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MEDICUS

MANTON (W.P.)

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of Ovariectomy on the
Insane.

BY

W. P. MANTON, M.D.,
DETROIT, MICH.



REPRINT FROM TRANSACTIONS,
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A CONTRIBUTION TO THE HISTORY OF OVARIOTOMY ON THE INSANE.

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OF late the subject of insanity following surgical operations has been brought so repeatedly to the attention of the profession that this condition which, eighteen months ago, would have been considered as of rare occurrence, is now recognized in the light of accumulated evidence as a comparatively frequent sequela of surgical practice.

Mr. C. T. Dent, in an admirable paper,¹ mentions three ways by which surgical operations may produce psychical disturbance: 1. By anticipation. 2. By the actual operation, which may cause pain, afford relief, entail shock, etc. 3. By the after-effects. "These," he says, "like the actual operation, may act by producing pain or giving relief, or by setting up septic mischief." He then goes on to say that

"A still more important factor in producing physical disturbance is mental reaction. The relaxation of control previously exercised, the loosening, as it were, of the mental tension, or the physical disturbance resulting from the removal of a diseased part, which had led to much mental contemplation and called up unduly the subjective qualities of human nature, are all factors which, to say the least, must be taken into account more or less in successful after-treatment. The sea may calm down after the storm has disturbed it, but once in a way wreckage will be seen floating on its surface."

This writer, while not denying that natural or inherited mental instability may be found in the history of some of these cases, believes that in the majority of instances this is not so. My own limited experience does not agree with this, for in the few cases

¹ Journal of Mental Science, April, 1889, p. 1.

which have come under my personal observation there has been a distinct history of a neurosis.

Without entering farther into the discussion of this very interesting subject, which belongs to psychiatry and not to gynecology, I desire to present for your consideration a case which is not only remarkable, but unique. As will be noticed farther on, the cause of insanity in the subject of this record is put down to a trifling operation; some months later a capital operation is performed with complete restoration of the mental balance, but this soon gives place to a condition resembling the first state, differing from it only in degree.

Miss A. M., German-American, single, aged thirty-four, a dressmaker by occupation, was admitted to the Eastern Michigan Asylum December 27, 1888. On the mother's side the family history is good, but the father is reported to have been a heavy drinker, and to have died in his forty-fifth year.

The patient is a small blond, weighing seventy pounds. For several years she is said to have been delicate, and for eight or ten years nervous. In February, 1888, she suffered from abdominal dropsy, and her family physician reports also having found a tumor simulating the spleen. There was likewise an enlargement of the uterus, or a tumor near it. Eleven quarts of a light-colored fluid were aspirated from the abdomen at this time. Following this she suffered much pain, and about a month after the operation contracted a low form of fever, from which she passed into a state of acute mania, frothing at the mouth, barking and snapping at her friends, so that she was thought to be affected with hydrophobia. When she regained her strength sufficiently to go about she became indecent in her language, untidy in her habits, and inclined to assault those about her.

On admission to the asylum she was extremely feeble and emaciated, and much depressed mentally, having delusions of apprehension. For a time there was a slow improvement in her general condition, but she never became strong or had good health. At times she would be very noisy; at others quiet and indifferent, paying no attention when spoken to. One distressing peculiarity in the case was her tendency to fasten onto some sentence and repeat it over and over in a monotonous voice from hour to hour, ending each period with a "Huh." Her appetite was capricious, and sometimes excessive, which may have given rise to her most frequent formula, "A piece of bread and butter, please, huh?" or, "Give me a drink of water, please, huh?"

On January 1, 1889, it was noted that her feet were much swollen the night before, and that her upper eyelids were puffy in the morning. It was thought that she was failing fast, her general condition being precarious. I saw the patient at the request of Dr. Henry M. Hurd, Medical Superintendent, and examined her under ether. She was then quite feeble and

much emaciated. The abdomen was slightly distended by a kidney-shaped tumor, the hilus of which pointed downward. The growth was movable in all directions, but especially upward. It was hard, somewhat nodulated, but fluctuation was not to be obtained. The history of the case, and the general physical signs, led me to suggest that possibly the tumor might be a floating cystic kidney. I was not able, however, positively to exclude ovarian cyst. At my suggestion the patient was put on a tonic treatment and kept in bed a portion of the time. The result was most gratifying: she gained in flesh and improved in every way. It was a question in our minds whether the presence of the abdominal tumor was not responsible for all or a part of the mental condition; and it was decided that while the removal of the growth might have little or no effect on the disordered mind, there could be no doubt that in a general way such operative treatment would be productive of good. I therefore undertook the operation May 26th, kindly assisted by Drs. Burr, Morse, and Lansing, of the asylum staff; Dr. Rouse, of East Saginaw, the patient's family physician, also being present. On opening the abdomen it became at once evident that the tumor was ovarian, and attached below by a long thin pedicle, to the left side of the uterus. It was also fixed above to the diaphragm by a second pedicle (adhesion-band), which was thinner and more vascular than the true pedicle. There were no other adhesions. The growth was thus guyed, as it were, above and below, which permitted considerable motion, particularly upward, as the pedicle was somewhat longer than the adhesion. The right ovary was found to be greatly enlarged and cystic, hence also was removed. The weight of the tumor was five pounds.

Convalescence from the operation was speedy and uninteresting. The mental phenomena presented were, however, remarkable. It was as if the clouds had broken away after a storm, leaving the whole body illuminated by the awakening intellect. She apologized for all the trouble she had caused, and, to the nurse, expressed much concern in regard to her personal appearance. During the succeeding few days her mind was perfectly clear and her conversation rational. She greatly enjoyed talking with the nurse, and seemed to remember much that she had done since her admission to the asylum.

June 2d, her mind became somewhat dull and clouded, and she remained with closed eyes most of the day. From this time on to the 25th of the month her mental condition varied, but she did not lapse to her former state. On June 25th she was allowed to return to her home, as she had several times expressed a desire to do so, and it was thought that the change might be of benefit. The journey was a short one, but the patient was very restless and impatient to reach her destination. Her expectations were not, however, realized: once home, she continued restless—walked about the house, noticing the changes in furniture, etc.—and expressed her disappointment, as things did not look natural. She asked for medicines, such as she had had at the asylum, and wanted to go back.

About four o'clock the next morning, after a very restless night, most of which was spent in walking about the room, the patient suddenly rushed from the house, clad only in her night clothes, and, before those who were following her could interfere, sprang into the well. She was immediately

rescued from her perilous position, rendering herself as much assistance as she could. An hour later she again repeated the performance, and was again rescued. The patient's friends had by this time concluded that the asylum was the best place for their charge, and she was accordingly returned, having been absent somewhat less than twenty-four hours. Her condition since that time has been one of slow mental retrogression toward her former state. Her attendant tells me that she is not as bad as she was before the operation, and she certainly has improved greatly in her physical health. The present indications seem to point to ultimate recovery.

As throwing some light on the etiology of the mental symptoms, it may be mentioned that the patient's urine had been examined during her early stay in the asylum, and a small amount of albumin, but no casts, discovered. This was the condition of a specimen examined the morning of the operation.

June 5th, the specific gravity was 1020, and there was a heavy deposit of phosphates, some pus, and a trace of albumin.

June 22d, the specific gravity was 1016, the amount of albumin considerably increased, while pus, epithelium, uric acid, calcium oxalate crystals, and hyaline casts were present in the sediment. Subsequent examination of the urine gave essentially the same results.¹

I am much indebted to Dr. Christian for these urinary analyses, and to Dr. C. B. Burr, medical superintendent, for notes of the case.

¹ Since the above was written a sister of the patient has been admitted to the asylum, suffering from melancholia.

