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UTERINE FIBROIDS. OVARIAN CYST.

By Cecil J. Davenport, F.R.C.S., Shanghai.

I. Uterine Fibroid.—Pan-hysterectomy.

Mrs. Liu, aged 41, admitted May 20th, 1907, into the Shantung Road Hospital, suffering from an abdominal tumour.

History.—The abdomen was noticed as increasing in size six years ago. The presence of a tumour was first discovered in the region below and to the right of the umbilicus. Of late its growth has been more rapid. The menstrual periods have been regular, but more scanty than formerly; some pain with micturition at these times. Has had three children. No pregnancy for eight years.

Condition.—A healthy, well nourished lady. Pulse, temperature, heart, lungs, all normal. *Urine* 1020, a suspicion of albumen.

A hard, smooth, freely moveable tumour occupies the lower abdomen, about the size of a seven to eight months' pregnant uterus. It is placed rather more on the right than on the left. P. V.—Uterus

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She gave the following history :—

History.—For three years she had been troubled with menorrhagia ; at times passing clots. Had noticed a hard lump in abdomen over the pubes. Five months ago was aware of "something coming down," and as this advanced the abdominal tumour disappeared. Had no pains resembling labour, but as the mass descended and distended the vagina, suffered pain. The descent had been much more rapid during the past two months.

Diagnosis.—Polypoid fibroma of uterus, undergoing expulsion. Patient was advised to come into hospital. She went home to consult her relations.

Subsequent History.—29th July. Patient carried in, again looking very ill. Temperature 101.8 ; pulse 120, evidently suffering from severe septic intoxication. Some vomiting. On examination the fœtid odour was simply awful—a black, gangrenous mass protruded from the vagina ; the mass being as large round as a well developed arm and reaching half way down to the knee.

Treatment.—The patient was put into a continuous hot bath and given ergot and hydrocyanic acid. The mass very shortly came away, and in a week the patient returned home well.

Vaginal examination showed the uterus to be a little bulky, the os somewhat patent with erected edges. No discharge.

III. Ovarian Cyst.—Ovariotomy.

Mrs. Liang, aged 40, a small, frail lady, admitted on 28th August, 1907.

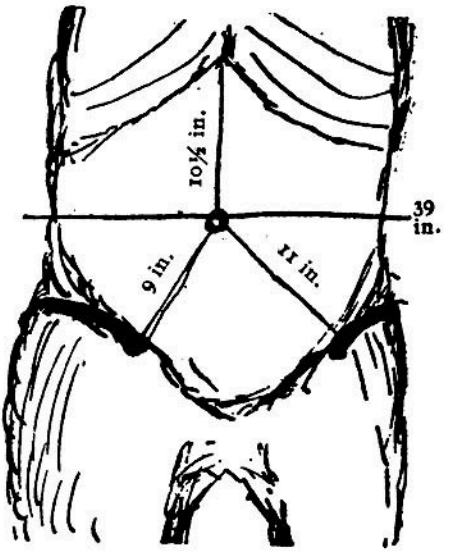
History.—For six years the abdomen had not been normal. For the last year it had been "big." Youngest child 9 ; a miscarriage previously. *Menstruation* scanty, no pain. Some leucorrhœa. *Bowels* costive, hard, once in four days ; *urine* scanty, passed twice during day, not at night. Takes a little opium. Feels better after a little diarrhœa. Some swelling of the legs the past few days.

Condition.—Thin and pale, with sunken cheeks and a haggard expression. *Pulse* regular, hard, 90-96. *Urine* 1010, slight trace of albumen. *Heart* and *lungs* natural. *Abdomen* tensely distended and prominent. Large veins marked in hypogastric and epigastric regions. Quite dull, except in extreme flanks and below arch of thorax.

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Measurements :

(See Diagram).



Examination P. V.: Uterus high up, fornices full. The cystic thrill was so marked that it pointed to the cyst being unilocular.

Operation 3rd September, with the help of Dr. Marshall, chloroform administered. On opening the abdomen through a three-inch incision the cyst was found adherent in front. The incision was extended three inches upward. After puncturing and draining the tumour, which consisted of one large and many small cysts, containing over two gallons of porter-brown fluid, the adhesions all over the front abdominal wall and under the costal arch were stripped off. No further adhesions were found of any account except in the pelvis. These were ligatured and the pedicle tied in two halves with strong silk and the tumour removed. The tumour was from the right ovary. No bleeding took place, the abdominal cavity was sponged dry and the abdominal walls were united with silkworm gut and dry dressed.

In the evening and next day the patient was rather restless, mouth dry, a little vomiting, great pain over costal arch, oppression in breathing ; pulse hard, 106-108, temperature 100-102 over. Hot foments over the costal arch relieved the pain ; hypodermics of quarter grain of morphia were given two to three times a day ; after twenty-four hours, during which time only sips of hot water were allowed, a little rice water was given. On the fifth small doses of calomel and soda bicarb were given three times a day, also hydrocyanic acid and acetate of ammonia.

On the fourth and eighth days the wound was dressed and stitches removed. But for some superficial stitch abscesses and a little skin excoriation the wound healed perfectly.

On the fourth day the patient felt so well she indulged in some pear, which caused a little dysenteric diarrhœa.

She left hospital within a month well and strong ; cured of her opium and tumour also. The measurement round the abdomen at the umbilicus on leaving was twenty-four inches and the umbilicus to the other points five inches.

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