

FOUR CASES OF OOPHORECTOMY.

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Case 1.—Mrs. S., æt. 33, married, the mother of two children, the youngest being 8 years old, has been a sufferer more or less since the birth of her last child; at first from subinvolution, then from prolapse, and for the last three years from an incurable anteversion, and all the time from painful and profuse menstruation.

I have been her physician for about fifteen years, and during the past seven years have exhausted all my resources to keep her uterus in position and lessen her monthly flow, without accomplishing any lasting good. During the summer of 1885, when about to leave the city for a two months' vacation, I turned her over to Dr. Magruder, who reported upon my return that he had been unable to keep her uterus in position.

The next summer I went to Europe, and Dr. Buym attended her with a like experience. In addition to her troubles already mentioned she had hydrometra, passing at times with a sudden gush half a pint or more of muddy-looking water from the uterus. Whenever the uterus was lower down than usual she had reflex nausea and persistent vomiting, which could only be relieved by replacing the organ and retaining it in position by some artificial support.

During the last year the tenderness became so great that she was unable to wear anything but a cotton tampon. She suffered much from ovarian pains also. Several months ago I discovered a fibroid enlargement in the anterior wall of the uterus. In the three months following this discovery it doubled in size and interfered constantly with the function of the bladder. She was compelled to remain most of the time in her room, only taking dinner with the family. The general tenderness in the pelvis had increased so much by January 1, 1888, that I was at my wits' end. She could no longer tolerate the cotton supports, and she was in greater need of them than ever before.

I believed she had a growing fibroid, and that she had a stormy, painful and dismal life before her, and I saw only one way out of her troubles—unless electricity would help her. I tried this several times, but each application made her so nervous and affected her so unpleasantly that she finally refused to have any more of it. I then told her that I had but one more arrow in my quiver, and that was Tait's operation.

She thought it over and talked it over with her family and friends, and finally requested that it should be done, as she much preferred to run the risk of death than to live on in the same way she had been for the past few years, with no other prospect of relief.

She entered my private hospital on the 9th of

February last, and I removed the uterine appendages on the 11th of the same month. She made a perfect recovery, without rise of pulse or temperature. She had no pain and took no medicine.

As she had been so long an invalid, she remained in the hospital two months in order to regain her strength as much as possible before resuming her duties as head of her household. I cannot better state the result than by quoting a few lines from a letter she left for me when she departed:

MY DEAR DOCTOR:

It is not without regret that I leave your Sanitarium to-day. I am reminded of the feelings with which I came. After suffering every moment of nearly four years, until it was far easier to choose the rest which death gives than living—now to return home free from pain; can one help loving a place where she was so changed. Oh, what a change has been wrought. I go from here verily a new creature. To say you have given me back my life and health, through the blessing of God, is only telling a part. Only a few weeks since the thought of living was a burden; now the word life means volumes. Oh for the pen of a ready writer, that I might tell you of my gratitude, etc.

Case 2.—Miss S., sent me by Dr. Wells from Hyattsville, only 17 years old. She fell from a hammock three years ago and injured the end of her coccyx. Since that time has had constant coccygaria with a desire to pass water every ten or fifteen minutes. She has led a miserable existence. Many physicians have seen her, and still she grows worse instead of better.

Last winter she went to Baltimore and spent four months in a hospital under the care of an eminent gynecologist. Added to her other troubles she had valvular disease of the heart, a legacy from frequent and painful attacks of rheumatism, and a constant burning pain in the left ovary. This finally became her most distressing symptom. She was sent to a private room in the Providence Hospital, where, after a month spent in ineffectual treatment, I removed the painful ovary and also about an inch of the injured coccyx. She made a good recovery, and has been perfectly relieved of her ovarian pain and her tormenting desire to pass water. For awhile she was free from pain in the spine, but recently has been suffering from muscular pain about the seat of injury. In this case only one ovary was removed, as the other appeared to be normal.

Case 3.—Mrs. S., æt. 37, married nineteen years ago, when only 16. Has never been pregnant; has always suffered at her monthly periods.

She came under my care about the 10th of March. She had been under medical treatment of all known and many unknown varieties for more than twenty years, and I had no hesitation in at once advising the removal of the uterine appendages. This was agreed to by the patient and her family. She came to my hospital, and the operation was done three weeks ago to-day.

Much difficulty was experienced in removing

one ovary, which was enlarged to the size of a lemon. It ruptured as it was being drawn out of the incision, and its contents, which were black and thick and sticky, were expelled into the abdominal cavity. I had much trouble to cleanse the omentum and intestines, as the water used to wash out the cavity failed to dislodge this gluey, gummy black mud it looked.

I put in a drainage-tube, but was very anxious for the first week. On the morning of the fifth day she had a temperature of 101° , by night it was nearly 106° , and the patient had that indescribable facial expression which oftens betokens speedy death when the peritoneum has been injured. I gave her 20 grs. of quinine with calomel and Rochelle salts, and put an ice-water coil over the abdomen, and when I bade her good-night I never expected to see her alive again.

In the morning her temperature had gone down to 100° and she has done perfectly well ever since; is now sitting up in a chair and walking about her room, is free from pain and I feel sure will soon be well.

Case 4.—Mrs. W., æt. 26, married, no children, was brought to me by Dr. Ralph Walshe. Mrs. W. had been well up to six months ago, when she began to suffer with constant pain in her back. Dr. Walshe found an enlarged and tender and prolapsed ovary. No treatment was of any avail—she constantly grew worse, and when any pressure was brought to bear upon the ovary she had nausea.

During the last two months it grew rapidly and, being located deep down in Douglas' pouch, there was constant pain. A strong current of electricity was tried, but the effect was unpleasant; she had to go to bed for several days, had a rapid pulse, fever and abdominal tenderness. It was not repeated.

When I saw her with Dr. W., I at once recommended its removal. This was agreed to by herself and husband and family. She entered my private hospital on the 12th inst. and I removed the tumor on the 14th. It proved to be partly ovarian and partly a broad ligament cyst, or else two small cysts and ruptured into each other.

The patient is now in her fifth day, with a pulse of 84 and temp. of 99° . Has suffered from wind colic. While she has much pain from this source, her pulse and temp. remain about normal.

A CLUB FOR THE DEAF.—It is proposed to establish in Glasgow a club for the exclusive use of the deaf, and the proposal has the support of several Glasgow aurists, since the bringing together of persons that can speak fluently, but are dull of hearing, or altogether deaf, would promote social intercourse and further the science of lip reading.

MEDICAL PROGRESS.

ELECTROLYSIS IN DIAGNOSIS.—DR. E. C. GEHRUNG, of St. Louis, in speaking of the diagnostic value of electrolysis, says:

From the literature on electro-therapeutics, as well as from my own practice, I consider myself authorized to state that one of the effects of electro-puncture, especially by the cathode or negative pole, is that the tissues perforated by the non-insulated part of the electrode become matted together and form a more or less continuous fistulous tract, whereby the escape of fluids into the interstices or intervals between the different tissues so perforated is prevented. It also appears to modify the tissues along the tract of the electrodes so that inflammatory processes will rarely, if ever, be witnessed. Even punctures through the peritoneum seem to be of little importance, for which we have the attest of many trustworthy authorities.

If these premises are correct, we may conclude that:

1. Electro-puncture, especially if combined with drainage, etc., is a curative agent for many tumors, as fibroids, cysto-fibroids, cysts of a great variety, and abscesses, and that,

2. Electrolysis renders exploratory punctures comparatively harmless, and far superior to ordinary acupuncture with aspirator needles or the needles of the hypodermic syringe, which latter means have formerly been recommended to clear up a doubtful diagnosis.

Based upon these facts, we are authorized, when the absolute differentiation between two possibilities has failed, when put to the test of the usual legitimate means of diagnosis, and especially if both otherwise admit of electrolytic treatment for their cure, we are not only authorized, but may safely use the drainage-electrode to clear up the mystery. The question being decided, either electrolysis alone or combined with drainage may be used, as the case demands. In many cases, an otherwise doubtful diagnosis may thus be decided, while in fact the curative treatment for either is started. This appears to me to be a far safer way to differentiate than by opening the abdomen when in doubt.

Had Dr. Semeleder, in his operations on ovarian cysts by electrolysis, made his punctures at the most dependent portion and drained the cysts, he would very probably have lessened the duration of the treatment considerably, diminished the number of punctures necessary, and lessened the mortality in his cases. Dr. Semeleder would probably have found more followers. Dr. Apostoli advises and practices electro-cautery puncture for hydrosalpinx. Dr. A. makes a large fistulous tract by means of a large trocar. This corroborates my view as expressed above, that most intra-