Ovarian Droopy.
Ovarian Dyspepia.

No branch of physiology has more time and labor been expended than on the investigation of the structure and functions of the organ of reproduction, and of the mode of development of the new species; there is no subject in pathology of greater interest than their disturbed anatomy, and the medical man will be rewarded by no more hearty thanks in his daily walk of doing good than in the precise and successful treatment of diseases of these organs, more particularly as affecting the female portion of our race.

In the female economy the most important generative organ are the Ovaries, more especially in connection with the function of menstruation. These organs are subject to several diseased conditions, such as inflammation, either acute or chronic, malignant disease, displacement, and deposits solid or fluid.

A morbid accumulation of fluid in the ovary, by no means uncommon, named Ectocid or Ovarian Dyspepia, is the subject of the present paper.
But to examine and investigate disease condition, we must in the first place be intimately acquainted with the healthy structure, form and size of the organ in which the disease occurs. Let us, then proceed at once to give a short sketch of the healthy ovary, without which the present paper would be manifestly imperfect.

The ovaries are five in number, situated in the cavity of the pelvis, one on each side, varying in size of course at different periods of life, but at puberty, when they may be considered as perfect, they are oval, of the form and size of an almond. They are situated in the posterior portion of the broad ligament which encloses them completely except where the vessels enter. Each ovary is attached to the uterus by a narrow fibrous cord, which is called the ligament of the ovary, and to the Fallopian tube by one of the obliterated into which the uterine of the tube expands. It is covered externally by the peritoneum and beneath by a capsule of fibro-cellular tissue. The contents of the ovary consist of a peculiar fibrous tissue or stroma abundantly supplied with
bloodvessels, in which is imbedded minute follicles, or vesicles, of the size of a mustard-seed, the vesicle, of the Graaf, hence called the Graafian vesicle, which discharge the ovum. Every month the ovaries are subject to congestion, causing the rupture of one or more of the Graafian vesicles contained in their substance, and their subsequent escape into the open and frustrated extremity of the Fallopian tube, leaving a cicatrix and corpora lutea, with the other phenomena attending normal menstruation. The ovary is therefore likely to become the seat of many different kinds of derangement, both organic and functional.

The most frequent disease of the ovary, that, therefore, which is most most commonly in practice is the conversion of this organ into numerous cysts of various sizes, which contain a fluid; this constitute ovarian Dropsy. Under this title are also included solitary ovarian cysts in the neighborhood of the uterus in the folds of the broad ligaments, connected with, if not imbedded in, the substance of the ovary, and also dropseial dilatation of the Fallopian tubes.
When the Ammon consists of seeds or cysts of various sizes, which do not originally communicate with each other, it is said to be multilocular.

When consisting of a single cell, it is called unicellular.

The unicellular form of ovarian cysts is very rare and not nearly so dangerous as the multilocular, as it undergoes but few changes. It is much more amenable to treatment.

The multilocular form again is very frequent. Though originally the cells of which it is composed do not communicate with each other, yet, after a while, as their number increases, and their size becomes greater, their walls become absorbed, and cellular are thrown into one cell.

The Parietes of the cysts may be demonstrated to consist of three membranes of which the middle is fibrous and the external and internalkerous. They vary in thickness, and in size at different parts, being always smallest at the lower and back part and largest at the higher and anterior part, because there is less opposition
to its growth in this direction from presence. This is a fortunate circumstance, as it renders the operation of tapping for its relief safe and practicable.

When these cysts occur in the broad ligaments, they are very small, and are supposed by some French authors to be abortive eggs. This however requires investigation. Rupel and others have stated that they have seen ovarian cysts containing hydatids. But we know that hydatids have an independent life being nourished by their own blood vessels, and as Rupel has figured in his plates vessels running into the hydatid, the existence of these hydatids in the cyst is admirably of great doubt. The dropping of the Fallopian tuba may be the result of the feeling up of some of their ends, thereby causing dilatation and accumulation of fluid in the interior.

Dr. Hodgkin, who has lately paid great attention to the structure and mode of formation of ovarian cysts and tumours, gives the following description of the multilocular.
eyes." In this form we observe on the interior surface of the principal cyst, elevations more or less rounded, of various sizes, projecting into the interior of the cavity and closed by a membrane which is continuous with the lining of the principal sac.

On making an incision into these annulars, we find they also consist of cysts of a secondary order, filled by a secretion of the serous, but almost as frequently mucous. This however much by this secretion that these cysts are filled. On looking more minutely into them, one shall generally find that from one or more points on the interior of these cysts there grows a cluster of thin or fairly cysts upon which is reflected the lining membrane of the cyst, in which they are contained. The proportion which the contained cyst bears to the cavity of the membrane reflected over them is extremely various. Sometimes the fluid, especially if it is of aserous character, nearly fills the containing cyst while the bulk of cyst is of very considerable size. At other times the superior cyst is almost entirely filled by those of the inferior order, in which
case we generally find that the nodules or tuberous elevations, which we may have observed on the surface of the remaining cyst, are occasioned by the unequal development of the contained cysts. For those which have grown most rapidly and have attained the largest size, rapidly dilating that part of the cyst which is reflected over them produce a kind of hernia at that part. It sometimes happens that the dilatation occasioned by the growth of the contained cysts is sufficient not only to distend the outer surface of the containing cyst, but actually to produce a cystine which admits both of the escape of fluid contents and of the unimpeded growth of the secondary or tertiary cysts, which then originate from its internal surface."

Most authors are agreed that the disease is a trophey of the Graafian follicle, whether this is universally the case, appears, perhaps, but there is no question that these cysts often originate in a morbid dilatation of the Graafian vessels.

The contents of the cells vary much; in the first stage they are viscid or gelatinous.
when the cell are long, they become more fluid, so as to pass through a break when there are many cells, contents of different characters are sometimes found in each. These may also be found melanotic deposits, and other carcinotic deposits and excrescences.

Various changes may take place in these tumours before the death of the patient. They may become purulent at the base of the floor, and inflammation and ulceration be the result. When inflammation does take place, they contract adhesion to the surrounding organs, and pur is forced into their cavities. If pur be evacuated into the peritoneal cavity, fatal peritonitis will result: if, after a time, purulent fluid escapes into the peritoneum, from the continued pressure and irritation of the abdominal visera, and the drain on the constitution, inevitable death is the consequence.

In the common sense of the term malignant, however, bronchial dropsy cannot be said to be so. It does not consume the surrounding tissues by involving them in the
same degenerate structure with itself; it has no tendency to reproduction when the growth removed; it has none of the properties of the malignant tumour and yet assumed, if left alone, it will lead to the death of the patient.

The progress of ovarian disease is here exceedingly variable; sometimes it is very rapid, sometimes very slow. It may destroy life in a few months; it may continue a mere burden, with scarce any fatal tendency, for many years.

This disease may cause the death of the patient in several ways. 1. The tumour may, as before stated, become impacted at the base of the pelvis, and compress upon the vessels which go to supply the lower extremities, so as to stop all circulation in them, and produce gangrene, or death of the limb, a circumstance certainly of the greatest hazard to the life of the patient. 2. Patients may die from compression or displacement of the diaphragm, for as the ovarian tumour arise in the abdomen, it pushes up the diaphragm, com-
Pressing the Lungs and Heart, and producing death by asphyxia, if preventative means are not had recourse to in time.

3. Death may also happen in consequence of inflammation of one or more cysts, their bursting while in a state of suppuration; if into the peritoneum, death must ensue. By this prematute collection, a hectic fever is produced, and in this way also ultimately carry off the patient.

Having thus stated all that it is necessary for you to know of the nature of this disease, the symptoms, diagnosis, and treatment remain to be considered.

But before touching upon these most important points, do we know anything with regard to the cause of cancer, which produces this affection? The disease seems to a very great extent to depend on constitutional or hereditary taint, for if inquiry be made, as to whether the relatives of a patient labouring under ovarian disease have been affected by it, in many cases, it will be found that other of the family have been the subjects of it. It is more common in the married
than in the unmarried female; and it is chiefly known to commence during that period in which, if the organ is healthy, it is insusceptible of its proper function. barren and fruitful years are alike subject to the disease, but in what relative proportions, we have not been able to determine from statistics. Prenn attributes it to damage received during difficult labour, or by violent motion, fall, etc. Another thinks it constitutional and the result of a chronic diet, whilst Capmen believes that celibacy, sterility, and old age predispose to it. It is not uncommon to find that hair, cholesterine, teeth and other moves in the diseased ovary even of infants and there have been attributed to a false Conception. Many circumstances, however, are left unexplained by this theory. As to the cause, then of barrenness, we really know nothing: we may suppose this and that, but we cannot assert it to be fact.

The Symptom, attendant on barrenness, are very various, the principal arising from the effects of some
in neighbouring parts, which, of course vary
as the position of the tumour varies. For
months, and even years, if the increase of the
disease is slow, it will continue in the cur-
ity of the pelvis; in such a case, the symptoms
are very obscure, so much so to be seldom, if at
all, observed by the patient; the leg often swells
on the side on which the tumour exists; and this
is an unusual failing of weight in the pelvis.
Some hold that in this affection the menae
are entirely suppressed; such an opinion is
most erroneous, exceedingly apt to mislead. Its
irregularity assertion is the exception to the
case. This exception also is so often in-
terrupted under other circumstances that its
disregagement does but little light upon cases
that are otherwise obscure. When the menae,
continue to recur, we may presume that one
at least of the ovaries is in a tolerably state;
when both are sensibly diseased, the enlarge-
may be supposed to be wanting. As the sym-
ptoms must vary according to the size of the
tumour, it would be needless going over them
all in detail; they will more conveniently
fall under the head of the
Diagnosis of Ovarian Dropsy.

As in most other disease of important organs, it will be most convenient to consider this under the division of functional and physical diagnosis.

The functional signs have been already stated. Being subclinical, such as rise from pressure on neighbouring parts, occasional dysuria, pain felt in infra iliac region with tumor which may be felt low in the pelvis. Sometimes when the tumor increases in size, there is constipation, spitting occasionally occurs. Still no one wants think of containing himself with these functional symptoms, on which in truth but little reliance is to be laid.

Physical Examination is absolutely necessary. By a vaginal, rectal, and pelvic examination these may be learnt them by all the functional symptoms put together no certainty can be arrived at without it. By introducing two fingers into the vagina, we may discern a tumor between it and the rectum, and if the finger be then fluid may be detected or the finger may also at the same time be
introduced into the rectum, and with the
other hand outside, the tumour will be detected.
It may however be confused with other
malign states. What are these?
1. It may be a hyperemia of the uterus,
the patient being the first felt nothing in
more common than this mistake. By pass-
ing the uterine sound, all difficulty is avoided
in this sense.
2. It may be mistaken for hemorrhoidal matter
in the rectum itself. By making the
anastomosis at the same time as you make the vagi-
nal examination, or by passing upon the tumour
through the vagina, thereby of course, no speck,
making an indentation, which always, upon
from your diagnosis. Perhaps remove the difficulty.
3. Kings of may be inflammation or abscess
of the broad ligament of the cellular tissue
between the vaginal fleshy. Here the
previous inflammatory symptoms will be a
true guide, and the mobility of the ovarian
tumors, so enhanced with the firm attach-
ment of the inflammatory swelling the pri-
vate.

These difficulties are to be met with when
The tumour is still confined to the pelvis, but probably the medical man may not be called to see the patient, as it has not attracted her own attention, till the tumour has grown upward, which it invariably does. From the pelvic fascia leading its downward course, and then it may be confounded with the bladder. Puncture is very reliable in forming a correct diagnosis between these two bodies. As regards the abdomen, tympanitic or percussive; in ovarian dropsy, dull. In the same, the fluid gravitates to the hypochondriac and umbilical regions, compressing the patient in the horizontal posture. In the latter, the fluctuation is increased. With regard to the poison fluctuation, which is considered by some a diagnostic mark, and among others, by Dr. Lee in his work on "Ovarian and Uterine Disease," where he speaks of the fluctuation being "very obvious," not much reliance is to be placed upon it. The shape of the abdomen is also characteristic. In ovarian disease, the shape does not alter, the wall, still projected forwards; in hiatus, the abdomen is flattened. Dr. Hamilton in his Practical...
Observation. Propose the operation of tapping as a means of diagnosing between these two diseases. He says: "The peculiar appearance of the fluid, which is clear of the ovarium is commonly amber-coloured, and of the consistence of melted calf's-foot jelly, but more particularly the collapsed size distinctly perceivable on the day after tapping, like the contracted uterus, on the day after delivery, afford certain evidence of dropping of the ovarium." This however is not always so, if a vaginal examination be made, and other signs be observed, as already stated.

5. A distended Bladder may be mistaken for Ovarian Dropping," says Blundell. By passing the cathette the difficulty is got of.

6. May be confounded with Pregnancy. Now Auscultation comes to our aid. For if the sounds of a foetal heartbeat the placenta, the hearer has proof sufficient of the nature of the disease. Yet Goold not speaking of the normal sounds of other nations, two cases of ovarian tumours, one case of ovarian tumour.
one, accompanied by "bruit de sanglot et intermittente" and this he attribute, to the
pressing upon some large artery. By a
vaginal and rectal examination if necessary
Together with the functional symptoms,
Obstetric disease may be distinguished from
Pregnancy.

7. It may be mistaken for extra-uterine
Pregancy, and in it be distinguished by
the history of the case, the functional sym-
ptoms, and a careful external and inter-
nal examination.

8. Uterine carcinoma, particularly of the
uterine nature may be mistaken for it. In
such a case, recourse must be had to the
uterine sound, for which the Professor
is so much indebted, as for many other in-
voluminous improvements. - Dr. Simpson.

By mere physical examination, however, with
the finger, the mass may be felt in the abdom-
inal pelvis, forming a part of the uterus.
The ovarian tumour is smooth, while the
fibrom is usually nodulated and irregular
on its surface. Usually the latter, the prog-
nosis, being collected together, with.
induration between them. The State of matter is never found in ovarian disease.

9. It is to be distinguished from Metastatic disease of the liver, by its rapid growth. On this point Clarendon says. "Rapid growth, when it occurs, is an

excellent Diagnostic: for though slow growth is in certain diseases proof of a slow accumulation, we may be almost certain that the tumor is enlarged from dropsy,

Rheuma-dropsy; or at all events, an internal accumulation of one kind or other, if the

growth have taken place in the course of a

few months."

10. Ovarian Tumors are sometimes difficult to distinguish from Hydatidous, Benign. Ovarian dropsy increases from below upwards; disease of Benign from above downwards, and if the uterus could be used to the latter fixed - the ovarian tumor is displaced by pressing it upwards while the latter remains in Situ.

The most important part of this subject remains to be treated viz.

The Treatment of Ovarian Dropsy.
When we have the opportunity of treating Dravieu dyspepsia, from the colon evacuation, the patient finds that the swelling pain is blunted or tender. The third may require repeated local blood-letting by denudation or leeches, homatropin, hister, digestive medicine, and opiates. But from such remedies or from any remedy, little more than temporary relief is to be expected. With regard to the use of dinatrium, Dr. Bower states that when "they produce any effect, it is chiefly that of removing physical affection combined with this disease. With regard to their power, or the power of any other medicine to diminish the size of this organ, any opinion is that they have no more influence on it than they have over a malignant tumour on the shoulder, or over the disease when it occurs in the heart, or over the configuration of the face of the patient's case." With regard to their (Parmeater) use, Dr. Simpson also remarks in his course of lecturing this Session, "I am of opinion that they possessing no more power of demonizing the tumour than that
they could remove my head or hand by any action on my system." And many
Monamines and alkalis, too, have been tried out as specific, but they
are of no use, says Dr. Simpson.

In the power of absorption in the cells of
the human, as we have no absorbers
on their surface. All in fact are not
agreed that the treatment of ovarian dyspe-
psy means of their medicinal agents is altogether
out of the question. Instead their use
is attended with bad effects. From the de-
pressing and debilitating effects they
produce on the system, as it is a rule never
to be deviated from in any instance, that the
patient's health is kept at the full standard.

For the more the system is depressed, the more
will be the progress of the disease. But at
the same time, it must not be forgotten that
that the mechanical symptoms are to be
relieved as organia, Constipation, and for the
purpose of preventing the tumour from rolling,
a blend of Indian calab, as recommended
by Simpson, should be adapted to the size of
tumors. Medicine has in general very small, if any, influence over the progress of this disease. The case, that do well, do well we scarcely know how or why; the cases that prove fatal, cure their course in spite of surgery, however, can be of some service. Of all the surgical expedients that have been proposed, the most available and the most commonly resorted to is Caracenteria, which consists of tapping the tumor, when of large size, through the puncture of the abdomen, with a needle and syringe. It should be a rule, however, that active interference should be suspended as long as possible; but when this can no longer be done, when the tumor is such as to threaten the life of the patient, it is plainly the duty of the medical attendant to operate. Tapping, however, is merely a palliative, not a radical cure, and even after all, it is an unsatisfactory remedy; even in cases the most favorable, tapping exposes the patient to inflammation, adhesion, suppuration, emaciation, apoplexy, and death. In proof of this statement that tapping may prove fatal, it will
be sufficient to mention the case of the late Mr. Chevalier, who had once occasion to tap a very containing nineteen gallons. In this case it was thought proper to proceed with caution and the water was drawn off and all at once, for the sudden collapse would have been dangerous, but at three or four different times; yet, notwithstanding the prudent manner in which the operation proceeded, extensive inflammation of the cyst ensued, and the woman died hiccup, at the end of a few weeks, with one or two gallons of purulent matter in the cyst.

As the operation of Paracentesis has been found satisfactory, several plans have been proposed in order to obtain a radical cure.

1. It has been proposed, that, as in hydrocele, after the tunica has tapped, Tincture of Jodine, Ointmine, or some other calcining injection should be引进 in, as to excite inflammation. The due amount as to produce adhesion of the walls of the cyst. However, it has been impossible to keep the inflammation where once lighted up within due bounds, and results show many fatal cases. On the same principle, they have proposed bringing about the same result by
a seton or by leaving a cannula in the wound, others have put needles through the sac. Although the needle passed current of electricity, all, however, have been without success. Dr. Simpson tried this last method in at least ten cases without success, and such an amount of inflammation was induced as to lead him to fear a repetition of the operation. The principle on which this last method of employing the needle and saline battery, was that of decomposing the contained fluid, or thus promoting adhesion.

3. Percutting the tunnus through the vagina or rectum has also been proposed and practiced, but without that success which in theory it seems it would seem likely to meet.

3. Compression of the tunnus has been proposed, but there is no power of absorption in the tumour, as already stated, it can be of no benefit. Nature however sometimes more successfully. Occasionally it utters spontaneously or in consequence of some accidental violence the tumour bursts into the cavity of the genital tissues from which the fluid may be absorbed, or the fluid may escape through some channel of communication with the womb, the vagina or
Madda, or especially through the spinae. These operations of Nature have been initiated as mentioned above, but not with the same success. Dr. Blindell in becoming aware that nature, by rupture of the bursae, evacuation of the contents into the peritoneum, and their rapid absorption, effected cure. Proposed removal of a circular piece of the cyst, of sufficient size to give him a reasonable hope of it remaining open for life, and of the fluid passing into the peritoneum and becoming absorbed; but we have no extensive collection of cases, to show the success of this proposal. As an improvement on Blindell's plan, it was suggested to make a transverse incision with a Heavy Knife, and then make the opening into the bursae, for the outlet of its contents; what results this last proposition has met with is not known, as we have no statistics in the matter.

Next it has been proposed to cut out the diseased Ovary, which operation has been termed Braverstomy. The abdomen, in the main, operations laid open from the Sternum to the pubis; a ligature is then passed around the pedicle by means of a needle for the purpose; the pedicle is then cut through, and the disease
But of late a modification of this process has been proposed and practiced a minor operation. Not a long but a small incision is made through the abdominal parietes, and the peritoneum is as to bring the surface of the diseased ovary into view. The cyst is then cleared by means of a ligature from adhering involucrum, and punctures, and its contents are allowed to escape. When the sac has emptied itself, it is withdrawn through the external orifice by means of gentle traction. A ligature is then tied round the pedicle, the cyst is cut off, the uterine appendage returned into the cavity of the abdomen, and thus the wound is brought together. It is needless here to go into the subject of the legitimacy of this operation, about which there has been while in so very great difference of opinion. As such, the operation has its difficulties; sometimes, it is quite impossible to separate the diseased ovary on account of the adhesions; but, were one daring to perfect this means of it, there is no question, many lives would be spared. The disease it appears to remove
in a very serious case frequently involves the life of the patient, so that something must be done, if the patient is to live at all. In such a case, provided the diagnosis be well made, and the cure be right, that nothing but death is staring at the face of the patient, it is plainly the duty of the Surgeon to operate. If the disease be wholly local, there is no return of the disease, for, as we have shown already, it is not malignant. The operation is attended with great danger and mortality; all operations of a grave nature, in Surgery, are so; but it is unanswerable proved by Professor Simpson that there are operations, whose legitimacy is not even questioned by Surgeons, in which the mortality is equal to none greater than in Operative Surgery. (Many tables of Statistics might be inserted here in proof of the above statements; that, however were needless: it would merely fill up space, and increase the bulk of this paper, a thing the writer has avoided, as he is quite certain the perusing Professor will think it long enough without them.)

While however, we think there are
case, which necessitate this operation, there are many, many more which do not, which should therefore be let alone.

Dr. Lee in his late work "On Ovarian and Venerie Diseases" has this remark on the operation: "On the practice of perforating the ovaries when diseased, it is not necessary to offer any observation, as it has been abandoned by all who have made themselves acquainted with the pathology of these organs." After so much has been written upon it, so well, and after it has been proven that the operation has been the means of saving a single life, may not such a case occur again, to test whether there is to be had by the operation? Most assuredly, may not such a care occur again, to test whether there is to be had by the operation? Most assuredly, the operation is not to be forgotten abandoned; perhaps few care require it, but if the account be to the operator, if the diagnosis be well made out. If the case require it, the operation may be performed with success: may, should be performed, if the Sixth Commandment is to be observed, "Thou shalt not kill."