home. A professional opinion was in consequence taken, and she was pronounced to have ovarian dropsy.

From the time at which the nature of her case became known, she underwent various courses of medical treatment prescribed by experienced

practitioners. Mercurial alteratives, repeated emetics, an ointment rubbed upon the skin of the abdomen till it produced an appearance like erysipelas, and a variety of other remedies, were duly tried, but her size continued to increase gradually, no benefit whatever being derived from any of the means employed. For six months before she applied to Dr. Elliotson, with the exception of a short trial of garlick in gin, and broom tea, which some friends recommended, and which were of no service, all medicines had been discontinued.

She began to menstruate in her 14th year, was quite regular in that respect from the first, and always continued so, never experiencing any material suffering or inconvenience on those occasions. At about 15 she went through a fever, but was never again affected by abdominal inflammation from the time of the illness which occurred when she was not more than 11 years old.

On examination I found the abdomen as prominent as at the full period of pregnancy, with greater fulness towards the loins. The tumefaction was circumscribed, very regular, and distinctly fluctuating; the health in all respects good; not the slightest sign of general dropsy present, and the uterus perfectly natural. I could find no circumstance to create a suspicion of the existence of adhesions; and she had never been tapped. Though of a tall, rather slim general figure, and thin in person, she measured forty inches in circumference.

Having informed Dr. Elliotson that I considered the case suitable for operation, but that, before arranging for its performance, if the patient and her friends agreed to have it done, I should wish Dr. Blundell's opinion should be taken, and this proposition receiving his approval, the result of our conference was declared. The young lady herself was very prompt in decision, being determined to submit to any operation rather than continue the subject of such annoyances as her disease occasioned. Her friends were more deliberate, and received much contradictory advice. In August the matter was so far settled that Dr. Blundell was consulted, and his opinion, after careful investigation, found to be favorable. By this time also I perceived that, from whatever cause, she was sensibly losing flesh, whilst her complaint was as evidently gaining ground. Three quarters of an inch additional abdominal circumference, with a thinner state of her general person, were plain intimations of the advance of mischief; and already her size was such as indicated a diseased ovary of much greater magnitude than had been met with in either of my previous operations. I therefore drew attention to these circumstances, and suggested that further delay would add to the hazard of the operation.

On the 29th of August she took up her abode in excellent quarters, with a prospect of the best nursing, and the most kindly discreet management of everything relating to the coming occasion. Her menstruation had continued to be quite regular up to this time, and her last period had concluded on Friday the 18th.

It was my purpose to operate on Friday the 1st of September. In the meantime she was subjected to similar preparations as my two former patients, viz., abstinence from meat, and wine or other stimulating beverage.

She also took aperient medicine of a mild description several times ; but being young, and, as I conceived, on that account more likely to be the subject of inflammatory attack after the operation, I thought it prudent to take eight ounces of blood from her arm on the day previous to the one fixed for its performance. She bore the bleeding well, not being at all faint. Once, indeed, some hours after, she felt a slight giddiness. Two nights in succession she had taken, as her bowels were not very freely moved by the first dose, the following pills :—R. Ext. colocynth. c. grs. viij. ; hyoscyam., grs. v. ; pulv. antim., grs. ij. M. et div. in pil. iij. h. s. sumend.

To-day, August 31, they had operated thrice copiously.

They were directed again, omitting the antimony. Her buoyant animation and activity were scarcely repressible by these means, by the injunctions of quiet or the expectation of the operation.

September 1st.—It was intended that the operation should be performed to-day, and the skin of the abdomen was marked last evening for the purpose. At 1, P. M., I saw her, and she was quite prepared in mind, and apparently in an excellent state of bodily health for the occasion ; moderately lowered in tone, but with a calm, soft pulse of about 80. The action of the pills had been attended by a little griping ; and, soon after I left the house, she remarked to the nurse that she felt as if she were about to be unwell. Between this and three o'clock the catamenia appeared, and I consequently postponed the operation, but was not aware of the circumstance soon enough to prevent my friends arriving one after another to their appointment at 4.

Having gone through her customary period of from three to four days, she was again well on the 5th of September, but the operation was not fixed for an earlier day than the 12th, that the tendency to relapse in this matter might be completely at an end. Her diet was very moderate during the whole of this time in respect to animal food, and for the last five or six days this was strictly forbidden. The following draught was taken on the morning of the 10th :—R. Pulv. rhei, ʒj. ; potass. tart., mannæ, aa. ʒj. ; spt. ammon. ar., m.xv. ; tr. hyoscyam., m.xx. ; tr. sennæ, ʒj. ; aq. piment., ʒxj. M. Ft. haust.

It operated well. On the evening of the 11th I found her in all respects in a desirable state for the operation. Menstruation had ceased about a week, and no threatening of a return had been felt. R. Ext. colocynth. c. grs. viij. ; hyoscyam., grs. v. M. et div. in pil. iij., h. s. s. These did their duty effectually next morning.

12th.—I visited my patient about mid-day, and though hardly required, a little refreshed the marks upon the abdominal skin. The weather was hot, but the chill of instinctive apprehension had given her a cold hand and a pale cheek, not to be removed by the most determined spirit. The thoughtfulness of genuine courage was at work. At 2 o'clock she took a good basin of beef-tea. At 3, a copious enema of warm water ensured the clearance of the bowels. Drs. Blundell and Henry Davies, Messrs. Vincent, Beale, Burrows, Camplin, Hitchman and Law, having assembled, and all necessary preparations being complete, at about a

quarter before 5 o'clock Miss K. seated herself firmly at the end of a couch. It was observed immediately, though silently, by those who had witnessed them, that the abdominal tumefaction much exceeded that which existed in either case of my former operations. The pillows and bandage being adjusted as on those occasions, Mr. Beale took his post on the right, Mr. Law on the left of the patient; the former to manage the integuments, the latter the tumor. I sat obliquely facing the end of the couch, on her right.

Having no purpose of deviating in this case from my former plan of operating, though under no pledge to its invariable adoption, I proceeded to make the preliminary or exploratory small opening of an inch and a half in the linea alba, and below the umbilicus. Meeting with no unusual circumstance, unless the jet of a small artery be thought such, it was soon completed, and the abdominal cavity entered. The state of the cyst, as far as the finger can ascertain it, was made out. A momentary pause was asked by my patient to draw breath. The wish was opportune, as the granting it gave time for the bleeding artery to contract. Having mentally measured, by the bulge of the abdominal skin caused by the tumor, of what size the incision need be, I now divided the integuments from above downwards in the median line of the abdomen, slightly deviating to the left of the umbilicus, and having reached the preliminary section at its upper end, I then prolonged their division downwards from its lower end to the requisite extent. Of the nineteen inches and a fraction, the distance from the point of the ensiform cartilage to the pubes, fourteen were occupied by this extended incision. When completed, I promptly took my curved probe-pointed bistoury, and by the guidance of two fingers of my left hand, divided the peritoneum from within to a like extent. An enormous cyst gradually advanced through the wound. Mr. Beale carefully and effectually covered the viscera by closing the integuments behind it. Mr. Law sustained the weighty mass of disease. The broad uterine ligament of the left side constituted its pedicle, through which, under the protection of my own fingers, I thrust, from behind it, a needle armed with strong silk twist. The two halves of the pedicle were separately and tightly tied, and then it was divided between the ligatures and the tumor; the latter, weighing twenty-eight pounds, being immediately removed without impediment from adhesion. No bleeding followed the division of the pedicle, which I tied with great force, having complete confidence in the strength of my ligatures, and believing that the period of their dislodgment depends much on the degree of constriction given to the substance of the pedicle in tying them. Having carefully but gently removed the blood collected at the lower part of the abdomen, and near the edges of the wound which had alone furnished it, I applied thirteen interrupted sutures; placed long pads of lint on each side, but a little way from the line of the wound, and over these applied strips of plaster, extending from one side of the body to the other, securing the whole by the bandage. Dr. Blundell had previously examined the other ovary and found it healthy. Nothing could exceed the firmness of my patient's resolution. She had uttered no exclamation. Be-

ing now, however, somewhat faintish, she sipped a little brandy and water. After being placed in bed, slight vomiting occurred, and a very little brandy by itself was taken. An anodyne of gr. $\frac{1}{4}$ morph. acetat. in $\frac{3}{4}$ jss. mist. camph. was given at about 6 o'clock, to be repeated in half an hour. I left her after the first had been taken, with a pulse of 88.

10, P. M.—Had not slept; retched at 9, and brought up a little of the secretion of the stomach, slightly tinged with bile; complained of tightness at the lower part of the abdomen, as if the bandage were too tight, which I found was not so, nor was the plaister. Felt some tenderness on both sides of, and quite across, the lower part of the abdomen, but chiefly of the left side; and had pain in the back, and down the limb of that side. Urine drawn off, $\frac{3}{4}$ ix.; pulse 105 to 108; no shivering nor chilliness; skin rather hot, but moist; temperature of the room 72 deg. F. Tongue clean; no headache, nor confusion of mind; no bleeding from the wound; has drunk nothing but her medicine, and is not thirsty. R. Ext. hyoscyam. gr. v.; morphiae acetat. gr. ss. M. Ft. pil. statim. sumend. A pint of water may be taken in the night, a little at a time.

13th, 8, A. M.—The vomiting recurred at 11 last night, and again twice between 5 and 6 this morning. Between 12 and 1 o'clock she fell asleep, and slept two hours, after which she dozed frequently. Urine was twice passed spontaneously, together to the amount of $\frac{3}{4}$ v.; I drew off $\frac{3}{4}$ xj. Though feeling better than she did last night, she says that her head aches a little, chiefly over the eyes, with a sense of "tired heaviness," but has no pain at the back of the head. Pulse 110, and rather full at the commencement of my visit, 102 at its conclusion; both carefully noted. Skin moist all night, but hot. Has taken nothing, not even the water, except one sip with the pill, and yet is not thirsty. Countenance animated, and with the color of healthy warmth. Breathes freely without its hurting her. The sense of tightness at the lower part of the abdomen is less; but she feels it now all over, and she is sensitive over the cartilages of the ribs on the right side, but does not feel "the cut" much. Her back aches from the shoulder-bones all down the sides and legs, more particularly the left. Mind clear; no chills; no flatus; tongue a little furred at the back, and less moist than natural. Advised to take the water.

1 to 2, P. M.—Has slept nearly ever since my former visit, and the vomiting has not recurred. Urine drawn off, $\frac{3}{4}$ ix. I had cautioned her against any effort to pass it, lest the wound should be disturbed. Skin warm, and freely perspiring; tongue whitish; headache less, and feels better; pulse 98, full and soft. Temperature of the room 74 deg.

10, P. M.—Had dozed occasionally, and once slept an hour since my last visit. Pulse 112; tongue clean and moist. So little thirst that she has taken only about a pint of water since the operation, now thirty-one hours. Urine has been passed in considerable quantity; $\frac{3}{4}$ ij. only drawn off; natural in color and other characters. A little flatus has been passed. Headache slight, but subsiding; mind clear; skin warm and moist. No shivering, nor chilliness, nor sickness; and the vomiting has not recurred since 6 in the morning. Complains of some pain "in the

lower part of the stomach (meaning, of course, abdomen), in the left hip, and back, and right ankle." Breathes freely, without fear of creating uneasiness. Felt as if she could eat some beef, when the nurse was taking her dinner. Rep. pil. ex hyosc. ext. et morph. acet.

14th, 8, A. M.—Has had an excellent night, with several hours of sound sleep, having been quite easy during the rest of the time. "At this moment I am free from pain altogether," is her answer to my inquiry how she feels. No vomiting, nor sickness, nor headache, nor confusion of mind, nor shivering, nor chilliness. No hiccup nor cough since the operation. Skin warm, and has perspired freely all night. Rather more thirst, but has taken only three quarters of a pint of water, and seems to wish for nothing in preference to drink. I inquired particularly on this point, as it was suggested to me that some fancy respecting water being likely to cause her complaint to re-appear was existing in her mind; and I felt that to take rather more of it would cool and refresh her under the present slightly feverish state of her system. She has since assured me that she had no such idea, but really did not want more than she took. Tongue clean, except a little brownish tinge at the back, a common effect of opiates. Limbs and all other parts of the body now easy, "except just the bottom of the stomach since the use of the instrument" (the catheter), and of the limbs when moved. Urine passed and collected, $\frac{3}{4}$ ij.; withdrawn $\frac{3}{4}$ ij. only; but, as she drinks so little, and perspires so much, this is not surprising; it is higher colored, in part, no doubt, from the same causes. Pulse 116, soft, temperature 74 deg.—to be lowered gradually to 72 deg., and then to 70 deg.

I adjusted the dressings a little, but did not examine the wound. I ascertained, however, by very gentle examination, that the abdomen was quite free from general tenderness, as it was from distension, or even fulness in any degree.

Half past 1, P. M.—Much as in the morning. Pulse a little quicker; but my friend, Mr. Law, having visited her with me, and the patient being much pleased at seeing him, perhaps accounts for it. Has taken soda water occasionally, not quite in full action, and in very small quantities—a wine-glassful at a time. It refreshes her very pleasantly. Up to this time nothing but this and plain water have been taken. To have a little arrow-root made with milk.

10, P. M.—Took her arrow-root, a tea-cupful, but not till forty-eight hours, at least, after the operation: enjoyed it. Is cheerful in countenance and manner. Has been a little uneasy with flatus, but is less so now, and thinks the soda water may have been the cause. Has dozed. Pulse 115, soft; tongue clean and moist; skin warm and perspiring; $\frac{3}{4}$ vj. urine passed; $\frac{3}{4}$ iss. only drawn off, to assure myself that it was duly voided. The power of discharging it is now complete, and the slight effort required is attended by no inconvenience. I had, however, discouraged the act to this time. No sickness, vomiting nor hiccup; no shivering nor chilliness; no pain except a little "at the bottom of the stomach," and some uneasiness in the legs, resembling rheumatism, she thinks, but very trifling. Slight headache, but no confusion of mind. No sense of

inclination to relieve the bowels has occurred, nor flatus passed. Has no wish for more arrow-root, or anything else. Dislikes pills, and would prefer a draught. Temperature 73 deg. Pulse 111 at the conclusion of my visit. R. Tr. hyoscyam., 3 ss.; morph. acetat., gr. ss.; acet. dist., gutt. v.; aq. menth. pip., 3 j. M. Ft. haust. h. s. s.

15th, 9, A. M.—Passed a quiet night, being quite easy, but slept little till between 7 and 8 this morning. Skin warm and perspiring; pulse 114; tongue moist, and very little furred at the back part. Flatus troubled her at one time, but does so no longer; some was got rid of. A sense of itching of the skin also teased her, but that has ceased. No sickness, hiccup nor cough. Urine passed 3 vj. of higher color. No distension of the abdomen; bears moderate pressure, even in the left iliac region. Limbs easier; back only feeling sore at its lowest part from lying constantly on it. More thirsty, and has taken a pint of water in the night; had previously not taken more than three pints of liquid altogether since the operation. To have arrow-root. Temperature 72 deg. Moistened the lint which adhered to the neighborhood of the wound preparatory to dressing it at

2, P. M.—When I did so, and took out all the stitches. Adhesion throughout, even to the very spot where the ligatures lie, and only barely leaving open the space they occupy. No pus anywhere. I laid a narrow strip of lint with spermaceti salve along the line of wound; then placed a long pad of lint on each side, over which strips of mild adhesive plaster across the abdomen, and the renewed bandage gave the requisite support to the abdomen. Urine passed 3 vj. To have a glass of calf's-foot jelly.

16th, 8, A. M.—Passed an excellent night, and is free from all uneasiness. Was hungry in the night, and wishes for an egg and coffee for breakfast. To have them, with a little dry toast.

2, P. M.—The catamenia appeared this morning. Has been taken out of bed, and lies comfortably on a couch. Had a jelly since her breakfast, and no ill effect has arisen from either. Perspires gently; weather remarkably hot.

17th, 2, P. M.—Wound dressed again. It is only a superficial line. In depth it is perfectly united, and the peritoneum has been shut from the first moment the wound was closed. No pus at any part of it, not even by the ligatures. Pulse 100. Has just taken some mutton broth with a little toast. Skin warm and perspiring. Temperature 72 deg., and it was nearly or quite that in the shade out of doors this morning, where it is now hotter than in the house.

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29th.—Walked across the room, leaning on the nurse's arm, and next day did so several times without support. From this time she has become more and more active and independent of assistance, getting out and into bed, and sitting up great part of the day. Remarkably little discharge has proceeded from the ligatures, and they have been left to themselves very much, except being carefully guarded from accident. She usually takes an aperient pill at night, but not always. It would be use-

less to carry the report further ; and it may perhaps seem to some readers that the details are given more fully than necessary. To the really practical inquirer, I trust, they will not prove wearisome ; as they are designed to assist in illustrating a subject with which very few are at all acquainted by actual observation. Having, however, with this view prolonged the narrative so much, it is not my present design to offer many remarks.

The tumor itself requires but little description. A single principal cyst ; a moderate portion of solid matter in a highly vascular condition ; the Fallopian tube stretching away to its fimbriated end, at a distance of some fifteen inches from the division of the pedicle ; and the subjoined dimensions, are all the particulars that need be noted :—When lying, its circumference measured horizontally 3 feet 8½ inches ; vertically lengthwise, 3 feet 2 inches ; and vertically across, 2 feet 10½ inches. It weighed 28 pounds imperial weight.

Of the three cases of ovarian operation, which I have now placed before the profession, this one is perhaps the most interesting. It plainly demonstrates that, under proper precautions, the youthfulness of the patient need not deter the surgeon from attempting her cure ; whilst the value of the relief afforded by the operation at such a period of life can hardly be over-estimated, when we consider the distressing annoyances to which the malady subjects a young unmarried woman in any station of life, more particularly one holding the position occupied by my patient.

Her recovery was in all respects more rapidly completed than that of either of my former patients.

With regard to the propriety of performing a formidable operation like this for such a disease, it may be briefly remarked that no means on which any reliance can be placed, except an operation, are, as far as I can learn, known to the most experienced *practical* physicians of the present day, any more than to those of past ages : none, at least, which unequivocally cure or mitigate the disease when arrived at such a stage as to require an operation. A mistaken idea prevails in some minds that the disease does not tend to shorten life, as well as to destroy its comfort. I shall hereafter show that this opinion is totally at variance with facts. Like many other erroneous opinions, it is repeated on authority by men whose position might easily enable them to ascertain that it is devoid of truth. Compilers are apt to follow such men. How should they do otherwise ? They themselves, with few exceptions, are little engaged in the observation of disease, and cannot be expected to form opinions, except upon the report of others. The rising generation of practitioners derive their instructions principally from men of these two classes, who thus propagate error from age to age, mixed up, indeed, with so much useful information as gives additional influence to the mischief.

Equally faulty in fact and in tendency is the suggestion that the operation itself is necessarily one of easy performance, requiring little anatomical knowledge, or skilful surgical adroitness. It may, indeed, be truly said of *any* operation, that the amount of mere anatomical knowledge required for the mechanical part of the surgeon's act is not greater

than a diligent student might acquire in a few months ; and certainly not more truly of this operation, in which the separation of adhesions to the abdominal parietes and to the viscera themselves may be necessary : but it is the possession of correct physiological, pathological and therapeutical knowledge that enables a practitioner to cope with the real difficulties of operative surgery, those which endanger his patient's life, or after-health and comfort. If to perform an operation so rapidly as to excite the astonishment of a large class of staring students, and for the sake of this worthless display to cause the greater mutilation of the patient, as in amputations, in order to avoid its consequences ; if to disregard the preparation of the patient, so that dangerous symptoms must almost inevitably ensue ; or so to mismanage the after-treatment that the patient's life is lost, when he might be otherwise cured ; if to undertake without hesitation the performance of an important and hazardous operation in ignorance of those precautions which other men have shown to be both necessary and effectual for the patient's preservation ; if, in short, the dexterity of the mere anatomist be thus mistaken for perfection in the art of surgery ; then, indeed, is it high time that such erroneous notions should be corrected, and that the profession should see the advantage of a different combination of qualifications for its *useful* exercise.

That the removal of dropsical ovaria by the large abdominal incision will become a legitimate operation in the hands of qualified surgeons, there can, I think, remain but little doubt on the minds of practical men who have looked into the subject. I know that many such already consider the operation as established by the cases of Dr. Clay and myself. My own experience confirms me in my opinion of its humanity, usefulness and practicability, when properly conducted in well-selected cases ; and that, so conducted, it will be the means of averting much suffering, and saving many valuable lives, I entertain not the slightest doubt. As a comparative novelty, however, it has to contend with unjust prejudice on the one hand ; with ignorant rashness on the other. The former will gradually give way to conviction, or be reduced to silence ; but the latter, in its reckless eagerness for distinction may do much mischief by its unjustifiable proceedings, and so bring into undeserved obloquy what will otherwise be deemed a valuable improvement in surgery.—*London Medical Gazette*.

ALLAHABAD JAIL, IN INDIA—SURGEON'S REPORT.

[WE select a few items from the last annual report of Alex. Beattie, Esq., Civil Surgeon of Allahabad, published in a late No. of the India Medical Journal.]

I have always considered it necessary for the preservation of health, that each convict should have not less than 3 feet by 8 for his accommodation when shut up at night, besides which a centre path-way is proper, and indeed necessary, to admit access to the urine tubs. The breadth of the Allahabad Jail rooms affords a larger path-way than is necessary,