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OVARIOTOMY DURING PREGNANCY—A CASE WITH REMARKS.

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On the 10th November, 1884, by the advice of my friend, Dr. Dugdale, of this city, I was consulted in the case of a lady, æt. 37, the subject of an abdominal tumor. She had been married 18 or 20 years and was the mother of two children, one a grown-up daughter, born a year after marriage; the other 11 years of age. A few months after the birth of the last child she began to suffer from cough, hæmoptysis, pain in the chest, dyspnoea, emaciation, and all the other evidences, general and local, of phthisis. The physical signs existed mainly in the right lung, in the apex of which a cavity was diagnosed. So serious were the symptoms at one time, that it was thought by her medical advisers that she had but a few months to live. She however rallied, and although never long free from cough and expectoration, her general condition became much better and she had for several years lived in tolerable comfort. To this result the preparation known as Hydroleine had seemed to contribute very much. Between three and four years previous to my seeing the lady, a tumor, diagnosed as ovarian, had developed, and when I saw her the abdomen was enlarged thereby equal to pregnancy of six months. All the evidences of cystic ovarian tumor were present, but as it had grown none for a year or two, was not painful, did not seem to be markedly affecting her general health, and as a portion of the tumor occupied the pelvis where it might be adherent, seriously complicating ovariectomy in a delicate

woman, I advised non-interference until some indication for prompt action arose. My advice was followed. I did not again see her till early in May, 1886. I then learnt that the lung symptoms had been alternately somewhat active and quiet, the tumor remaining stationary till March, 1886, when it began rapidly to increase in size; menstruation, which had hitherto been quite regular, ceased on 16th February, after a natural flow. There had been nausea and some vomiting. The large increase of the tumor had produced much dyspnoea and pain in the right side of the chest. On some nights the patient had been unable to lie, from difficult breathing. I found her emaciated and slightly livid from impeded breathing. The breast signs were doubtful, but on examination the vagina was purple in color, and both it and the cervix were markedly softened. Enlargement of the uterine body, commensurate with the probable duration of pregnancy, was tolerably well made out. That part of the tumor which occupied the pelvis, at the examination eighteen months previously, had disappeared upwards. The patient believed that she was pregnant, and so did her physician. I could only agree. She was watched for a fortnight or more. Her sufferings decidedly increased, and it became apparent that prompt action was necessary. Both patient and her husband (a non-practising physician), urgently desiring the operation. After gentle purgation and dieting for two days, on the 29th May the operation of ovariectomy was done at the home of the lady, Drs. Roddick and Bell assisting. Ether was the anæsthetic used, not however without some misgiving as to its possible effect on the lung conditions. The operation was simple and easy—a unilocular cyst of the right ovary, with favorable pedicle and no adhesions. On getting into the belly, it was interesting to note the contrast between the dark red fundus of the womb, as it lay behind the pubes, with the pearl-colored tumor above it.

The after-course of the case was easy and uninterrupted to recovery; no sickness and very little pain; the cough, necessary to get up the expectoration, being the only distressing symptom. The wound healed without a fraction of a drop of pus, either at the line of union or stitch-holes. She was kept in bed four weeks to allow of the cicatrix becoming firm under the strain of the developing