

SUPPURATING CYSTS DEVELOPED FROM ADHERENT OVARIES AFTER REPEATED ATTACKS OF INFLAMMATION—SECONDARY OPERATION FOR THE REMOVAL OF INTRA-LIGAMENTOUS CYSTS.

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In presenting this paper, I have selected three cases from my work of the past few months which illustrate some interesting points and teach a very valuable lesson, which, in the judgment of the writer, cannot be too forcibly emphasized by men engaged in abdominal and pelvic surgery. I report the cases as illustrating three of as difficult abdominal operations as it has been my misfortune to have ever seen. While it is not a pleasant task for an operator to report the cases which have not recovered, it is my practice to do so, for it almost always occurs that, from the careful study of these unfortunate results, much valuable information is gained, and I am quite certain that we shall not be disappointed in the present instance in that particular. Even though the task be an unpleasant one, it is one which every operator should do as promptly and carefully as he reports his successful cases; yet I am in a position to say it is not always done.

Case 1. Mrs. W., æt. 33, Troy, Ohio, mother of one child 9 years old. One year after the birth of her child the patient had an attack of pelvic inflammation, from which she never fully recovered, yet she was able to move about the house after a few weeks. For a period of four years just preceding the operation, she was so ill that she required constant treatment. The last two years she suffered constant pain, and for four months before the operation was confined to the bed. Being the wife of a physician, she received attentive care during all of those years. The treatment gave temporary relief only, and after each recurring attack the patient was conscious of the fact that she did not fully regain her health. As she expressed it to me, she was slowly but surely becoming a chronic invalid. The question of an operation had been often discussed by the patient and her husband, and as often discarded. It was only after the discovery of the tumor that the patient

and her husband could be convinced that an operation must be performed if they hoped to effect a cure or avert a speedy death. When I was asked to see the patient in January, 1891, I found that she had a tumor about the size of a child's head at birth, and had been suffering for weeks from an attack of peritonitis and sepsis. She was in such a miserable condition then from long suffering and the effects of morphine, having a high daily temperature, that I advised a short delay, with the hope that we might put her in a better condition for an operation. The morphine was taken away and phenacetine substituted, and the patient was urged to take as much liquid food as possible. She improved to some extent, and after six weeks was moved to my Home for the operation, which was done February 28, 1891, and the specimens here presented were removed with the greatest possible difficulty. You will observe the shreds of adhesions attached to every portion of the cyst wall, also the exceedingly thin wall of a part of the cyst. The cyst contained pus, much of which escaped before enucleation could be completed. The patient had a slow recovery, but was able to go home in five weeks, and is now in good health.

Case 2. Mrs. S., Mt. Auburn, Cincinnati, æt. 39, mother of three children, the youngest nine years old. She was conscious of the fact that she had some pelvic trouble after the birth of her last child. When it was 15 months old, she first sought relief on account of pelvic pain. Soon after the physician began to make local applications, the patient had an attack of peritonitis which confined her to the bed for several weeks. Three weeks of that time the whole abdomen was covered with flaxseed meal poultices as hot as the patient could stand. After the patient could move about, she had local treatment for twelve or eighteen months regularly until she revolted. Then that was for a time suspended. For the following two years she was more or less under the care of her physician, always conscious of a tender lump in the right side of the pelvis. In April, 1887, the patient again had an attack of peritonitis which confined her to the room twelve weeks. Nine weeks of the time she could not leave her bed. The first three weeks of that time she was again poulticed as before. After