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Ovariotomy, with the Report of a Case.*

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IN 1824, scarcely more than sixty years ago, when Richard Bright gave to the world the first of his famous papers on abdominal tumors, the peritoneal cavity was, in a pathological sense, unknown. It is true that the anatomists and educated men of that day were acquainted with the anatomical position of the viscera; but the appearance of those very organs in disease, and the pathological changes to which they were susceptible, were almost wholly unrecognized.

Symptoms were often mistaken for the real malady, and hence treatment was, in many instances, of no avail, and the unfortunate too often succumbed to a so-called, incurable disease.

Of all the diseases affecting the abdominal and pelvic organs, the pathology of those involving the ovaries, tubes, and ligaments, has, perhaps, remained the longest unknown, and consequently the development of methods of cure has been retarded. In regard to ovarian tumors, even so intelligent and careful an observer as Bright was led to say, "I believe, as far as cure is concerned, the malignant ovarian dropsy admits of none, unless we may consider the excision of the

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tumor in that light; and this must ever be so doubtful an operation, surrounded by so much darkness, and attended with so much danger, that I can only look upon its happy event as the fortunate result of a bold and hazardous enterprise, which should not tempt us to adopt it as a rule of practice."*

And yet before this time, and probably within the knowledge of Bright, our countryman, Ephraim McDowell, had performed and published an account of operations of this nature; and another, Nathan Smith, of New Haven, had imitated his example, with a successful issue (1822). From this time on, ovariotomy was done with varying success on both sides of the Atlantic; but it was not until Clay, of Manchester, England, beginning in 1842, undertook the operation, that it became at all systematized. Since then such men as Baker Brown, Wells, Keith, Tait, and others have placed the operation on its present basis, which even the boldest would not attempt to deny as most legitimate.

It is, however, not my purpose to weary you with a rehearsal of the history of this operation; but I desire to call your attention to one or two points, which, although not new to you, will bear repeating.

In the first place, then, who should perform operations necessitating the opening up of the peritoneal cavity?

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*Clinical Memoirs on Abdominal Tumors, New Sydenham edition, 1860, p. 142.

My answer to this is the *specialist.* In the discussion of a paper read at the late meeting of the Mississippi Valley Medical Society, the reader of the paper said in closing, that "he thought it well to send cases to the specialist; but if he dies, what then? New men must be coming on all the time. He taught his students to perform their own ovariotomies."*

Over against this opinion I set that of the best known of our countrymen, both at home and abroad, and the striking contrast of the words from the man of great experience and those just quoted cannot but be obvious.

"The observations of others may not agree with mine," says Dr. Thomas, "and many may dissent from what I am about to advance, but to me it stands forth clearly as an influence which has done, and is doing, much to injure the position of ovariotomy as a surgical resource. It is this: The operation of ovariotomy is at present in this country performed by men inexperienced in the diagnosis and treatment of ovarian tumors. The statistics of some of the best operators prove that they have been progressively successful, as they have advanced in experience, and learned to avoid the dangers attendant upon the procedure, and we must conclude that they who operate for the first or second time, must damage the array of reported cases, and in-

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crease the rate of mortality. I know full well that it may be asked in reference to this statement, if inexperienced men never operate, where would our supply of new surgeons come from? In reply to this I would remark, that if the professional relations of any man make it likely that he will be frequently called upon to perform this or any other operation, he should prepare himself to meet the demand upon him; but I cannot think it incumbent upou any practitioner, upon whom no such demand is likely to be made, to undertake so formidable an operation if the services of skillful and experienced men be attainable for its performance. I sincerely believe, as the result of observation, that the third influence which I have stated as marring the statistics of the subject, is by no means an insignificant one, at least in the United States. My impression is, that if the histories of all the single operations performed by different practitioners in this country were published, they would present a lengthy, and by no means pleasing exhibit."*

It is true that the death rate may, in certain instances, have sunk to 8 or even 6 per cent., but so slight a mortality occurs only in the practice of those who have made abdominal surgery a long and careful study; men who are familiar with every aspect which the case may assume, and whom experience

* Diseases of Women. Fourth Edition, 1878. P. 740.

and knowledge have fitted to meet any and every emergency which may arise.

The next point to which I desire to call your attention is the time in the course of the development of the tumor when it is most desirable to undertake its removal. An operation of such gravity as ovariotomy is naturally dreaded by the patient, and consequently deferred as long as possible; but it is now an almost undisputed fact that the earlier laparotomy is undertaken the better are the results.

Dr. Bantock, in an admirable paper on this subject, gives his experience in the following propositions:*

1. We should not wait until the patient's general health is impaired—or in other words, the principle of such delay is a departure from that generally followed in the case of other diseases treated surgically.

2. The presence of the tumor is the cause of structural disease in other organs.

3. Ovarian tumors are liable to a variety of accidents, such as rupture, either from injury or spontaneously; and twisting of the pedicle; to morbid processes, such as inflammation, atheromatous degeneration of the blood-vessels, which, with fatty change in the walls of the cysts, leads to hemorrhage into their inferior, etc.

4. The existence of adhesions, of degenerative changes in, and rupture, etc., of the tumor greatly interferes with the success of the operation.

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* A Plea for Early Ovariotomy, London, 1881.

5. On the contrary, the earlier and simpler the operation the greater is the chance of recovery."

"I would urge then," he says, "with all the force which the strongest conviction imparts, that ovariotomy should be performed as soon as we can be sure of the diagnosis; believing as I do, that were this rule followed, in only a majority of the cases, the success would be much greater than we are even now able to boast of."

All late testimony from operators of note is to the effect that "delays are dangerous," and early operation desirable.

Another point which I wish briefly to mention is the use of antiseptics.

To-day, absolute cleanliness in surgery means success, where in former times, when this was neglected, fatal results were the rule. Those who are not in sympathy with Listerism insist upon a perfect aseptic condition of surgeon, assistants, instruments, etc. Tait, Keith, Bantock, and some other less prominent operators, have abandoned not only the spray, but also antiseptics in general; but notwithstanding the testimony of these eminent men, my own experience, gathered during a period of some years in this country, and particularly abroad, leads me to the conclusion that the time has not yet come, if ever it does come, when antiseptics, including the spray, can be safely abandoned by the majority of operators. In advocating these I do not lose sight of the fact that they

are often abused and made to mask uncleanliness, but this does not disprove their usefulness when properly employed as adjuvants to other measures. My own preference is for carbolic acid, because I have had more experience with it than with other antiseptics. I think the reports of its injurious effects have been greatly exaggerated, for I have used it myself, and seen it used in pretty strong solution, and up to the present I have never known an untoward symptom to supervene. As for its beneficial effects, whether or no bacteria can thrive in a five-per-cent. carbolic lotion, it certainly has the power of destroying the ferment, or pus micrococcus, and if no other reason than this could be given for its use, it appears to me to be sufficient to make its continuance a necessity. It will not do for us who must of necessity often operate in general hospitals, tenement houses, and under the most unfavorable conditions, to point to such men as Tait, Bantock, or Keith, who have abandoned the use of antiseptics, and say that as such Nestors in abdominal surgery have found the spray, etc., unnecessary to them, we too can throw it aside. Could we have separate wards, or hospitals devoted solely to ovarian and abdominal cases, and kept scrupulously clean, with nurses set apart and trained particularly for the care of such patients, with operators who never see contagious cases, etc., etc., we too might dispense with antiseptics and the spray.

It is, I believe, an established surgical fact, that operative cases in the country, where the patient is isolated and can get plenty of fresh air and sunshine, recover more rapidly than in the crowded wards of a city hospital.

As to the spray, I am in full sympathy with my friend Mr. W. A. Meredith, assistant to Sir Spencer Wells, and himself a surgeon to the Samaritan Hospital in London, where so much has been done for the advancement of abdominal and ovarian surgery. "I still consider it," he says, "an essential part of the antiseptic method, believing that its use enables us to dispense with drainage in many cases, where, but for this safeguard, such procedure would be deemed advisable, even after an operation in other respects strictly antiseptic."*

In the foregoing paper I have attempted to show:

1. That the inexperienced and general practitioner should not attempt operations involving an opening into the peritoneal cavity, as the death-rate from the operation is thereby increased, and the operation brought into disrepute. Whereas, the success of the specialist in this line of practice has reduced the mortality from a maximum to a minimum percentage, as proved by statistics.

2. That the universal testimony of experts is to the effect that the sooner an operation

* Fifty Cases of Completed Ovariotomy, etc. Reprint from *British Medical Journal*, August 9, 1884.

is undertaken after the diagnosis of an ovarian tumor has been made, the better are the chances for the patient's recovery.

3. That, although certain foreign specialists, operating under the most favorable conditions may do away with the spray and antiseptics, the majority of operators, who labor at a disadvantage, cannot, in justice to their patients, abandon either.

In my own opinion, the careful following out of Listerism, in combination with cleanliness, good surgery, and strict attention to details, will, in the not distant future, place the results of ovariotomy in America on a level with those now obtained in foreign countries.

At the close of the first year of my private practice in this city, I am fortunate enough at the very start to be able to give the results of one case of ovarian cyst upon which I have operated.

Helena R., a small, lightly-built blonde, 22 years of age, was referred to me by Dr. C. P. Frank, of this city. She had been more or less an invalid for two years, but no swelling of the abdomen had been noticed until ten months previous to my seeing her. Since then she had filled up so rapidly as to necessitate tapping, which operation had been performed twice, and nine and seven quarts of fluid, respectively, withdrawn.

When I first saw her, two months after the last tapping, she was again much distended, suffered much from dyspnœa and cough, and

had the extremely emaciated, cachectic look so common in ovarian cases.

At this time the girth at the umbilicus was forty inches, and the distance from ensiform cartilage to the symphysis, sixteen inches. A diagnosis of multilocular ovarian cyst of the right side with parietal adhesions was made.

On May 26, 1885, Dr. Frank kindly administering the anæsthetic, assisted by Dr. W. R Chittick, I operated in the presence of Drs. Geo. P. Andrews, and Geo. Duffield, at St. Mary's hospital.

The operation presented no particular difficulties. The tumor was extensively adherent to the abdominal parietes, and also to the omentum, and on account of its solid constituents necessitated the enlargement of the abdominal wound from three to five inches. The pedicle was rather long and thin and sprang from the left side of the uterus, instead of the right as supposed. The opposite ovary was normal. Scarcely an ounce of blood was lost during the operation. China silk was used both in tying the pedicle, and closing the external wound.

The patient reacted well from the operation, and during the whole course of convalescence suffered little or no pain, although on three occasions twenty drops of Tr. opii were given per rectum to alleviate restlessness.

The catheter was used for three or four days, after which the patient was able to void her urine.

Four times the temperature went up to 100°, twice as the result of a movement of the bowels on the 16th and 18th days. The estimated average temperature for the whole period of nineteen days was scarcely above normal.

The patient sat up on the thirteenth day, and was discharged cured on the nineteenth day.

Since then she has been in perfect health, and has gained something like forty pounds in weight.

Menstruation returned the second month after the operation, and has continued regular and in normal amount ever since.

The tumor removed with its contents weighed 27 pounds.

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