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Thesis on an Dropsy

by

Thos. Savage
Thesis
on
Ovarian Dropsy
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The subject that I have chosen for a thesis belong to that class of diseases peculiar to females, and are at all times interesting to the physician and accoucheur, for in many of these affections, it is only by a knowledge of the function of their various organs that we can expect to mitigate or cure, their well-known excess of sensibility and irritability. render them peculiarly liable to many distressing affections, in which the Nervous and Nutritive system are greatly involved. The Morbid changes whether functional or organic, induced in the Uterus and its appendages, establish a distinct class of diseases, peculiar to females, and of great importance, the changes continually sustained by the Uterus at and after
puberty, and the peculiar function of
which it has to perform, renders it open
very liable to various disorders. Although
this disease has too often been considered
incorrigible and beyond a palliative
Treatment. Many have been left to their
unhappy fate. Still I am inclined
to think that from the attention that has
been made of the disease within the last
decades, that accouchers will look
upon the cure of this disease, in a more
favourable light than heretofore, as at
least, that the chances of cure are as
favourable as some other affections, that
are in the habit of advising and
performing for their relief and cure
various surgical operations.

Ovarian Dyspepy. A disease which
is characterized by the formation of cysts
within the ovary exhibits a peculiar
tendency to extravagant development, a
circumstance that may be attributed
to the reproductive powers of the part,
to the proportionate large supply of blood, and to the entire exemption from all pressure. This disease has been long known and described by various medical authors, we find an excellent account of the history and symptoms of a case in 'Bonelli Sepulchrum', Tom. II Oeuvres IX. de ventris tumore, and a report of the post Mortem appearance, in 'observations IV. "ab hydatide testiculi sinistri multibus vicem occupante.' And from some quotations by Hippocrates, I am led to believe Hippocrates wrote an account of the disease in his book 'diatet.' Since their time by Lee, Hodgkin, Dr. Simpson, Barnett, and Brown with many others. This disease affects married women, in a much greater ratio than the single, as shown by the cases collected by Mr. Lee, for the purpose of determining this point. Of 136 cases he found that whilst 99 occurred in the married, there was only 37 cases amongst the single, showing a proportion of 3 of the former to 1 of the latter. Hence we are led to believe
that there is some difference between the
the excitement of the ovary in case of impreg-
nation, and that which takes place during
an ordinary catamenia, but of which we
are as yet ignorant of. As regard to the time
of life that women are most liable to
this disease, of 140 cases of Mr. Lee it appears
that the minimum of cases occurred between
the ages of 15 to 25 years, the maximum
between the ages of 50 and 60, after which
time the disease is found to diminish
gradually in frequency, and beyond
60 it is of rare occurrence. Many consider
this affection of inflammatory origin, but
chronic in its nature, whilst Bucellier,
Rapt. Lee, Seymou Watson, are of the opinion
that the cyst or cysts, take their origin from
one or more enlarged lymphan bodies, and
Hodgkin admits of this being the case in the
simple or Unilocular variety, but believes that
the Multilocular form arises from a new
formation, producing cysts that are capable
of growth and of developing others, the lining
Membrane of which had the property of
of secreting fluid, to an almost indefinite quantity.

Pathology. This disease has been divided into the Simple Unilocular and Compound Multilocular or Polycyclic. Simple or Unilocular cysts are globular bodies filled with fluid in their interior and formed of an envelope with a single cavity. They may be single or numerous, and occasionally we find an ovary scarcely exceeding the natural size, in which the stroma has disappeared, and is replaced by minute cysts, varying in size from a pin's head to a pea or larger, occasioned by dilatation of the Graafian vesicles by a morbid increase of their contents, which may be also changed in its character. But this has been objected to, on the ground that these cysts often exceed the number of Graafian vesicles. But here we are met with the question. As to what should we consider to be the usual number of vesicles, yet when we find an immense number of these sacks, we may endeavour to account for their origin differently.
This leads me to speak of their Middle origins.

I. Cysts may arise from a portion of preexisting becoming distended and its cavity lined by a secreting membrane.

II. By a duct becoming obstructed and its lining membrane assuming a new power of secretion and the fluid collects.

III. They may arise from a new growth formation, and those already formed during the power of producing others in their interior, constituting the Multilocular or profuse cysts, of Dr. Hodgkin & Paget.

The simple variety that I have partly described, would come under the I and II variety, the cysts are found to be composed of an external or serous covering, a middle or fibrous, and an internal smooth secreting membrane described by P. Bennett as a delicate membrane covered by epithelial cells. These cysts are very vascular, the blood vessels are placed in the middle tunic. The various tunics are liable to be hypertrophied or enlarged, they are generally thicker toward the base, and the
and the ovary from which the cyst arise, is generally found atrophied, but it may be hypertrophied, and has been mistaken for growths of various kinds, and we often these cysts apparently arising from such.

The contents of this simple variety generally consists of a clear pale yellow serous fluid, which may contain a small quantity of albumen, and epithelial cells, with Ulceromataceous, Seborrheomataos, and Melanomatoous Matters.

II. Compound, Multilocular or Producing Cysts. This is the form of disease that most frequently attracts our attention, and it differs from the former variety in appearing to be a new disease, forming possessing the power of self-multiplication or of producing similar cysts. Dependent upon some disorder in the junction of nutrition, these cyst vary greatly in size from that of an orange to a child's head and larger. According to the duration of the disease, externally, they present one or more globular masses, their walls being
generally thicker and denser, than in the simple variety with more or less adhering to the surrounding viscera, upon making an incision into one of these primary cysts, the them lined by the same delicate membrane as in the former variety, and growing into its cavity and find other secondary cysts, that are found to push this lining membrane before them, and they appear to be attached to the middle or fibrous tunic of the original cyst. But it is supposed by Lee, that they are entirely independent of the original cyst, and are formed in the stroma of the ovary, external to each other, and during their growth they encroach upon the cavity of the original cyst, and push its lining membrane before it, and often tertiary cysts are found occupying the cavity or interior of these secondary cysts, following the same mode of development. Sometimes we find a number of these cysts attached to the inner wall by narrow constricted necks and such a number may arise from a small space, as to interfere with the lateral development
of each other, and so they become much elongated, this variety comes under the head of Pedunculated cysts of Dr. Hodykin; who states that sometimes these pedunculated cysts are very vascular, but at other times they are apt to lose their vitality, from the continued pressure of adjoining they become strangulated detached and fall into the cavity of the original cyst, and the remains of these pedicles, may account for the bunches of slender filaments, that are occasionally found attached to the interior of some cysts, being the remains or pedicles of those cysts that have lost their vitality.

There is another variety of secondary cysts, that arise by broad bases, from the pedicles of the former cyst; they are less liable to lose their vitality, than the former variety, these different forms of secondary cysts tend to occupy the cavities of the original cysts, conceal its internal structure and internal configuration, there is a peculiarity of these cysts noticed by Dr. Simpson, that the larger cysts are found to occupy the most inferior and anterior part of the tumour, owing
to the circumstance of those being detached in that direction.

Again, these cysts may prove exquisitely, and then we find that the external surface of the tumour, is covered by a layer of epithelium, similar to that which lines the interior of the cysts, that I have just described. And secondary cysts arise from its surface by a short pedicle and tertiary cysts arise from the secondary giving the appearance of a bunch of grapes. This form seldom attains the size of the former variety. If the external wall of the endogenous form should be very resisting to expansion, we often find that the walls of the secondary and tertiary cysts become atrophied from mutual pressure and ultimately will be completely removed and thus a tumour that was composed of many cysts may be converted into a simple or unicellular cyst.
to the circumstance of the being less abstraction in that direction.

Contents of these cysts are exceedingly various. It may be serum, or something much resembling mucus. Again they have received different names according to the nature of their content, as hygromatous, atheromatous, melicercous, steatomatous, and cholesteatomatous, from the contents resembling water, sap, honey, fat, a mixture of fat and cholesterine, and the opinion has been advanced that their contents were similar originally. But changed by undergoing the fatty degeneration, and in the sutures of we find a number of cholesterine plate adhering to each other, and resembling coagulated albumen. The contents may also vary in color. It is common for it to be amber colored, or that of coffee, and others have been found of a greenish color in one part, with all shades of green in another, caused by some chemical action. In doubt, again, they may be colored by blood with all the different shades that we find in extravasation of blood undergoing
in other parts of the body. Again, we may find these cysts filled with a substance resembling
juice or jelly in consistency and colour, which has been called colloidal cancer by some
authors, and if a mass of this substance
should be turned out from one of the cysts, as
often may be done, we find that the inner
Epithelial lining adherent to its surface.
It has been observed that these differences in
colour, consistency and quality, are best seen
after frequent sappings, sometimes the internal
Membrane partakes of the Nature of Epidermis,
and we find hair, teeth and small bones
growing from it. So that formerly it was thought
that they were the remains of a higher fetus.
But similar substances, in these tumors affecting
other organs, having no connexion with the generative
or Glandular system, a tumor in
the anterior Mediastinum containing a
pustule of the Superior Maxillary bone, some
hair and teeth, and Mr. Hodgkin thinks
that he has observed a relation between
the thickness of the walls of the cysts,
and the consistency of its contents,
contents, being in direct relation to each other.

Chemically, it appears to consist of albumen, water, fatty matter, cholesterol, and various alkaline salts, the chloride of sodium, sulphate of lime and soda.

Symptoms, from the insidious and painless nature, slowness of growth and non-interference, in its early stages, with any particular function. It may exist for some time, before we have proof of its presence, its growth varies much, for it may appear stationary for months, and then from some unknown cause it increases very rapidly. But generally it grows slowly and gradually, and its presence may be discovered accidentally by the patient. Then, upon examining, be found a swelling or tumour in one of the pelvic regions, and Mr. Lee found that in 93 cases, the right ovary was affected 50 times, the left 35 and the two ovaries only 3 times. In modulated and generally insensible to the touch, and more or less movable. As the tumour increases in size, the patient
May suffer from a sense of weight and fullness in the pelvis, with a dragging sensation. And the tumour is apt to press upon the rectum, and impede the passage of the feces, and produce tenesmus, and form pressure upon the bladder cause dysuria and retention, or incontinence of urine. According to the situation of the pressure, numbness and tingling sensation of the lower extremities, with more or less oedema, from pressure upon the veins and large venous trunks of the pelvis. The patient suffers very little constitutionally, the Catamenia are not at all times regular, but seldom entirely suppressed, unless indeed the two ovaries should be affected to such an extent, as to distend, involve, all of the Graafian vesicles. Dr. Brown describes peculiar emaciation about the neck and shoulders. The face is elongated, thin and shrivelled, great anxiety of the countenance, eyes remarkably defined, indeed the whole areolar adipose tissue of the face is atrophied and leucodermyotic, but without that peculiar
Sallow, leaden hue so characteristic of the malignant diseases. The chief source of suffering, before the tumour has reached a very large size, is purely mechanical, but eventually the more important functions sympathise. And there is great irritability of the stomach, with constant nausea or vomiting, which reduces the patient very much. But this latter symptom varies much in different cases. In some instances, the mamma are affected sympathetically, as in pregnancy, and later in the disease the abdomen that has been gradually enlarging assumes an enormous size; the integument is very much stretched and fissured, and the superficial veins quite apparent, and the oedema of the legs much increased, and the patient suffers greatly from dyspnoea on account of the impediment offered to the descent of the diaphragm. Upon percussion, we find the space occupied by the tumour very dull, and the sides of the abdomen, much or less tympanitic, from the intestines being forced there, and the latter...
is found to be present in whatever position we may place the patient, from such a combination of symptoms, irritative or hectic fever may set in and prove fatal or the cyst rupture and cause intense peritoneal inflammation quickly proving fatal. But in some rare instances the contents are of such a bland nature as to excite very little irritation and the fluid may be absorbed, being nature cure of the disease, although I have spoken of the disease as being attended with much pain. In some cases it appears to set in with sharp pain in the situation of the ovaries, with tenderness upon pressure, and during the growth of the tumour, the patient may suffer acute pain in the tumour with symptoms of inflammatory fever, the tumour may terminate by the cyst ceasing to grow, whilst in its early stage which is very favorable, or the sac may form adhesions to the surrounding viscera, as the bladder vagina or intestines, and ulcerative abscess take place and a communication made by which it may empty its contents into
one of the organs mentioned, perhaps may be justified in saying that we have no positive indication that the ovaries are diseased, or that it is affected with this form of disease until we have made a vaginal examination, the mode of doing so I shall speak of under the head of diagnosis.

Diagnosis. This is often a question of much importance from the possibility of its being mistaken for pregnancy. cysts, distended urinary bladder, and various kinds of pelvic tumours, I shall first state the differences between this and the pelvic tumours, and the mode of making an examination. Keeping in mind that the uterus is situated in the centre of the pelvis, with the broad ligaments on either side, the ovaries being posterior to these, and occupying the space between the uterus and rectum, we should order the patient to have an enema an hour or two beforehand, then place the patient upon her left side as in labour, and introduce one or two fingers into the vagina, passing them behind the cervix uteri.
Under the head of pregnancy I forgot to mention the great aid that we would obtain in our diagnosis, by enquiring if the catamenia were suppressed, and also we might employ dilatation, taking the precaution to apply a hot external. When the impulse is felt to pass directly, supposing the womb contained anybody, and we could examine the state of the cervix uteri, as to its gradual obliteration in pregnancy, and if we failed in these various means failed, we would be compelled to withhold our diagnosis, and time may solve the mystery.
Where the Mucous Membrane is reflected, and by making pressure upwards and backwards, he may feel a round, solid, elongated body that is movable, and we may be more certain by introducing another finger into the pouch, and seizing the ovary between the two fingers. But this round body may be some inflammatory effusing beneath the pelvic fascia, or in the broad ligaments, but inflammatory effusions are generally firmly attached to the peritoneum and immovable. This disease may be mistaken for Pregnancy. But in this we have an almost infallible guide afforded by the Stethoscope, for if the cardiac sounds should be perceived, the difficulty vanishes, but the ovary may be affected at the same time. But if the uterus is still in the pelvis by examination we may distinguish two tumours and placed behind the other, and the abdomen may have been enlarged before she became pregnant. In regard to the placental trouble, not much dependence can be placed on it, unless indeed it should be heard in connexion with that of the heart. (See opposite page)
II. May be mistaken for ascites, but in this disease, there is almost always manifest indication of constitutional suffering and disturbance, with a hollow complexion, debility, and emaciation; the morbid accumulation results from disease of some organ, of which the function cannot be impaired without injury to the whole system, an ovarian cysyg is circumscribed. While ascites is diffuse, and the fluctuation is more evident and situated inferorly, whilst the fluctuation is superior in ovarian disease, and by placing the patient in the recumbent position, in ascites the abdomen will flatten from before backwards, and the sides bulge out, and percussion will be dull in the most dependent part. Whilst in ovarian cysyg, the abdomen will be prominent at one part, and lower percussion is dull, whilst the lateral parts are tympanitic, whilst the upper part is tympanitic in ascites from the intestines floating, but when the abdomen is very much distended, the diagnosis is more difficult, and we may have to judge from the former history of the patient.
III. Retroversion of the Uterus. Here we find the
uterus lying forward. The most accurate diagnosis
may be obtained by means of the uterine sound
as proposed by Dr. Simpson. When the direction
of the uterine cavity is found to be changed, and
the sound being introduced into the uterine
cavity, with one hand above the pubes, or two
fingers within the vagina, we may be able to
remove the tumour, without disturbing the uterus indicating
that the tumour is not uterine.

II. We may be able to move the uterus away,
the tumour being stationary.

III. The tumour may be moved simultaneously
again; the ovaries being situated behind the
gland ligaments, if a tumour is found anterior
to this it is not ovarian, the uterine sound
may be used to diagnose. Fibrous tumours
within the Uterus as the uterine cavity is
generally found elongated, and there is the
Mucous discharges that attend this disease,
and it seldom attains the large size of one
ovarian tumour but when the tumour passes
the uterus it may be destroyed and found the
insensible. I hardly think it possible to diagnose
IV. Malignant disease of the ovary. We could only infer that such was the case, by the patient complaining of pain in the feet, and more or less swelling, with a cachectic look, or similar disease existing in other organs, or hereditary peculiarity. Dr. Leyden describes the malignant form of this disease, may be recognized during life by want of nutrition, broken health, emaciation, the uneasiness and rapid growth of the tumour, the simultaneous enlargement of glands in other parts of the body, the occasional occurrence of lancinating pain, the pulse becomes quick and feeble, and as the disease proceeds there is hectic fever, and often apetite of the mouth with an inexpressible sense of debility.

V. Hydatid disease of the Omentum. When of long duration it is fluctuating and sound, but it is observed to void from above downwards, and by making the uterus stationary with the sterile sound, the tumour may be displaced upwards.
VI. A distended urinary bladder may be emptied by a catheter.

VII. Accumulation of feces in the rectum, by introducing a finger into the vagina, and pressing on the mass an impression is made that is permanent. We may also have to diagnose disorders of the fallopian tubes and of the uterus, and tumours of various kinds, occupying the recto-vesicle space, but from what I have said already, I should think it necessary to take up the remainder.

Diagnosis. Although the disease causes little constitutional disturbances, in the early stages of its growth, yet the danger is in proportion to the interference with the various functions, that I have mentioned whilst speaking of the symptoms, as that of debilitation and fixation, but more especially that of respiration interfered with the descent of the diaphragm from causing excessive flatulence, dyspnoea, and these symptoms are apt to cause hectic or cutaneous fever, that may quickly prove fatal, against which the patient should be seized with acute pain.
in the abdomen, with restlessness and quick pulse, indicative of peritoneal inflammation. From rupture of the cyst, there is great danger. If the urine should become very scanty, attended with stupor gradually passing into coma, again it is very unfavorable. If the tumor should increase very rapidly in size, and show indication of malignancy, we may also expect that the disease will prove fatal, in a short time if the patient is much debilitated, and the danger is much increased if the patient should become pregnant, owing to the cause of precipitate labour of Hulme. And may require active interference. The most favorable condition, is that in which the tumor ceases to grow. While in the pelvic cavity, and if the cyst should rupture and evacuate its contents through the intestinal canal, and some cases where it has ruptured into the cavity of the peritoneum, if attended with slight irritation, in conclusion I may say that the disease is generally fatal within ten years from the time of its discovery.
Treatment. If sometimes happens in the progress of the disease, the patient should suffer from acute pain in the tumour attended with more or less fever, it is advisable to maintain the horizontal posture and employ antiphlogistic remedies. But as regards the treatment of the disease itself, it should be our chief object by attending to the various functions of secretion and excretion, to keep the patient as near the normal standard of health as possible, and to guard the patient from the inconveniences of the disease, if the tumour should become impacted in the cavity of the pelvis giving rise to constipation or dysuria, we should endeavour to push the tumour above the bone of the pelvis and sustain it therewith by bandages and compresses, and thus by opposing one of the requisites to cell growth namely space may retard if not diminish the growth. As regards remedies for the disease all kinds of purgatives have been used with vain. Microscopical and Dr. Burns, says that when they produce any effect, it is chiefly by removing any derisical affection that may
be combined with the disease, and in this respect, they are most powerful immediately after
paracentesis, but not regard to their power or
the power of any other remedia of diminishing
the size of the ovariun. My opinion is that they
have no more influence than they have over
a a malignant tumour of the shoulder. This opinion
is also expressed by Dr. Watam and Ashwell,
but Dr. Beevan and Hamilton are more
langusine and the latter physician says
that in several cases he has succeeded in curing
or retarding the disease by compression,
warm baths, and long continued use of the
Chlorate of Lime, in association with means for
the improvement of the general health. Various
remedies have been recommended, as specifics
as the Liquor Potass and the various preparations
Sulphure and Mercury, but they are seldom
used at present, in fact when we consider the
pathology of the disease, the object for
which these remedies are employed, i.e. to cause
absorption, it seems an impossibility according
to the dissection of Dr. Hodgkin's and others. They
have never been able to demonstrate the existence
of abscesses in these tumours: except indeed
one employs these remedies as counter-vinstants,
its means of sustenance.—So that as far as
Medical treatment for the disease itself, in our
present state of knowledge, we may use the
words of Mr. Hunter. "He remarked that in these
cases where least was done, there was the greatest
success. If the tumour is mobile for it, watch
the appearance of dangerous symptoms, check
them when they are discovered, and medically
we have done our duty—and I may quote
from Dr. Waton as to the value of remedial agents
of days. "I have treated such casessuccessfully
with all the remedies of Chemic inflammation,
frquent localc bleeding, and the use of
Mercury till the galls were effected, with the
remedies of ordinary dropsy, diuretics and drastic
purges; and with remedies accounted
specific, the Legovine, the various preparations
of Jodine, and I must honestly confess to
you that I am unable to recall one single
instance of success."
Although medicine offers very little encouragement to the sufferings of the patient, still I think that I may be justified in saying that the surgeon does and shall now speak of the

Surgical Treatment.

Which may be divided into: Palliative and Radical. The most available means of affording temporary relief is by Paracentesis, which consists in evacuating the contents of the tumour, when of large size by means of a trocar. The operation itself though generally considered trivial is not without its dangers, and apart from these it must be borne in mind that paracentesis can seldom be a Mode of Cure, but simply a temporary relief from distress, and it should not be undertaken without there is every reason to believe that from the excessive dyspnoea and other attendant symptoms, that the patient life is in danger, during and after the operation, patients are often seized with faintness and convulsions, followed by death consequent upon the
Lines of death after the first tapping:

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<th>Weeks</th>
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3 died within 24 hours
3 days
1 month
3 weeks
12 weeks
2 years
3 weeks
8 weeks
15 weeks
Upon the withdrawal of each of a large quantity of fluid, and thus removing a degree of pressure, to which the abdominal sties had been for some time accustomed to, hence as might be supposed, the operation came into disuse, until it was shown by Dr. Meade, that this could be prevented by applying a degree of pressure equal to that exerted by the fluid, and that this could be done by means of a bandage, placed around the abdomen, which is the tightened as the fluid is evacuated, and the objection to this operation, is that the cysts are found to refill and assume their former size in a very short time, and the rapidity in which they again become distended, appear to be in proportion to the number of times that the operation is performed, and the first tapping is attended with more danger than the succeeding operations. At least we are led to believe this by a table given in Forbes papers of 14 cases, 15 of whom died within thirty days; or 30 per cent. of fatal cases after the first operations (see Table opposite.)
And it is truly astonishing, at the number of times that the operation has been performed upon some patients, and the great quantity of blood that has been withdrawn. There is a case mentioned by Dr. Waton, as occurring in the practice of a Mr. Martin, of Sarah Kippus, a widow aged 55, the complaint began after a miscarriage at the age of 21 from the year 1757 to August 1783. When she died, she had been tapped eighty times, and had in all taken from her 6,551 parts of blood. He should delay the operation as long as possible, for there appears the sufficient evidence to prove that the lives of the patients extinguished in the majority of instances after the operation, so much so that Dr. Night was of the opinion, that very few survive the first tapping more than four years. The operation is sometimes dangerous from the wound in the peritoneum, causing inflammation; or we may wound some part of the intestinal canal, if it should be anterior to the tumour. As to the mode of performing the operation, the surgeon should provide himself with a long and
Strong tumor with the canula fitting well and a bandage, the bladder should be emptied and the patient placed in a sitting posture. Although it is recommended by Mr. Snow to lay her to that the point that we perforate shall be the most dependent, and he also states that the recumbent position does away with the necessity of a bandage. Some advise the tumor to be perforated in the linea alba. Others recommend a point midway between the umbilicus and anterior superior spine of the Scutum. But perhaps we should be equally right in choosing that, where the tumor was most prominent and fluctuation most evident, first an incision may be made through the integument, but it is not essential, and then the tumor should be pushed hollow outwards, until the sac is perforated, and the canula left and tumor withdrawn. If symptoms of dyspepsia should supervene, the tube of the canula should be closed until the patient recovers, after evacuating the fluid. The bandage should be permanently tightened, and the patient kept close and kept quiet and on liquid for a few days.
II. Mr. Brown of London recommends after tapping, will adjust compresses of linen or
lint, to act as a cover of surface to the tumour,
and over this strip of adhesive plaster, to act
make it as permanent as possible, and then
a bandage to be applied around the abdomen.
This has the worn for some time and he is
inclined to think that it will retar the filling
of the case, if not to further development.

III. It has also been advised to produce
decomposition of the fluid by passing a stream
of electricity through the cyst, but we have no
statistics to prove its superiority over other modes
of treatment, that I shall mention.

IV. Again it has been advised in case of the
tumour being adherent to the abdominal walls
in case a septum through the cyst, thinly, and attempt.

V. Injections of various fluids have been
proposed, upon the same principle as in
the treatment of Hydrocele. It has been advised
only in the unicellular form of the case.
The injection of Iodine is generally used for
this purpose, diluted with three parts of water.

Dr. Simpson has used the tincture of the
Edin. Phae. undiluted. Throwing in two or three ounces, in some cases he has allowed a portion of the injected fluid to escape, in others the whole has been retained. In a number of cases it produced little or no effect, and in none has constitutional irritation or fever ensued. But this plan does not prove invariably successful in preventing the reaccumulation of the fluid, but the happy event does occasionally follow the injection, the only precaution necessary. It is to avoid bruising the hypogastric arteries, so the tracac should be introduced in the linea semilunaris, and we should be certain that the tracac is in the cyst before we inject, and be careful that the tube does not slip whilst we are injecting. I think that it would be advantageous to employ Mr. Benn's made of pressure, after injecting we hope that the sides of the cyst might unite.

VI. Dr. Blundell has advised the removal of a piece of the cyst about the size of a half crown, in hopes that the contents of the cyst may pass into the peritoneal cavity and be absorbed.
Others acting upon the suggestion of Dr. Blundell have recommended that the incision should be of considerable length, so as to allow the contents to pass out the more readily into the peritoneal cavity.

VII. The French surgeon de Bono recommends the production of an artificial evisceration in reference to the operation. He says, "Reflecting on the great temporary relief afforded by emptying the cyst, I thought that by preventing the cyst from refilling, a cure might be obtained or at least the life of the patient might be prolonged." The object of the operation is thus, that by making an incision into the tumour, through the abdominal walls, in the situation of the linea semilunaris, and allowing its contents the evacuate and prevent the opening from closing, by stitching the cyst to the margin of the abdominal incision, the parietes of the cyst will approximate by their elasticity and the pressure of surrounding organs, and from exciting a certain degree of pressure upon the residue of the cyst, less fluid will pass into its cavity.
And that which does not find an easy exit and ultimately the cyst will become converted into a mere fistula which will cause little inconvenience to the patient in proportion to the original disease. This operation has been performed several times successfully in France, Germany, and by Dr. Price of America. Mr. Bainbridge Liverpool has performed the operation twice, one of which proved successful. The operation is also recommended to be performed for benign or per rectum. I think that the operation certainly deserves trial and it may be the means of greatly improving the condition of persons suffering from this disease.

IX. Excision of a portion of the cyst. Has been recommended by Jefferson, Meek, and Hargraves. The operation consists in making an incision through the abdominal wall, extracting a portion of the cyst and excising it. But Mr. Wilson, considering the danger of returning the cyst without ligaturing any arteries that may have been divided, enlarged the abdominal incision sufficiently, to admit of the arteries being tied.
using fine silk ligatures and cutting them close, but the operation should not be performed if the cysts should be found very vascular.

X. Lastly, I shall speak of Sterilisation of the Ovaries or Ovariotomy. This operation probably took its origin from the consideration that the parts are not essential to life, or the enjoyment of health, as the operation is frequently performed upon some of the inferior animals unattended with great danger, these facts and the intractable character of the disease has naturally suggested this operation as the "derniersort". Then after frequent loppings we find that the patient is sinking, and that a repetition of the operation endangers her life, and although an operation of such magnitude, yet the disease being certainly fatal and the patient sinking, the moment (by consenting to the performance) only follows the example of many persons when they submit to various surgical operations. That Surgeons are in the constant habit of advising.

But I think that the great objection others
performance of the operation has been beneficial
in nock, as it deters many, from its frequent
employment in cases that might not have
been suitable. This operation has been advised
and performed by Senetar, Walpole, Kieffenbeck,
Lyons, Dr. Chap. Bell, Lister, Mr. Ferguson.

Speaking of the operation, says my personal
experience of the operation has been comparatively
limited; yet though prejudiced against it in my
early education, I am not bound to state that the
removal of such formidable diseases by me or other
of the various proceedings as first executed in
this country by Mr. Lysons, and now practised
by Dr. Hay, Bird and Mr. Brown, Wolfe,
and others, is not only justifiable but in reality,
in happily selected cases, an admirable proceeding
and Mr. Smith says "that it is by far the
most merciful plan of treatment, if adopted
early, in patients otherwise healthy, with a still
growing, but non-adherent tumour, and as to
its excelling mortality over other operations
I think that this has been set at rest by the
article of Mr. Landells in the Medico-Chirurgical
review of 1853".
Mr Phillips records the results of 86 operations performed for the purpose of extracting ovarian tumours. In 61 cases, the tumour was removed, in 15 adhesions or other circumstances prevented its removal, in 5 instances the tumour was found, of the cases in which the operation was completed, the tumour being extracted, 35 terminated favourably. In 26 instances it terminated fatally. Of the 5 cases in which the tumour was found, all recovered. Of the 15 cases in which adhesions or other circumstances prevented the extraction of the tumour, recoveries ledc, and for comparing the fatality of the major and minor operation he collected I. 55 cases in which the large incision was made, and among these there were 26 deaths, 23 cures, and 6 recoveries which were not cures.

II. Cases in which the small incision was made, not exceeding 5½ inches amounting in all to 27. Among these there were 7 deaths, 13 cures and 7 recoveries from the unsuccessful operation. In these cases where the major operation was performed, the deaths were nearly in every two, but where
the minor operation was selected. The deaths only amounted to 1 in 27 cases or nearly 3.5 per cent. I think it hardly necessary for me to enter further into the question as to the mortality of this operation in comparison with others. Suffice it to say that even according to Mr. Lee's tables the deaths were only 1 in 25 cases, according to others 1 in 3.

Ovariotomy has been divided into a major and a minor, the former consisting of making an incision extending from the pubis to the ensiform cartilage, or somewhat less if the tumour is not very large, and then applying a strong ligature around the pedicle of the tumour, and incising above this as shown before stated. The operation is not generally recommended unless the tumour is increasing and gradually approaching to a fatal termination, after the trial of the several palliative means before treated of. Supposing that the patient has been made aware of the danger attending the operation, we should employ such remedies as will render the bowels constive for 24 or 48 hours after the operation, so as to keep the patient
as quiet as possible, and it has been recommended that the temperature of the apartment should be raised to 70° or 80° Fahr. so as to prevent the upsetting effects of cold upon the peritoneum, then an incision of ten or twelve inches or more should be made in the linea alba and the intestines carefully drawn aside. Many advise a small incision to be first made and to introduce one or two fingers to ascertain the amount of adhesions, if there should be many it would be best to withdraw the finger and stitch up the wound. If not many enlarge proceed to ligature the pedicle, and many advise the use of a double ligature and the on either side — then after removing the tumor by dividing above the ligature, the intestines are to be carefully replaced, and the edges of the external incision brought together by sutures, and cold water dressing might be employed and the patient should be kept very quiet and no food allowed for 24 hours, or more.

Minor Operation This consists in making a small incision two or three inches long,
in the abdominal sacs, and puncturing the tumour, evacuating its contents and then drawing forward and apply a ligature around its base, and then dividing it above the ligature. The objection to this operation is the want of space. But statistics have shown that it is the least mortal of the two. After the performance of these operations the patient should be often seen, in order to meet the first appearance of inflammation if possible.

Dangers of the operation. I. Shock
II. Hemorrhage and Peritonitis

I. The shock of the operation may be diminished by the inhalation of chloroform and by the administration of a large dose of opium immediately after the operation.

II. Hemorrhage. This generally arise from the pedicle, that has been divided but if proper care and a double ligature is used this would seldom occur. But it may arise the adhesions that have been divided. Hence it has been recommended to ligature all the divided vessels singly.
III Peritonitis in the acute form may arise and speedily prove fatal, unless arrested by antiphlogistic remedies, or it may assume a chronic form and prove fatal from the infection.

In conclusion, I may say that we should always employ the palliative means in the first instance—especially tapping followed by the injection of the tincture of iodine, and make use of Mr. Brown's mode of applying compresses and a bandage. (Mr. J. Morley reports a cure by this means in the Lancet of January 13th, 1853.) If these means should fail, we might make a choice of the plan prepared by Mr. Dean of making an artificial evisceration, which I really think deserves much consideration, or perform ovariotomy. And if we could diagnose the absence of adhesions, I think that it would be preferable to perform the minor operations.

I forget to mention the causes of this disease, but little is known but it appears in several instances to have had a hereditary tendency.
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