

C A S E  
OF  
OVARIAN TUMOR IMPEDING DELIVERY.

By CONWAY T. EDWARDS,  
Surgeon to the Batheaston Lying-in-Society.

Towards the latter part of 1840, I attended a young unmarried woman for a tumor, which appeared to occupy the situation of the right ovary; its diameter was not more than an inch, and pressure upon it produced great pain. The symptoms then present were indicative of inflammatory action, and the treatment directed to subdue that action consisted in a large general bleeding, saline aperients with tartarised antimony, protochloride of mercury, and low diet.

This active antiphlogistic plan produced no abatement in the disease, although it was pursued for two weeks; an alterative course of mercury, combined with the extract of hyosciamus, conium, or belladonna, was then tried for a considerable period, with a similar result; and this was changed for that of iodine and its various preparations, but with no success. Nothing more was done until the month of February, 1841, when an inability to pass her urine compelled the patient to submit to having it drawn off with a catheter. I took away nearly a quart of high-colored water, and, examining the abdomen, found the tumor had enlarged, and advanced rather more towards the mesial line than when I made the first examination. The pressure which I used caused much pain, particularly about two inches below the umbilicus. The necessity of making a vaginal examination being pointed out, she reluctantly submitted, but nothing was discovered which could account for existing symptoms. Leeches were applied above the symphysis pubis, and an elastic catheter was passed twice a-day for a week. She now found her health so much improved as to enable her to undertake the duties of a servant.

She married in the month of August, and I saw no more of her until January, 1842, when, her original complaint having suddenly reappeared with great aggravation of symptoms, she sent for me again.

Conception had taken place. Her sufferings were now so great, and the relief experienced from my treatment so small, that I was anxious to have a second opinion on the case, and proposed that my friend, Wilson Brown, Esq., of the Bath United Hospital, should be called in. This was agreed to. After a minute examination, it was concluded that, although the disease was involved in great obscurity, we were justified in deeming it ovarian. The treatment proposed was, fomentations with warm water, the weekly application of leeches, support of the abdomen by a flannel bandage, gently aperient medicines, and a

light, nutritious diet. This plan was pursued with varying success until the 28th of June ultimo, when, being sent for in the middle of the night (the nurse having deemed labor to have come on), I made an examination, which gave great pain; but, not finding that any impression had been made on what I then thought to be the uterus, a dose of morphine was given, followed by castor oil. From that time until the 10th of the present month she was scarcely free from pains, which lanced from the symphysis pubis to the lumbar region. I should here observe, that during conception I never had occasion to use the catheter.

On the morning of the 10th, unequivocal uterine action having come on, I made a very deliberate examination, with my whole hand in the vagina. First, my fingers came in contact with an elastic but not tense surface, which appeared to be attached high up towards the promontory of the sacrum, and continued downwards, forwards, and upwards, beyond the symphysis pubis. To the touch it conveyed the sensation which a placental presentation gives, when felt through the paries of the uterus. No os tinæ could be discovered towards the sacral region; so, passing my right hand forwards, I felt what appeared to me to be its lips (but undilated), about two inches above the symphysis pubis. During the examination there was one severe pain, but its power was expended on the sacral portion of the uterus. I gave her forty minims of laudanum; repeated my visit at seven, p.m., and made a second examination, which confirmed my opinion that the neck of the uterus was high above the symphysis pubis, and that a large fleshy tumor had been the cause of such a position, while a few heavy uterine pains were sufficient to assure me that unassisted nature could never effect delivery. I repeated the laudanum and oil, and left her.

On the morning of the 11th, a succession of pains caused the nurse to send for me. A third examination was made, and, as no improvement had taken place, I assembled the husband and a few of the woman's near relatives—explained the awful condition in which the patient was circumstanced—stated that, in my opinion, nothing but an operation, involving the life of the mother, could save that of the child; and, therefore, I was desirous, for the satisfaction of all parties, that Mr. Brown should be again called in. Assent being given, I wrote that gentleman a concise account of the existing state of things, and at twelve he kindly afforded me his valuable assistance.

His examination confirmed the truth of my opinion so far, that a large tumor had thrown the uterus out of its natural position, and that the os tinæ was far above the symphysis pubis—that the tumor was of an encysted nature, but what were its contained parts could not be determined on—that a bony growth, above the promontory of the sacrum, materially contracted the diameter of the pelvis, and that artificial delivery must be submitted to.

Having prepared the family and our patient not to expect too much from the operation, it was determined to open the tumor, and then act as circumstances would demand.

Mr. Brown now carried up Pott's bistoury, and

after cutting through a very tough external coating, gave exit to a thick and glairy secretion, and masses of hair, mingled with sanguineo-purulent secretion. Being requested to examine the opening thus made, my hand entered with facility a large membranous sac, came in contact with what seemed to be a second membranous tumor, and then rested on a large bony growth, evidently arising from the summit of the promontory of the sacrum. The uterus had ascended high above the brim of the pelvis, and the os tinæ could be well made out, although far beyond the symphysis pubis. Thus was the uterus lying horizontally across the pelvis, with its fundus above the sacrum.

After a pause Mr. Brown carried up his hand, ruptured another sac, and a great discharge of matted hair and inodorous pus followed; his hand was now high in the pelvic cavity; he ruptured the membranes, withdrew it, and requested me to take his place. I ought to have observed that, previously to Mr. Brown's visit, one drachm of tincture of opium had been given.

After a rest of some time, I passed my right hand upwards and forwards, succeeded in insinuating my fingers in the os uteri, and discovered a breech presentation; steadily, but with gentleness, dilating the uterus, my hand and wrist entered that viscus, and with great difficulty, partly owing to want of room and partly from the twisted position of the fœtus, I grasped a foot and drew it to the os externum, when Mr. Brown attached a tape to it; I then brought down the second foot, and heavy pains ensuing, the body of the fœtus, after great exertion on the part of Mr. Brown and myself, was extracted as far as the umbilicus. The greatest difficulty was now to be surmounted. After a few fruitless attempts to disengage the head, I went for the perforator, but before I returned, Mr. Brown succeeded in terminating the delivery. In ten minutes (hæmorrhage coming on) I introduced my hand into the uterus, and carrying it quite round the fundus of the placenta, caused the nurse to make pressure externally, when the uterus contracting, expelled both my hand and the placenta.

The uterus was closely contracted, yet, from the large size of the abdomen, presumptive evidence was afforded that other tumors existed besides those which had been opened.

The patient bore the several operations with great fortitude. The pulse was tolerably firm, and there was not more exhaustion than might be expected on the occasion. A cordial mixture was now exhibited, and, after remaining quiet for an hour, the woman was put to bed.

Six, p.m. Pulse sinking; vomiting of a brown fluid, with feculent effluvia; severe lancinating pain from pubis to sacrum, with pains wandering over the abdomen. An oatmeal poultice to the latter.

Eight, p.m. A great discharge of purulent fluid. It was necessary to give stimuli to retain vitality.

12. Pains very severe. Muriate of morphia, three quarters of a grain.

Tuesday morning, six, a.m. Awoke from a confused sleep, with violent pains over the whole abdomen. Passed catheter, and drew away half a pint of high-coloured and very offensive urine. To have five

grains of calomel, with a draught composed of senna, salts, jalap, and scammony. Pulse very weak.

Eight, a.m. Pains increased; vomiting came on, and resisted every means that were used to allay it. Injections were administered, but the bowels would not act. I saw the patient several times in the course of the day; it became evident that she was beyond the reach of human aid.

At ten, p.m., I reapplied the catheter, and drew off a teacupful of urine; but after suffering great pain for three hours longer, she died.

I was very anxious to make a post-mortem examination of the body; but the wife having made the husband promise that it should not be done, in case of her death, it was refused me. This is greatly to be deplored, as we can form no satisfactory opinion as to the nature of the cysts, their number, attachments, or the various parts which were involved in the disease.

Diagnosis of deep-seated tumors, at all times difficult, was in the present instance peculiarly so. The quantity of hair, similar in every respect to that which grows on a calf's foot, gave to the touch a sensation more like that which the placenta affords, than fluid capable of being evacuated by an operation. Here every symptom was so obscure that the disease was more likely to be ovarian than any other; and although, when Mr. Brown, from his great experience, skill, and judgment, pronounced it to be an encysted tumor, he was not prepared to find its contents to be of such a complicated nature as they proved; for he observed, previously to operating, "Should it prove hydatids, it is a lost case; but if a secretion, like gruel, there may be hope."

The question may now be asked, Why was not this tumor discovered at an earlier period (for it had evidently been in existence and increasing for eighteen months), and the contents evacuated with a trocar? Had there been any evidence that such a tumor was making its way downwards when I first used the catheter, and Mr. Brown made an examination, it would have been done; but there was no evidence of anything of the sort; to all appearance the disease was high in the abdomen, and, therefore, an exploratory operation would have been unjustifiable.

From reasoning on the case, I am led to believe that the tumor or tumors were first formed above the promontory of the sacrum; that they were attached to the fundus and diaphragmatic paries of the uterus, where they increased in number and magnitude; as the disease received fresh impulse from conception, the cyst extended along the vaginal paries of the uterus, and was *continued* on to its neck.

That, as the contents of the uterus enlarged, the fundus was pressed strongly against the diseased promontory of the sacrum, so as to prevent any great flow of secretion from the upper into the lower cyst, but enough to cause the extension of the latter to the neck of the uterus; that, as the uterus put on its specific action, its fundus was lifted at intervals from its position, and afforded an opportunity for the contents of the superior cysts to gravitate towards the lower or inferior cyst; and the facility with which the discovery of a tumor was made after the first uterine pains had come on, together with the impossibility of doing so when I first used the catheter, and Mr. Brown made

his examination, strengthen the probability that it was so.

I beg to offer my best thanks to Mr. Brown for the valuable assistance which in this, as in many other instances, he has afforded me, and particularly for the handsome manner in which he resigned his post (after having operated on the cyst), that I might make out the presentation, and act as circumstances should then require

Batheaston, Bath, July 18, 1842.