

Surgery.

A CLINICAL LECTURE ON OVARIOTOMY.

Delivered in University College Hospital, London.

BY CHRISTOPHER HEATH, F.R.C.S.,
Holme Professor of Clinical Surgery, etc.

GENTLEMEN,—You have recently had under your notice a case of multilocular ovarian cyst, and have had the opportunity of seeing me remove it by the operation of ovariectomy, with, I am happy to say, complete success; and I propose now to make a few clinical remarks upon the subject. The patient was a married woman aged 29, and the mother of four children. In 1873, after a confinement, she noticed that her abdomen remained large. She was confined again in July, 1874, the enlargement still persisting, and she wore an abdominal belt for nine months. In the early part of 1876, she noticed a hard lump in the abdomen, and applied for advice at a special hospital, when she was told that she had a fibrous tumour of the uterus, and attended for some months without benefit. She was recommended to me by a medical friend, and was admitted here on December 2nd, 1876, when the following was her condition, as reported by Mr. Smith, the clinical clerk:

The abdomen is greatly distended and of conical shape, the apex being midway between the umbilicus and pubes. There is dulness over the front and sides of the belly, reaching three inches from the umbilicus on the right side, and almost to the flank on the left side, with tympanitic percussion above and to the sides of the dull area. The surface of the tumour, as a whole, is rounded, several sulci marking off distinct rounded portions; these are very tense and fluctuating, but there is no fluctuation from side to side of the whole tumour. Just to the right of the umbilicus, a flat and very hard lump is felt, about the size of an almond in its shell. The abdominal wall is marked with purple lines from stretching; it is thin and freely moveable over the tumour. *Per vaginam*, the uterus was found to be normal in size, but pushed over the left side; to the right and in front of it, rounded masses were to be felt through the vaginal wall.

Now, I beg you will understand that the diagnosis of abdominal tumours, presumably ovarian, is by no means easy, and that the most experienced ovariectomists are liable to mistakes. Thus, tumours of the uterus have been confounded with ovarian tumours, and, *vice versa*, cysts of the kidney and liver and enlarged spleens have all been taken for ovarian tumours; and, in fact, the late Mr. Baker Brown's *dictum* is undoubtedly true, that one cannot be certain about the nature of a given tumour until one's hand is actually upon it. Still, this was a remarkably easy case for diagnosis; the thin abdominal wall allowed the multiple cysts to be very distinctly felt, and the only unsolved question was whether the dulness in the left flank was due to some solid matter or, as it proved, to tightly packed cysts with viscid contents. Under these circumstances, a preliminary tapping could have been of no service, as it sometimes is in cases complicated with considerable ascites by which the tumour is obscured, or cases of one very large cyst, possibly in the broad ligament, where a single tapping will often cure the case altogether.

I, therefore, recommended the patient to undergo the operation of ovariectomy, putting the risks fairly before her and her husband; and, upon her assenting, had her transferred, with Dr. Graily Hewitt's kind consent, to the house close by, which is devoted to the treatment of such cases under his care. My reason for doing this was that undoubtedly cases of ovariectomy do not do well in the general wards of a hospital, and that the only single ward at my disposal is at the top of the general staircase, and liable, therefore, to have noxious matters carried into it from below. I do not believe that the patient would have sustained any harm whatever if I had operated in this theatre, provided she could have been placed in an isolated bed afterwards; but, this being practically impossible in our present building, you had to follow the patient over the way to witness the operation. Now, the operation was done on a Thursday; and, on the previous day, I had made my visit here as usual, and the only restriction I put upon those who attended the operation was that they should not be in actual attendance upon cases of contagious di-