

Account of a case in which an Ovarium was successfully extirpated, in a letter to a gentleman in Philadelphia. By
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DEAR SIR,

WHEN I wrote to you last, I promised, so soon as my professional duties would admit, to send you some account of a case of a diseased and dropsical ovary, which I will now copy for you from my note book.

May 15th, 1823, I was requested by a gentleman in this neighbourhood to visit a negro woman, who, he said, had a tumour in her abdomen, of two years standing, which continued to grow, notwithstanding the efforts of various practitioners.

16th. Visited her, and found that she had a large tumour, which seemed to fill her whole abdomen, but was somewhat more elevated on the right side. Upon examination, per vaginam, the

uterus appeared to be in its natural position. She complained of *bearing-down* pains, whenever she was in an erect posture; and these were always worse during her menstrual periods. She was about thirty years of age, and had borne two children. Her general health was tolerably good. Seeing, however, that death must inevitably ensue, if the tumour continued to increase in size, I informed her that the only means of relief was by the extirpation of the tumour; to which she readily consented.

After putting her upon low diet, and giving aperients and alteratives, for a few days, I performed the operation on the 24th. I commenced by making an incision from the umbilicus to within an inch of the pubis. After cutting down carefully to the peritoneum, I raised it with the tenaculum, and made an incision into it sufficiently large to introduce my finger, and then enlarging it sufficiently to introduce two fingers, I finished the incision by cutting between them. The tumour showed itself immediately, with its peritoneal covering. Finding that it could not be removed through the incision while of the present size, and being unwilling to extend the latter higher up, and believing, too, that the tumour contained a fluid, though deeply seated, I made a large opening into it with the scalpel, and evacuated several pints of watery matter; when it so collapsed, that I was enabled, though not without assistance and difficulty, to get it out of the abdomen. I now found, that the attachment to the right side of the uterus was not much larger than the usual breadth of the broad ligament. The tumour appeared to be an enlargement of the whole ovary; as the fallopian tube, with its fimbriated edge, was stretched over it. I then surrounded the attachment, including the fallopian tube, with a strong ligature of white silk, drew it very tight, and tied it; suffering both ends to remain long enough to extend several inches out of the incision. The tumour was then separated, at least three-quarters of an inch from the ligature. I then turned her over on the abdomen, (at the same time keeping in the intestines with a warm cloth,) to allow all the blood to escape from the cavity; and turning her on her back again, I took five threaded needles, and closed the external incision by the interrupted suture, taking great care to include the peritoneum in the stitches. I left the end of the ligature which included the attachment of the tumour, lying

out of the lower end of the incision, and secured it by a piece of adhesive plaster; when, after laying on some long pieces of adhesive plaster across the abdomen, and applying a light bandage, I placed her in bed, and gave her seventy-five drops of tinctura opii.

She soon made some efforts to vomit. I then gave fifty drops more laudanum, and in half an hour after, two hundred per anum, which did not all seem to allay the irritation of the stomach. I then introduced five grains of gum opii, as a suppository; after which, she became easy, and slept an hour. In the evening, I directed a large decoction of senna, salts, jalap, and anise seed; of which she took a wineglassful every two hours, until morning.

25th. This morning she had a free passage; but had suffered from nausea since midnight. Pulse, 80; and appeared easy. On visiting her in the evening, found her vomiting; which, however, was soon allayed by large anodyne injections.

26th. She had several passages in the course of this day. In the evening, the nausea again returned; which was again relieved by the anodyne injections. She could not take any thing on her stomach, unless when under the influence of opium.

27th. She had rested pretty well during the night. Pulse, 110, and full. Some pain in her abdomen and back. Took eighteen ounces of blood, and gave ℥i. of sulphate of magnesia; which operated freely in the evening. The nausea had left her. A considerable quantity of serous fluid was discharged from the wound.

28th. Pulse, 120. Rested tolerably. Took twelve ounces of blood; and gave submur. hydrarg. grs. xv. and sulph. magnes. ℥ss. Applied blisters on each side of the wound. With the assistance of an enema, the cathartic operated in the evening, and she was much better.

29th. Pulse, 90. Pain nearly subsided. Catamenia returned, but more profuse than common. Took out the sutures. The wound looked well in the evening. Ordered an enema.

30th. Much better. Pulse nearly natural.

On the twenty-fifth day, I took away the deep ligature, by one thread at a time; since which, she has been tolerably well, except during her menstrual periods; at which time she complains of pain in her loins and abdomen.

Upon making an incision into the tumour, I found it to have a

scirrhus appearance; and to contain, interspersed throughout its substance, a considerable quantity of bony matter.

You will, perhaps, be surprised at the large quantity of opium given to allay the irritation of the stomach; but experience has taught me that small quantities will not answer that intention: and as it is necessary to precede any inflammatory symptoms with a purgative, it could not be kept on the stomach in any other way.

THE above paper, which we received through one of our members, from the author, we consider a highly interesting one. As this operation is peculiarly American, seldom, if ever, having been performed with success, so far as we know, in Europe, we are bound to consider this as one of a series, which have, unquestionably, done honour to our country. To enable the reader to judge of the degree of importance of these performances, and of the difficulty in which the first operators were placed, we have thought it not amiss to present a sketch, from the books of easier access, of what has been already done in cases of this description.

The extirpation of the ovaries appears to have been repeatedly performed on the human subject, among the ancients. Gyges and Andramites, both Kings of Lydia, are reported by writers to have been guilty of this outrage; in one, and, probably, in both instances, for the purpose of employing females thus mutilated in the offices commonly given in charge to eunuchs. The same enormity is stated to have prevailed in Egypt, and among the Creophagi, a people of Arabia. For these historical facts, the authorities are HESYCHIUS, SUIDAS, ATHENEUS, and ALEXANDER AB ALEXANDRO.

BOERHAAVE quotes from WIER and DE GRAAF, a case in which a man, who made it his profession to castrate and spay animals, becoming irritated at the disorderly life his daughter led, extirpated her ovaria, and effectually removed her lascivious inclinations, without destroying her life. FRANKENAU is cited for an instance, in which an ovarium was removed by a penetrating wound, and in which the patient recovered. PERCIVAL POTT, and LASSUS, report cases, where, in one instance, a single ovarium, in the other, those of both sides, were extirpated, by removing them from strangu-

lated hernias. **DENEUX**, in his "Researches on hernia of the ovarium," states, also, that he had removed the greater part of one of these viscera; and that the woman recovered.

The operation of extirpating the ovarium for the removal of tumours, appears to have been first proposed by **PLATERUS**. Several writers, as **DIEMERBROECK**, **DELAFORTE**, and **MORAND**, have treated of the subject; and though there appears to have been some difference of opinion, that of **DIEMERBROECK** and **SABATIER** appears to have prevailed, and to be generally received: viz. that it is altogether impracticable. The objections of the first of these writers have, however, less weight than those of the latter. **DIEMERBROECK** alleges as objections, the danger of opening the cavity of the abdomen, and the fear of a hæmorrhage, difficult or impossible to controul, from the spermatic arteries. These must have been overcome in each of the instances above enumerated. Those mentioned by **SABATIER**, are, the frequency of adhesions; the enlargement of the vessels of the tumid ovarium; the difficulty or impossibility of ascertaining, positively, that the disease is really in the ovarium; the frequency with which both ovaria are affected; the fact, that surgeons are seldom applied to until the disease has made considerable progress, and frequently become liable to these difficulties, &c.

Notwithstanding these objections, an instance is cited by **M. VALENTIN**, from the practice of **M. LAFLIZE**, a skilful surgeon at Nantes, in which he was necessitated (I know not how,) to open the abdominal cavity, in the cure of an abscess in the side. He was then induced to remove a tumour, found in that cavity, covered with skin, and bearing many long hairs, and a number of teeth, among which were several molares. These bodies are, as is well known, most usually found in the ovaries; from which, therefore, the presumption is, that **M. LAFLIZE** separated the one in question; although it appears, from the observations of **RUYSCH** and **BAILLIE**, that they are sometimes found elsewhere. The writer of this was shown, several years since, by a Member of Congress, a mass of this nature, having no distinct skin, but containing a number of hairs, and of incisor teeth, irregularly dispersed, which had been separated from a larger one, contained in the rectum of a girl, from which the one he saw hung pendulous. We do not mention names, because the physician who

separated it, with whom we have not the advantage of a personal acquaintance, may wish to publish this very curious case.

There has come to our knowledge, a rumour of an instance, which we believe was never published, in which a man in New Jersey, extracted one of the ovaria, in a quarrel, from his own wife. We have hopes of being able to present our readers with the particulars, in a future number of this Journal.

The first instances, of which we are aware, in which this operation was performed by a surgeon, for the removal of a diseased ovarium, are a memorial of the courage of Dr. EPHRAIM M'DOWELL, of Danville, Kentucky. His first case was in December, 1809. The female was here affected with labour-pains; and her case was taken by two physicians for pregnancy. On examination, however, per vaginam, Dr. M'Dowell found nothing in the uterus; and concluded, from consideration, that it was an enlarged ovarium. The incision was made parallel with the rectus abdominis, at the distance of about three inches, and was nine inches long. The tumour was at first too large for extraction. A ligature was put round the fallopian tube, an incision made in the tumour, and about fifteen pounds of a "dirty, gelatinous-looking" substance extracted. After this, the fallopian tube was cut, and the ovarium extracted, weighing seven pounds and a half. The intestines rushed out of the first opening, and remained out of the abdomen until the tumour was removed. The woman was then laid on her face, to allow the escape of the effused fluids; and the wound afterwards closed with the interrupted suture and adhesive plaster. The ligature of the tube was brought out of the lower end of the wound. In five days after this dreadful operation, the woman was found "engaged in making up her bed;" and in twenty-five days, she returned home, a distance of sixty miles, in good health.

In the next case, the tumour was immoveably fixed; and was found adhering to the fundus uteri and to the bladder. Having opened the abdomen, however, Dr. M'Dowell made a small incision into the tumour, and removed a large amount of gelatinous matter and blood. He then closed the external wound; and the woman apparently recovered. It is stated, however, in a subsequent communication by the same author, that the swelling gradually returned, and, six years after, became as large as at the

period when he operated on her. This patient, a negro woman, was sufficiently relieved, during the interval, to be able to fulfil her usual avocations.

In the third case, the tumour "adhered to the left side." Dr. M'Dowell cut from an inch below the umbilicus to within an inch of the pubis, and then enlarged the opening to the right of the umbilicus, and for two inches above it. He placed a ligature on the tube, as in the first case, and "turned out" an ovary, which weighed six pounds. No mention is made of the manner in which the adhesions to the left side were overcome. The wound was closed as before. This patient, (who was also a negro,) recovered in two weeks; excepting the removal of the ligature, which was not effected till after the lapse of five weeks.

In April, 1817, Dr. M'Dowell removed, from another negro woman, a tumour of the ovary, weighing five pounds. The incision was made "near the linea alba." The ligature slipped from the fallopian tube, after its division, this organ being short and spongy; the patient, of consequence, lost a great amount of blood. Ligatures were then applied to several of the arteries, individually; but this also failed, as some of them cut through. With much difficulty, a large ligature was now put round the whole stump of the tube, and secured by stitching it in and out of the tube, at several places. This, at last, effected the purpose; and with precautions similar to those in the first case, mentioned above, the wound was closed. The patient recovered of the operation; but remained in ill health; her complaints appearing to be hysterical.

In April, 1818, the same practitioner saw another negro woman, whom he tapped four times, removing, at each time, a large portion of a gelatinous fluid. He found a firm substance of considerable size, with the probe, which he had introduced to break down the gelatinous masses which presented themselves in the discharge. Finding no marks of pregnancy, per vaginam, he concluded it to be an enlarged ovary. He operated by an incision on the left side. The tumour adhered, by long and slender attachments, to several of the adjacent parts. These adhesions he secured by ligatures, as several of them bled. After a process similar to those described above, the wound was closed. She died, however, on the third day; having been affected with vio-

lent pain in the abdomen, and obstinate vomiting. The peritoneum was found violently and extensively inflamed.

Hair and a bone were found in this tumour; as well as a large, round perforation, of the size of a musket ball, opening into the cavity of the abdomen.

These curious cases are described in the *Eclectic Repertory*, vol. 7, p. 242, and vol. 9, p. 546. It is certainly much to be lamented, that the accounts there given, of so important an operation, were not more copious; and this circumstance has drawn forth comment in the same journal.

In July, 1821, Dr. NATHAN SMITH, Professor of Physic and Surgery in Yale College, extirpated an ovarium, from a lady of Vermont. It had been observed, several years before, when about the size of a goose egg. It burst into the abdomen three times, twice during pregnancy, and once from a fall. At the time of the operation, it exhibited a large tumour, in the right side of the abdomen; and was both moveable and capable of internal fluctuation.

The tumour was pushed up into the middle of the abdomen, and an incision, of about three inches long, made in the *linea alba*, from about an inch below the umbilicus. The peritoneum was not opened till the blood had ceased to flow from the first incision. The tumour was exposed and tapped, and a canula introduced. Eight pints of a dark, ropy fluid were removed. The sac was then drawn out, and separated, with the knife, from the omentum, to which it adhered. Two arteries in the omentum were tied with *leather ligatures*. The ovarian ligament was then divided, two arteries secured as before, and the ligament returned. The adhesion to the parietes of the abdomen, was separated by a touch of the knife, and the use of the fingers. The sac was supposed to weigh between two and four ounces. The incision was then closed with adhesive plaster and a bandage.

No unfavourable symptoms occurred. In three weeks, the patient was able to sit up and walk; and she afterwards recovered.*

In the current year, (1825,) Mr. LEZARS, author of the "*Anatomical Plates*," has published in Edinburgh, a small folio, illustrated with splendid coloured plates, entitled, "*Observations on Extraction of Diseased Ovaries*." He enumerates four instances of at-

* Ed. Med. & Surg. Journal, vol. 18, p. 532.

tempts at this operation; one of which had been published previously. In this instance, the abdomen was opened, but no tumour found; affording a striking instance of the uncertainty of the judgment of a consultation of several eminent physicians, in this difficult and obscure affection. The woman recovered in a short time, after experiencing some trouble from vomiting. In a second case, one ovarium was successfully removed, and the woman recovered; leaving, however, the other ovary diseased, and enlarged to about one-fourth of the size of the one removed. This appears to have been in consequence of adhesions, and the length of the operation. In the third case, the tumour was entirely removed; but the patient died, of peritonitis, in fifty-six hours. The fourth patient, presented, on opening the abdomen, a great collection of blood vessels in the omentum, running into the tumour, and so numerous and large, that Mr. Lizars was unwilling to proceed with the operation. The woman, at the last accounts, was apparently recovering. We quote this from the *Edinburgh Medical and Surgical Journal* for June, 1825.

Such is the history of an operation, of the opinions of which, now entertained by some, in England, we can judge in part from the following fact. In a number of Johnson's *Medico-Chirurgical Review*, in an article on the late work of Dr. Blundell, which distinguished physiologist had been urging on his countrymen an imitation of the bold and successful men who originated this practice, the editor, or reviewer, makes the following remarks:—
"We entirely disbelieve that it has ever been performed with success; nor do we think it ever will."

B. H. C.