

BORCK (ED.)

SYNOPSIS

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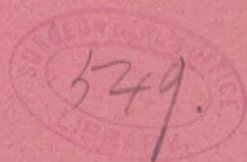
One Hundred Ovariectomies,

—: BY: —

Edward Borck, A. M., M. D., Etc.

ST. LOUIS, MO.

1895.



"Reprint from the Sept. number *St. Louis Medical Mirror*."

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PREFACE.

The first edition were two lectures on the diagnosis and operation for Ovarian Tumors delivered in 1882 and 1883 at the College for Medical Practitioners, dedicated to and published by request of my class.

This edition having been soon exhausted, but the application for the reprints continued to be very numerous, which proved recognition and in gratification thereof, I issued a second revised reprint edition (1000) in 1887, dedicated to the Medical Profession. (See memorandum.)

I now submit to the Profession a preliminary report as part of my work done in this line in the last seventeen years, a synopsis of 100 cases, with remarks and personal observations and hope that my professional brethren receive, "like from previous of my publications," some profit thereby.

The three cases of Hysterectomies present special points of interest.

Very truly,

THE AUTHOR.

Synopsis of One Hundred cases of Ovariectomies.

BY EDWARD BORCK, A. M., M. D., ST. LOUIS.

Laparotomies for other pathological conditions, such as salpingitis, the removal of the vermiform process, abscesses, hernie, gun shot wounds, and other injuries of the abdominal viscera, are not included in this report. They will be published in the near future, (about 100 cases.) With the exception of three cases of hysterectomy, they were all cysts or cystic degeneration of the ovaries.

On the nineteenth day of March, 1878, I performed my first ovariectomy on a patient fifty-five years of age. (See *St. Louis Medical and Surgical Journal*, April 1878 for details.)

At that time I knew little or nothing of the operation, and had never seen it done. The patient recovered. This encouraged me. However, the next two patients I operated upon, died. (See report in the December number of the *Medical and Surgical Journal* 1878.) These two cases were a great lesson and study to me. I became deeply interested and enthusiastic in that work and gave it henceforth my special attention, and was rewarded with success. In 1879 I read a paper before the Tri-State Medical Society at Evansville, Indiana, wherein I advocated the early operation for ovarian tumors; in fact, as soon as possible after the diagnosis has been made, as the cases are then more promising. (See *Cincinnati Obstetrical Gazette*, March, 1880.) In September, 1885, I reported to the Mississippi Valley Medical Society at Evansville, Indiana, fifty cases operated upon up to May, 1885, with five deaths. (See *New York Medical Record*, September 26, 1885. Volume 28, Number 13.)

On the eighth day of July, 1895, I completed my second fifty cases, with seven deaths. This gives me one hundred cases with twelve deaths.

The age of these patients ranged from eighteen to sixty-three years. Nationalities, Americans and Germans. Five were single.

A general outline of these second fifty cases are: Forty-seven were single cysts, the majority on the left side. In a few cases, I found both ovaries affected, one large cyst on one and some small cystic degeneration in the other ovary. Classified as follows: Cysts of the broad ligaments, 4; dermoid cysts, 2; polycysts, 8; one death; fibro-cysts, 5; one death; cystic carcinoma, 2; two deaths; fibroid tumors of uterus, 3; one death. These latter three cases present marked points of interest, the first an American lady of Kansas, married, one child, about forty-five years of age when I first saw her. Upon examination, I found a fibroid uterus, as she was otherwise in good condition, I advised to wait with the operation until after her menopause. Four years later she presented herself again. Her menses had ceased about three years; I operated and removed the uterus and appendages. The mass weighed twenty-two pounds. She made an uninterrupted recovery. The second case I saw after the menstrual period had ceased already for several years. This lady, American, married, fifty-one years of age, weighed one hundred and ten pounds, has three grown up children. She states that her abdomen had gradually increased for the last ten years, though she did not gain in weight. I diagnosed a fibroid uterus, advised and performed operation. Mass weighed sixteen pounds and three ounces. She recovered after a good deal of care and attention. The third case, an American lady about thirty years of age, single when I first saw her; diagnosed a small fibroid uterus. I advised no interference as long as she was comfortable and otherwise well. She soon after married. I kept her under observation from time to time for years. Eight years after the first examination, she began to enlarge rapidly, suffering pain, œdema of legs, etc., etc. I advised then an operation and performed it. The mass weighed thirty-eight and a half pounds. She died on the third day. The first two were determined to get well this one apprehended death all the time. These cases were reported to the St. Louis Medical Society in detail. Published in St. Louis *Medical and Surgical Journal* and the specimens are at the Museum of the Marion-Sims Medical College. The remaining forty-seven cases were all simple cysts. None beyond the second or third stage. Six deaths. One of these, a young lady with small ovarian cyst, first stage, no adhesions, small pedicle, very little hemorrhage, it was a very easy case for operation. Death forty hours later. Cause anemia of heart and general debility. In four other deaths the tumors were in advanced stages. In the last case I operated upon on the eighth day of July, 1895, was a German woman fifty-five years of age. Apparently, this was a favorable case for operation but it turned out to be the worst case I ever had to deal with. The tumor was about of five years' growth. She suffered with dreadful constipation and pain for the last two weeks, could not sleep, had difficulty of respiration. She knew she could not get well without an operation be-

ing performed, but was fearful of death all the time. She said she could not recover. Upon opening the abdomen a large cyst with strong thick walls presented. I could not lift it out, a thick chocolate colored fluid was drawn off, the intestines, the mesentary, the tumor, the uterus, the ovaries, all were glutinated in a mass. After a faithful trial it was found impossible to isolate the tumor. There was considerable hemorrhage. I therefore cut off the cyst as

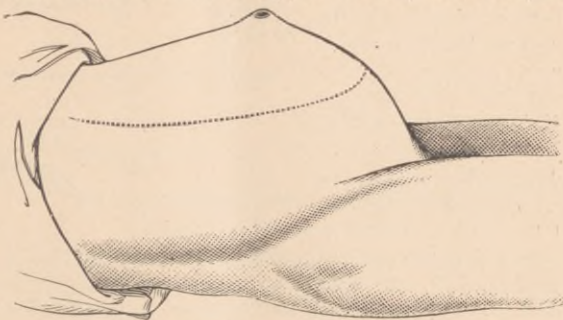


FIGURE 1, ABDOMEN AFFECTED WITH ASCITIS.

close as possible towards the adhesions, about one-half of the cyst, cleaned out the contents of the cyst and united the walls of the cyst together with a continued suture. Stopped all the hemorrhage with ligatures and hot water as far as possible, closed the abdomen and abandoned the operation. She died thirty-five minutes after she was removed from the table. This is the first case I have met in my practice where the removal of the tumor was impossible.

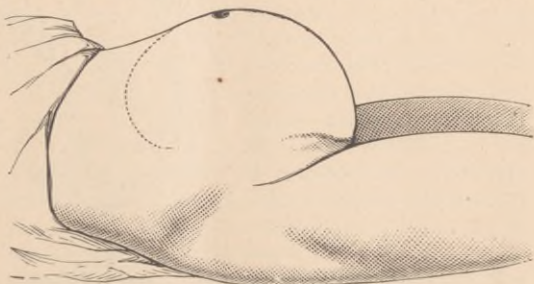


FIGURE 2, OVARIAN CYST.

DIAGNOSIS.

I would refer the reader to my lecture on the differential diagnosis with tables, and directions for a microscopical chemical examination of the fluid of ovarian tumors, published in Cincinnati *Obstetrical Gazette*, Sept., 1883. But as ascitis is most frequently mistaken for ovarian dropsy (I have once done so myself) I will present here a lateral view of the two different contours of the abdomen observed in ascitis and ovarian cyst.

The other symptoms can be studied in any work on that subject.

OPERATION.

In my very first operation, I followed Sir Spencer T. Wells, under the precept of Dr. Louis Bauer. I saw at once that a more simple method to elevate and evacuate a cyst would be desirable. Also that some

strong forceps would be useful, and plain and sufficiently strong retractors for the abdominal walls. In my second operation, I had these instruments ready March, 1878. Strong, large, sliding forceps, large strong wire retractor bent in a double L shape and my double needle or cyst elevators of different sizes (See figure 3. Half the smallest size.)

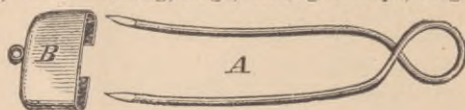


FIGURE 3.

A. THE ELEVATOR, B. PROTECTING CUP.

Figure 4, shows how the needle is introduced after the abdomen is open.



FIGURE 4.

Instead of clamping the pedicle, one or two of these needles are thrust through it, transfixing the pedicle, and then a strong ligature is tied around the pedicle below, and separating the stump with cyst above the needle. It does away with the clamp. If the pedicle is to be treated extra abdominal, it is brought to the lower part of the incision, the needle laying cross-wise upon the abdomen and held there securely. To this method I have adhered up to this date and no change has been made by me with the above instruments or method of operating. I adhere also to the silk ligatures. Otherwise I have modified or rather simplified my previous ways. (See remarks.) It will be interesting to read my lectures, 1883, upon the operation, re-published in the second revised reprint edition, 1887, and directions there given for the preparation of the patient, the room, the atomizer, the solutions, etc., etc. I had then to stand a good deal of sarcasm on account of the course I pursued. I stood it all and to-day I am well satisfied. But one thing I would mention here which is also very interesting. My needle method has been published in almost every country and every language. Sir Spencer T. Wells presented it to the Royal Academy of Surgeons in 1878. When I visited Europe in 1884, I saw it employed by surgeons in England and Germany, and I am amused to meet young and old doctors every once in awhile who have just returned from Europe and bring the news of the great discovery they have made there, seeing a double needle used instead of a clamp, also using

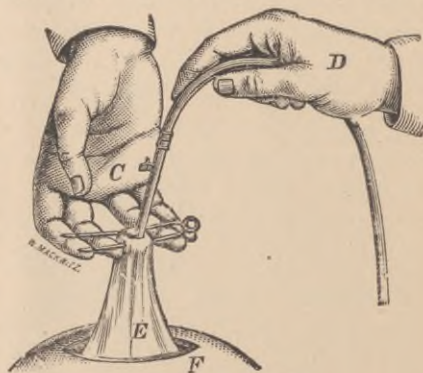


FIG 5 EXPLAINS ITSELF.

C—Right hand of assistant.
D—Right hand of operator.
E—The cyst.
F—Abdomen.

the same to elevate the cyst, and keep the pedicle in its place extra abdominal with the same needle. I simply smile.

Appropos about needles, here is a needle I use for suturing made out of a sewing machine needle. See figure 6.



FIGURE 6.

During an operation, I always keep a sufficient number of fine cambric needles ready, threaded with silk, to be used in case of any intestine being injured.

REMARKS AND OBSERVATIONS.

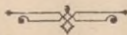
In regard to the technique of the operation, every operator has his own peculiar way. Experience grows with the number of cases, and we learn what to do and what is best not to do. For some time I have discarded the spray, the carbolic acid, bichloride of mercury and such like antiseptics. Clean hot water with a little salt or the artificial serum for flushing the abdominal cavity if required. Sterilized instruments and dressings. In one word, everything must be aseptic, that is all. Every case stands upon its own merits and should be treated accordingly, where there is much oozing, I use occasionally, drainage, either tube or gauze or both. As a rule I prefer to drop the pedicle into the abdomen and close the external wound with deep and superficial sutures, however, of late I do not stitch the peritoneum together nor pierce it with a needle. I introduce a peaslee needle, armed with ligature, through the skin and muscles, one half inch from the edge on one side, let the needle run between the muscles and peritoneum, and enter on the other side between the peritoneum and muscles and out through the skin, by drawing the deep sutures snugly together, the peritonium will meet in close approximation and generally is united in twenty-four hours. The advantage is in withdrawing the sutures, the danger of any pus, should there be some upon the ligatures, cannot enter the abdominal cavity. Flushing the abdominal cavity, which I invariably practiced in my first fifty cases, I used but very seldom in my last fifty cases, taking care that no fluid from the cyst nor any other fluid will enter the abdomen, using sterilized aseptic gauze for sponging. I would also state that in some of my cases, where the pedicle was large and broad and the cyst had thick walls, I would cut through the cyst close to the pedicle, removing the internal secreting membrane from that piece that is to remain, wait until all hemorrhage, if there is any, is stopped and approximate the walls of the cyst

with a continued suture. It is less liable to secondary hemorrhage than cutting through the pedicle.

In conclusion, I will say, while I advocate the early operation for ovarian cyst, which has been proven as correct, the question as to an early hysterectomy of a fibroid tumor of the uterus seems to me is not fully settled at present. There are interesting points to be considered, in two of the cases of fibroid uterus mentioned. The advice to wait until the menopause has ceased, for the reason that there was no hemorrhagia and the other conditions were good. I acted upon the theory that the uterus may atrophy or at least stop growing after the menopause. I do not regret having done so for this reason, that to my mind, with my little observation and experience, that nothing short of, but a clean hysterectomy for fibroid uterus will eradicate the disease. All other modes of treatment are only temporary. I admit again that I carefully select the patients upon whom I operate. Where the prospects are favorable I advise an operation but never urge or use any persuasion whatsoever. It must be a voluntary consent upon the part of the patient. With a few exceptions, all of the last fifty cases were operated upon at my late Private Surgical Home.

Edw. Borchg.

4112 North Grand Avenue.



ADDENDUM:

CHLOROFORM.

I prefer Mallinekrodt's. Years ago I called attention to the fact that chloroform kept in large bottles, opened and reopened again and again, will thereby lose part of its virtue, will be spoiled by absorption of moisture, etc. That in some cases of deaths resulting from or attributed to chloroform, it has been found that the remaining small part of chloroform from a large bottle had been administered. I therefore recommend to keep chloroform in small bottles not containing more than two ounces, hermetically sealed, not to be opened until required, whatever is left maybe used in liniments.

After some of the German medical journals gave me due credit for these my observations, it crossed the Atlantic again, and thus found its way back here. I am pleased to observe my recommendation has been largely adopted by physicians and druggists.

It is also said that chloroform should be inhaled through the mouth exclusively, it lessens dangers and avoids vomiting.

VOMITING AFTER LAPAROTOMY.

This is very annoying to all concerned and sometimes resists all treatment. I will not discuss the causes nor the remedies, but simply state a successful practical experience.

In one of my so unfortunate cases, and not knowing any more what to do for her, I introduced a rubber tube through the mouth into the stomach and gave some milk by that artificial channel, the patient retained it; next gave some malted milk, then beef tea, then beef tea with barley and a little brandy, she retained it all and did not vomit nor was nauseated. The next day I wanted her to swallow some food, she said she was afraid, but I induced her to try, she vomited at once; we now returned to the tube feeding; food was again retained, vomiting ceased. I said no more of trying to eat, kept on feeding her through the tube for several days and waited until she asked to be allowed to discontinue that process. She then took her food in the natural way without any trouble.

EXPLORATORY INCISIONS.

Admitting the justifiability in certain cases, and as a rule they are without much danger to the patient, and a great assistance to help to make a correct diagnosis, still it is my opinion not to neglect the study of all objective and subjective symptoms, and try to make a correct diagnosis without an exploratory incision. At any rate, whenever I find it advisable or prudent to call into help an exploratory incision, to make of an uncertain a positive diagnosis, I do it with the previous distinct understanding that if an operation is indicated and advisable, to perform or complete it at once.

E. B.

MEMORANDUM OF
Dr. Edward Borck's
CONTRIBUTIONS TOWARDS
Medical and Surgical Literature.

—1871—

On the Use of Bromide of Potassium in Malarial Diseases.—*The Medical Archives*. St. Louis, July, 1871.

Subcutaneous Injections of Ergotine in Affections of the Uterus.—*The Medical Archives*. St. Louis, August, 1871.

Hypodermic Injections.—*The Medical Archives*. St. Louis, October, 1871.

—1874—

Staphyloma.—*Missouri Clinical Record*. September, 1874.

—1875—

On Bronchocele.—*St. Louis Medical and Surgical Journal*. March, 1875. 1 INQUIRY.*

—1878—

Fracture of the Femur.—*St. Louis Medical and Surgical Journal*. January, 1878, also *Deutsche Zeitschrift fuer Chirurgie*, Leipzig.

Review on the Treatment of Fracture of the Femur. Three Woodcuts.—*St. Louis Medical and Surgical Journal*. March, 1878.

Ovariotomy: Reported Cases of.—*St. Louis Medical and Surgical Journal*. April, 1878; July, 1878; and December, 1878.

—1879—

Cyst Elevator: Description of, and Method of Operating. Three Illustrations.—*Cincinnati Obstetric Gazette*. February, 1879, also *Illust. Vierteljahrsschrift de ärztlichen Polytechnick*. Bern u. Leipzig.

Fracture of the Femur, Compound Comminuted.—*Proceedings of the St. Louis Medical Society*. May, 31, 1879.

Compound Comminuted Fracture of the Right Fore-arm.—*Proceedings of the St. Louis Medical Society*. June 28, 1879.

Reflections upon the History and Progress of the Surgical Treatment of Wounds and Inflammations. (Report on Progress of Surgery.—*Transactions of the Medical Association of the State of Missouri*. June 1879.

Monograph on Fracture of the Femur, with fourteen handsome Illustrations. Second Edition. Published by Rumbold & Co., St. Louis, Mo. Price 50 cents. Out of Print. Nearly 2,000 copies were sold.

—1880—

Operations for Harelip.—*Proceedings of the St. Louis Med. Society*, February 21, 1880.

Ovarian Tumors: At what Stage of the Disease is it the Proper Time to Operate?—*Cincinnati Obstetric Gazette*. March, 1880. 101 INQUIRIES.

* By the number of Inquiries is understood the letters and postals received by the author, from physicians in different parts of the country, asking for reprints, or inquiring where the said article could be found or obtained—after it had been published and noticed by the Medical Press.

Diseases of the Maxillary Sinus.—*Indiana Medical Reporter*.
Evansville, Ind., April, 1880. 3 INQUIRIES.

Compound Dislocation of the Wrist.—Reprint from *Transactions of St. Louis Medical Society, 1880*. Four Wood-cuts. 63 INQUIRIES.
—1881—

Simple Methods to stop Accidental Hemorrhage. With four
Wood-cuts.—*Indiana Med. Reporter*. April, 1881. *Scientific American*
Supplement, No. 299, Sept. 24, 1881, page 4773. 198 INQUIRIES.
—1882—

Nathan R. Smith's Anterior Splint.—*Medical News*. April 1st,
1882, Vol. XI, No. 13, page 345.

Surgery in Children.—*St. Louis Med. and Surg. Journal*. June, 1882.
Cases from Prof. Borck's Clinic, at College for Medical Practition-
ers: Amputation in Children, Webbed Fingers, Club-foot, Bow-legs, Spinal
Curvature, etc. *St. Louis Medical and Surgical Journal*. December, 1882.
—1883—

Clinical Lectures: Extracts from. Fracture of Femur and other
Fractures—*St. Louis Med. and Surg. Journal*. February, 1883.

Paralysis in Children, and Paralytic Contractions. Clinical Lecture
to private class.—*Philadelphia Med. and Surg. Reporter*. August 25, 1883.
209 INQUIRIES.

Sponge Grafting: Observations on.—*St. Louis Weekly Medical Review*.
November 3, 1883. Vol. VIII, No. 18. 96 INQUIRIES.

Ovarian Tumors: (Two Lectures) Diagnosis of, and Operation. Part I.
Cincinnati Obstetric Gazette. September, 1883. 473 INQUIRIES.
—1884—

Congenital Club-foot: Clinical Lecture at College for Medical Prac-
titioners.—*Archives of Pediatrics*. February number, 1884. 21 INQUIRIES.

On Permanent Wound Dressing.—*St. Louis Weekly Medical*
Review. March 22, 1884. Vol. IX, No. 12. 103 INQUIRIES.

Foreign Letters—to *Archives of Pediatrics*, October, 1884; and to
St. Louis Weekly Medical Review, July 26, August 2, 23 and 30, 1884.
Also Report to St. Louis Medical Society, of the International Medical
Congress at Copenhagen, September 13, 1884—same journal.

Home Again! A Synopsis of a Tour Abroad. The first part consists of
the report made, as a delegate to and a member of the 8th International
Medical Congress, Copenhagen, Denmark. August 1884. to the Medical
Society, with such additions as may be of interest to the medical profession.
The second part consists of general sight-seeing, and other information of the
trip. (Through the kind notices and comments from the Editors of almost
every Medical Journal here, and several abroad, the applications for "Home
Again" were over 1,300 from all parts of the U. S. A., and Canada, and
over 100 from Europe.)
—1885—

Abnormal Positions of the Head.—Clinical Lecture with cases
to Private Class of Medical Practitioners. *Medical and Surgical Reporter*.
Philadelphia, Pa., January 31, 1885. Vol. LII, No. 5. 180 INQUIRIES.

Little Things: 1 Wood-cut. Farewell address to Private Class of Medi-
cal Practitioners. *New England Medical Monthly Journal*. Oct. 1885.

Remarks on Abdominal Surgery with 50 Cases. Read
before the Mississippi Valley Medical Society, Evansville, Ind., September,
1885. In full in the *Medical Record*, September 26, 1885. Vol. 28, No. 13,
whole No. 777. W. Wood & Co., Publishers, 65 & 58 Lafayette Place.
N. Y. City. Abstract from same in *Journal of the American Medical*
Association, Vol. V, No. 14, October 3, 1885. 65 Randolph St., Chicago,
Ills. *Medical and Surgical Reporter*, November 28, 1885. Vol. LIII,
No. 22, Philadelphia, Pa.

Extracts of Clinical Lectures. Exsudative Pleuritis.—*Archives of Pediatrics*, Vol. II, No. 9, September 15, 1885. John E. Potter & Co., Publishers, 617 Sanson Street, Philadelphia, Pa.

Dislocations and Fractures of the Wrist, Simple and Compound. With 8 handsome Illustrations.—*Leonard's Illustrated Medical Journal*, Vol. VI, No. 4, October, 1885. Detroit, Mich.

—1886—

Change of Form of the Human Thorax.—A lecture delivered before my private class of Medical Practitioners, with 30 illustrations taken from life to demonstrate the changes of form the Thorax assumes during the different stages of Phthisis Pulmonaris, Emphysema, Exsudative Pleuritis, Spinal Curvatures. (Pamphlet.) The drawings are now at Marion Sim's Medical College.

—1887—

Ovarian Tumors. Diagnosis and Operation. Second and Revised Edition with Six Wood-cuts. (Pamphlet.)

—1888—

Diseases of and Operation on the Testicles, was published in full in the *New York Medical Record*, May 19th, 1888, Vol. 33, No. 2, Page 547; also, in the transactions of the Missouri Medical Association, 1888.

Cause of Congenital Club-Foot, "Argument in favor of the Mechanical Theory, based upon Personal Observation" in *St. Louis Weekly Medical Review*, Vol. XVIII, No. 24, Dec. 15, 1888. Discussion St. Louis Medical Society, January 12, 1889, same journal.

—1889—

Short Notes on the Surgical Diseases of Children, with Illustrations. Presented to the Section on Diseases of Children, at the meeting of the American Medical Association, at Newport, R. I., June 25-28, 1889. *Archives of Pediatrics*, August, 1889, page 569. *Philadelphia Medical and Surgical Reporter*, August 17th, 1889, Page 172. *Journal of the American Medical Association*, April 19, 1890.

—1890—

Treatment of Hip Diseases, "2nd Stage." Presented to the Surgical Section, 10th International Medical Congress, Berlin, Germany. *Medical and Surgical Reporter* of August 23, 1890, Vol. LXIII, No. 8, whole No. 1747, page 222. *Archives of Pediatrics*, October, 1890, Vol. VII, No. 82, page 756. *London Lancet*, Aug. 23, 1890 page 416.

—1893—

Spina Bifida. A paper read before the St. Louis Medical Society. Published in the *St. Louis Medical Fortnightly*.

—1894—

Report of 295 Cases of Fractures and Dislocations. Published in the *St. Louis Medical Mirror*. With handsome illustrations.

October number,	Femur.
November number,	Patella.

—1895—

January number,	Accidental Hemorrhage.
February number,	Tibia and Fibula.
March number,	Radius and Ulna.

(Will be continued at short intervals. "No reprints—send for the Journal.")

Synopsis of One Hundred Ovariectomies. *Medical Mirror*, September number, with six illustrations.

DR. EDWARD BORCK,
SURGEON.

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