Thesis
on
Ovarian Droopy
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Among the diseased conditions to which the ovary is liable, the most frequent is that of Droopy. But this appellation, although generally used, is certainly incorrect, for the disease has nothing in its nature that entitles it to the name of ovarian Droopy (so-called) only resembles true Droopy in the bulk which it often attains, in the frequently liquid nature of its contents. A Droopy is usually understood as an abnormal increase in accumulation of some natural serous exhalation; but in ovarian Droopy, the cyst or cysts which contain the matted matters, the latter...
also, are new developments. It does not seem that much is known respecting the causes which originate disease in the ovary—at least the tendency to degenerate into a cystic mass. It has been said to result from inflammation of the Graafian vesicles or of the ovum they contain. Possibly this may be the case; but in what way inflammation can be supposed to produce such changes as are observed in the disease, it is difficult indeed to explain. The fluid would appear to be in some cases effused between the ovary and its peritoneal investment—the organ becoming almost obliterated on account of the pressure exerted upon it—& the serous covering of it being distended into an enormous size. Such is perhaps the origin of the nodular cysts, after attaining to a considerable size they may cease to grow; their contents is usually clear serous. When ovarian tumour
of numerous Cysts, the Substance of the Ovary would appear to have been originally the Seat of the diseased action; it probably the Graafian Vesicles have in these cases become distended into the Cysts of the Tumour. These Cysts are found in very different stages of development within the Substance of the Tumour - their Size varying from that of a pea to a size capable of filling seven distending the whole abdomen. The Contents of the Cysts are very various in different cases; sometimes different Cysts in the Same case are filled with very different Contents. It may be found also that the Contents vary considerably as to Colour as well as Consistence. Of course it would not be correct to place among "Ovarian Tumours" such Tumours as Contain Denticul Infant Matter with Hair, Teeth, Bones, etc.; it probably all Cysts which
Reasonably be entitled to the name of Ovarian Dropsy, contain a fluid more or less distinctly serous in its nature.

Although the ovary, like other par enchymatous organs, is liable to different forms of disease, some of which are malignant in nature, still the disease at present under consideration is seldom found to be of such character as to entitle it to the name malignant—meaning as it is not in its own nature destructive to life. Ovarian Dropsy becomes dangerous chiefly by growing to a large size, producing detrimental effect by pressing on contiguous organs. The ovary being not essential to life, it can bear to be disorganized or removed without necessarily interfering with the general health. The symptoms met with are such as arise from the sympathetic disturbance of other organs, from its mechanical interferences with the neighbouring...
neighbouring parts, from the changes occurring within the ovary itself. At first there may be some indication of ovarian, with considerable pain in the affected organs, but the sensation about the Pelvis and the Sympathetic simplications of the System, may be such as closely to simulate Pregnancy; and indeed it is not uncommon for the disease to progress, the woman continuing to exhibit all the usual signs of pregnancy to her own satisfaction, until, having gone beyond the full term, her hopes have been destroyed by the ultimate recognition of the true nature of her case. The Catamenia need not necessarily be suppressed in a case of Hysteria. If such is the case, it might be regarded as an indication that both ovaries are affected, or the patient to be not only pregnant, but also affected with disease of one ovary as the tumour enlarges, it gradually

occupies
occupies the whole of the Pelvic Cavity: at least as much of this space as the other organs can possibly leave unoccupied. 

By pressing on the Bladder & Rectum, various symptoms, such as might be expected, are produced. Thus at this stage there may be almost total retention of Urine for some time, requiring the use of the Catheter: or micturition may be rendered more or less difficult & painful. The Rectum, being pressed upon, may be too much constricted that Constipation & Strangury, are likely to follow. All symptoms depending upon pressure exerted against the organs within the Pelvis are relieved when the tumour ultimately escapes from the Pelvic Cavity it rises into the Abdomen— which is the natural result not only in the Case of Ovarian Dropsy, but also in the Case of the Uterus in Pregnancy: This change is often effected artificially by introducing the hand & pushing the tumour out of the Pelvis into the lower part of the Abdominal.
Abdominal Cavity, as a means of relieving Urgent Symptoms. This treatment has also been recommended in cases in which delay to the Second stage is likely to occur from the presence of some such tumour in the pelvis. If this cannot be accomplished, it would be proper to introduce a trochar thus allowing the fluid to escape. When the Ovarian Drooping has reached the abdominal cavity, the symptoms are likely to become much less urgent and a considerable improvement is likely to take place in the patient’s health. Of course, it is the symptoms resulting from pressure on the pelvic Viscera that are so much relieved when the tumour escapes from the Smaller into the larger cavity; and unless growth proceeds very rapidly, it must be done with of tide ere very urgent Symptome, are likely to arise from pressure upon the Abdominal Viscera.

So soon as the tumour has partly taken up a position within the Abdomen.
diagnosis becomes much more easy. In the pelvic region of the side affected, the tumour can be felt and examined. Obvious fluctuation may be detected, but not, as a matter of course, in all cases; for individual tumours of this kind differ so much from each other in the thickness of their walls, in the number, kind, and thickness of their partitions, in the consistence and nature of the fluid matter which they contain, that they may be even on careful examination to be quite solid in some cases, whilst in others, very distinct fluctuation is readily perceptible. Various conditions of the surrounding parts which might be mistaken for ovarian tumours have to be carefully distinguished by the proper means. Among these may be mentioned the gravid uterus, the distended bladder; for instance, are not wanting in which there have actually been punctured instead of a diseased ovarian tumour or the omentum, of the uterus or hypertrophied condition of any
any of the abdominal viscera, may even masses of matter contained within the lower part of the great intestine may easily lead to doubts, if not to serious mistakes in diagnosis. The principal circumstances to be considered, are the history of the case; the fact of the tumour—having grown upwards from the side of the pelvic cavity—the obscure fluctuation & feeling of the tumour; possibly, the fact that the patient's health may not have suffered at all in proportion to the amount of disorganization which is apparent or appears so; since changes to the same degree could scarcely have taken place in any other organ with the same impunity. There are besides, what have been indicated above, other sources of obscurity in forming a diagnosis. Both ovaries may be affected, but in this case one is in general far behind the other in the progress of the disease which affects it. Pregnancy may take place & go on to its natural termination.
termination, although one of the ovaries may be disorganised. Any of the other diseased conditions before mentioned, may complicate the case; these or malignant disease in the ovary itself may seriously complicate the constitution and health of the patient. Further, ascites may coexist with, as it may depend upon the pressure of an enlarged ovary. This complication renders the location of the ovarian tumour, the detection of fluctuation a matter of great difficulty; the test of tapping has been proposed to distinguish between the two diseases. The effect of this measure would be to bring the ovarian mass within reach of tactile examination. The dulness on percussion, the greater prominence of the tumour, its displacement, dragging on the uterine ligaments may help to distinguish the uncomplicated ovarian mass. Cases have occurred in which the appearance and symptoms of this disease have been simulated, with nothing existing to account for the deception— as, for example, one of the cases operated on by the late...
John Sizars Esq. in which, when the abdomen was laid open, no tumour was found. Whatever the nature of these mysterious cases may be, there is a safeguard against the recurrence of such disasters, instigating as this one, which is by no means the only case on record — the agent I now refer to is Chloroform. This has the remarkable effect of causing all the enlargement to disappear as soon as the patient is placed under its influence — thus, of course, the true nature of the case becomes apparent as no negative evidence can make it so.

The symptoms which Ovarian Dropsy occasion, when it causes disturbance in the abdomen, are such as are to be referred to the effects of pressure upon contiguous organs, to interruption of their function. Many of them are quite the same as are observed in normal enlargement of the gravid uterus in pregnancy. Edema of one or both lower extremities may arise from compression of the veins. The urinary bladder, reader, is liable to be interfered with as in

Pregnancy.
Pregnancy thus produce incontinence of urine or difficulty in micturition, Constipation also of bowels with or without Diarrhea & Tenesmus from irritation of the lower Bowel. The Kidneys & Uterus have been known to suffer from the compression to which they have been subjected; even apparent suppression of urine has followed when relieved by tapping the cyst. All the abdominal viscera suffer in succession as the tumour enlarges, but the most distressing symptom which seems more immediately to threaten life, is which imperatively demands operative interference, when themselves when the tumour has filled (to the greatest possible degree) the abdominal cavity, and begins to press dangerously upon the Stomach and Diaphragm. Not only are its enormous size and weight such as to interfere with the patient's capability of moving about, but the distress which is occasioned by irritation of the Stomach obstruction to respiration, becomes intolerable. It soon tells upon the strength & Constitution.
Treatment—Sarcely anything can be more unsatisfactory than the treatment of this disease. Even to read of the various ideas held by those who have given the subject their best attention, leaves one in a most unsatisfactory state of mind. To speak of using antiphlogistic measures in the early stage is simply to take for granted what is, in the great majority of cases, entirely beyond our power—namely, the possibility of detecting the disease at all in its early stage. Even, indeed, were it possible to detect the morbid conditions when they are most under our control, still, the deep seat of the disease, the utter impossibility of reaching the organ without the most severe danger to life, the uselessness of our interference if the organ could be safely reached, all point one way—namely, to the hopelessness of doing anything to avert the disease or to check it at its very commencement. I might here quote the opinions expressed by well-known writers such as Burns, Denman, and others, but the views held by these distinguished men simply prove to the fact...
fact, that when incident, ovarian disease cannot be diagnosed; that even if detected, there are no efficient means of dealing with it. The general opinion of the Profession up to the present time is decidedly opposed to the idea that any good is to be expected from the use of medicines, when cases are reported as having been cured by some special remedy or other, the most experienced are always the least easy to convince of the reality of such cures — I indeed the result usually proves that the reported cure has been no cure at all. But a more serious question arises, if internal remedies such as diuretics, preparation of Jodurie, mercury in various forms &c. &c. are found to be positively useless, so far as any advantage to the patient is concerned, are we sure that they are not detrimental? How it comes to me not in the least degree doubtful that they are highly injurious, to militate powerfully against the patient by diminishing the general vigor of body, thus lessening the power of resistance which the system in its healthy condition undoubtedly has. It is quite a mistake to suppose that the growth of mobed structures such as Ovarian
Ovarian Cysts is arrested or even likely to be arrested by the action of such drugs as Mercury; for all such substances tend to produce a Cachectic Condition of the Body, at least a condition which would certainly be called by some such name were it produced in some other way. In practice it is actually found that when the patient is debilitated by becoming gradually weaker and weaker, still the morbid growth like a parasite grows on unabated unchecked in its progress by the Exhaustion which is bringing the patient to the verge of the grave. It seems indeed as if debilitating the patient were merely favouring the disease; whilst on the contrary, all means which tend to elevate the tone of the system generally, tend also to retard its progress. If I mistake not, it is the Professor of Midwifery in the University of Edinburgh who has remarked with reference to an absurd proposition, that bleeding from the arm frequently repeated, would be quite as likely to remove the patient's liver as to cause the dissipation of an Ovarian Tumour. According to Dr. Simpson the chief indications are to keep the health
health good; to await or remove the Condition, from the Pelvic or Abdominal Viscera, which might hurt the Ovary; to restrain irritation from mechanical pressure & Congestion by a few leeches where required; to keep down all tendency to Congestion or Inflammation in the Ovary itself. Medical Treatment, therefore, amounts to mere palliation. Dr. Hunter remarks that the disease is incurable, that the patient will have the best chance for living longest under it who does the least to get rid of it.

Sometimes nature or accident effects a cure. The usually fluid fluid contained in Ovarian Cysts is readily absorbed by the Peritoneum; it Cysts have to taken place. In one instance, a female with Ovarian Tumour was thrown down in the street by some vehicle; the Cyst was ruptured; the fluid escaped into the Peritoneum; it was wholly absorbed; it as the result, the tumour disappeared altogether. An imitation of what has taken place in some cases, has been attempted by applying pressure to the Tumour in the hope of rupturing the
case, without the necessity of making an
external incision, but this is a method
which could hardly be expected to succeed.
In some cases the tumour has inflamed
at certain points, formed adhesions to
contiguous parts, ulcerated through, and thus
come to discharge itself by various chan-
nels—sometimes the Bladder, or Rectum,
or Vagina, or Intestinal Canal; sometimes
externally at the groin or elsewhere. Dr.
Bennett had a case which was reported
in the Journal in 1849 in which an ovarian
dropley was spontaneously cured by suction
of the cyst, discharge of the pus into the
Bladder and its evaporation with the urine.
But none of the cases of spontaneous
cure afford any guide or indication by
which surgeons may be directed to a
safe imitation of the plans of nature.
All surgical interference is dangerous
and unsatisfactory in a large proportion
of cases. Even the operation of Tapping,
is not without considerable risk. In the
first place, the accumulation is great,
the patient has suddenly sunk from the
effects
of the rapid evacuation of the Cyst. If the patient should escape the operation itself, inflammation may attack the Cyst or its peritoneal investment, bringing the life of the patient into jeopardy. Although Paracentesis is the readiest and most obvious indication for relieving the distress depending on the excessive distension of the Saco, yet it is by no means certain of succeeding. The Contents are sometimes so viscous as to be incapable of flowing through the Canula. If the Operation should succeed in emptying the Cyst, at best it can only promise temporary respite to the unhappy sufferer — for the fluid rapidly accumulates and ultimately all the more rapidly the oftener the Operation is repeated. The first tapping is the most dangerous — afterward, as the Operation is repeated, the System comes to be prepared, as it were, for it, thus, whilst some die within twenty-four hours of the first operation, others survive many years, to have the Operation repeated an amazing number of times. As in some remarkable cases on record, the
The dangers connected with the operation of tapping in ovarian disease, the temporary unsatisfactory nature of the relief it affords, the almost total hopelessness of its effecting a radical cure, the effect it seems to have in exciting the lining membranes to a more active secretion, are all found to be urgent reasons for avoiding the use of the Trochar as long as the patient's condition is at all tolerable. Although a few cases have occurred in which after evacuation of the fluid, complete recovery has taken place, still this is not to be expected in practice. It has been proposed to inject the sac (after its evacuation) with some irritative fluid such as Perchloride of Jodine in the hope that adhesive inflammation will follow as in the case of Hydrocele. This method has been tried in some cases but is even stated to have proved successful. But this, such treatment is in general perfectly safe in Hydrocele, but little reasoning is needed to convince any one that very different results might fairly be looked for in the case of a large cyst in near relation with organs of the highest importance. Indeed
unless evidence of the strongest kind were brought forward in favour of its adoption, the proposal seems to deserve almost for trial.

The question of a Radical Cure is altogether surgical, and relates to the various modes in which it has been proposed to remove the tumour altogether from its position and connections within the abdomen. Many cases have occurred in which the diseased ovarium has been removed successfully, but on the other hand, many patients have perished. Two modes of performing the operation have been recommended—one of which is, to make a small opening into the abdominal cavity, evacuate its contents, drag it out to the loop as it has collapsed, and apply a ligature to its neck, in order to remove the head; the other mode is to carry a large incision from the umbilicus to even a higher point than this to the pubes and through this aperture to remove the whole tumour at once. But what, if we may be asked, has been the success of this formidable operation? Conflicting statements meet us on every side; yet, taking the whole matter into fair consideration, Ovariotomy cannot be
be regarded as less successful than some other capital operations. Dr. Clay of Manchester appears to have been the successful as it is likely that any operator will be who has a sufficient number of cases varying in character & in the circumstances which complicate them. Dr. Simpson mentions the results of 114 cases operated upon to have been that one in every three cases proved fatal, whilst other regular surgical operations show even a greater mortality than this: Turgure of the Innominate Artery has hitherto invariably proved fatal. Dr. Simpson considers the proper cases for the operation to be those in which tapping becomes more or more frequently required; where the patient is young; where there are no adhesions, where life is fast ebbing. A better method of restraining hemorrhage than by leaving the ligature, in the Peritonitis is a desideratum; & if it were attainable, would probably render the operation much more successful. The method recently proposed by Dr. Simpson—
Simpson, namely, the pressure, should it on more extensive treat be found in general to succeed in arresting hemorrhage, would doubtless render ovariotomy less dangerous than it now is. Of course it is not the mere operation which is to be considered as full of danger, for in this, as in many other cases the patient survives the operation but dies from the consequences of it. If I were to differ from his opinion he has expressed, it would be regarding the time at which the operation should be performed. It appears to me that in this country great operations such as ovariotomy have been delayed too long, thus the patient, having become gradually reduced in strength, is found to be quite unable to bear up against the shock to which the system is exposed; it probably this as well as other dangerous operations would be found much oftener beneficial were they performed whilst the system is yet vigorous, if the strength unimpaired.