

Thesis
on
Ovarian Dropsy
by

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Among the diseased conditions to which the Ovary is liable, the most frequent is that of Dropsy. But this appellation although generally used is certainly incorrect; for the disease has nothing in its nature that entitles it to the name: & Ovarian Dropsy (so-called) only resembles true Dropsy in the bulk which it often attains, & in the frequently liquid nature of its contents. A Dropsy is usually understood as an abnormal increase & accumulation of some natural serous exhalation; but in Ovarian Dropsy, the Cyst or Cysts which contain the morbid matters, & the latter also

also, are new developments. It does not seem that much is known respecting the Causes which originate disease in the Ovary - at least the tendency to degenerate into a cystic mass. It has been said to result from Inflammation of the Graafian Vesicles, or of the Ova they contain: & possibly this may be the case: but in what way Inflammation can be supposed to produce such changes as are observed in this disease, it is difficult indeed to explain. The fluid would appear to be in some cases effused between the Ovary & its Peritoneal investment - the Organ becoming almost obliterated on account of the pressure exerted upon it - & the Serous covering of it being distended into an enormous Sac. Such is perhaps the origin of the Multilocular Cysts. after attaining to a considerable size they may cease to grow; & their Contents is usually clear & serous. When Ovarian Tumours

Couscott

of numerous Cysts, the Substance
of the Ovary would appear to have
been originally the Seat of the
diseased action; & probably the
Graafian Vesicles have in these
Cases become distended into the
Cysts of the tumour. These Cysts are
found in very different Stages of
development within the Substance
of the same tumour - their Size
varying from that of a pea to
a Size Capable of filling & even
distending the whole abdomen.
The Contents of the Cysts are very
various in different Cases; & Some-
times different Cysts in the same
Case are filled with very different
Contents. It may be found also that
the Contents vary considerably as to
Colour as well as consistence. Of
course it would not be correct to
place among "Ovarian Dropsies"
such tumours as contain Stear-
oid matter with Hair, Teeth, Bones
&c: & probably all Cysts which
may

reasonably be entitled to the name of ovarian dropsy, contain a fluid more or less distinctly serous in its nature.

Altho' the Ovary like other Parenchymatous Organs is liable to different forms of disease, some of which are malignant in nature, still the disease at present under consideration is seldom found to be of such character as to entitle it to the name Malignant - inasmuch as it is not in its own nature destructive to Life. Ovarian Dropsy becomes dangerous chiefly by growing to a large size & producing detrimental effect by pressing on contiguous Organs. The ovary being not essential to Life, it can bear to be disorganized or removed without necessarily interfering with the general health. The symptoms met with are such as arise from the Sympathetic disturbance of ~~other~~ other Organs, from its mechanical interferences with the neighbouring

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neighbouring parts, & from the changes occurring within the ovary itself. At first there may be some indication of Ovaritis, with considerable pain in the affected organ; but the Sensation about the Pelvis & the Sympathetic implication of the System, may be such as closely to Simulate Pregnancy; & indeed it is not uncommon for the disease to progress, & the woman continue to exhibit all the usual Signs of pregnancy to her own Satisfaction, until, having gone beyond the full term, her hopes have been destroyed by the ultimate recognition of the true nature of her case. The Catamenia need not necessarily be suppressed in a case of Ovarian Dropsy - if such is the case, it might be regarded as an indication that both ovaries are affected, or the patient to be not only pregnant, but also affected with disease of one ovary. As the tumour enlarges, it gradually occupies

occupies the whole of the Pelvic Cavity; at least as much of this space as the other organs can possibly leave unoccupied: & by pressing on the Bladder & Rectum, various symptoms, such as might be expected, are produced. Thus at this stage there may be almost total retention of urine for some time, requiring the use of the Catheter: or micturition may be rendered more or less difficult & painful. The Rectum being pressed upon, may be so much constricted that Constipation & Hemorrhoids are likely to follow. All symptoms depending upon pressure exerted against the organs within the Pelvis are relieved when the tumour ultimately escapes from the Pelvic Cavity & rises into the abdomen — which is the natural result not only in the case of Ovarian Dropsy, but also in the case of the Womb in Pregnancy: & this change is often effected artificially by introducing the hand & pushing the tumour out of the Pelvis into the lower part of the Abdominal

Abdominal Cavity, as a means of relieving urgent symptoms: This treatment has also been recommended in cases in which delay to the Second Stage, ^{of Labour} is likely to occur from the presence of some such tumour in the pelvis. If this cannot be accomplished, it would be proper to introduce a trocar & thus allow the fluid to escape. When the Ovarian Dropsy has reached the abdominal Cavity, the symptoms are likely to become much less urgent & a considerable improvement is likely to take place in the patient's health. Of course it is the symptoms resulting from pressure on the pelvic viscera that are so much relieved when the tumour escapes from the smaller into the larger cavity; & unless growth proceeds very rapidly, it must be some length of time ere very urgent symptoms are likely to arise from pressure upon the Abdominal Viscera.

So soon as the tumour has fairly taken up a position within the abdomen, diagnosis

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diagnosis becomes much more easy. In the Iliac Region of the side affected, the tumour can be felt & examined. Obscure fluctuation may be detected; but not, as a matter of course, in all cases — for individual tumours of this kind differ so much from each other in the thickness of their walls, in the number, kind & thickness of their partitions, & in the consistence & nature of the fluid matter which they contain, that they may seem even on careful examination to be quite solid in some cases; whilst in others, very distinct fluctuation is readily perceptible. Various conditions of the surrounding parts which might be mistaken for ovarian tumour have to be carefully distinguished by the proper means. Among these may be mentioned the Gravid Uterus, & the distended Bladder: for instances are not wanting in which these have actually been punctured instead of a diseased ovary. Tumours of the Omentum, of the Uterus or hypertrophied conditions of any

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any of the Abdominal Viscera, may even masses of matter contained within the lower part of the great intestine may easily lead to doubts, if not to serious mistakes in diagnosis. The principal circumstances to be considered, are the History of the case; the fact of the tumour having grown upwards from one side of the pelvic cavity; the obscure fluctuation & feeling of the tumour; & possibly, the fact that the patients' health may not have suffered at all, in proportion to the amount of disorganization which is apparent or seems so: Since change to the same degree could scarcely have taken place in any other organ with the same impunity. There are besides what have been indicated above, other sources of obscurity in forming a diagnosis. Both ovaries may be affected; but in this case one is in general far behind the other in the progress of the disease which affects it. Pregnancy may take place & go on to its natural termination.

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termination, altho' one of the ovaries may be disorganised. Any of the other diseased conditions, before mentioned, may Complicate the Case; & these or malignant disease in the ovary itself may seriously implicate the constitution & health of the patient. Further, Ascites may Coexist with, as it may depend upon the pressure of an enlarged ovary. This complication renders the isolation of the ovarian tumour & the detection of fluctuation a matter of great difficulty; & the test of tapping has been proposed to distinguish between the two diseases. The effect of this measure would be to bring the ovarian mass within reach of tactile examination. The dulness on percussion, the greater prominence of the tumour, & its displacement dragging on the uterine ligaments may help to distinguish the uncomplicated ovarian mass. Cases have occurred in which the appearance & symptoms of this disease have been simulated, with nothing existing to account for the deception - as for example, one of the Cases operated on by the late

John Leegar Esq

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John Lizar's Eng. in which when the abdomen was laid open no tumour was found. Whatever the nature of these mysterious cases may be, there is a safeguard against the recurrence of such disastrous mistakes as this one which is by no means the only case on record - the agent I now refer to is Chloroform. This has the remarkable effect of causing all the enlargement to disappear so soon as the patient is fairly under its influence - & thus, of course, the true nature of the case becomes apparent in so far as negative evidence can make it so.

The symptoms which Ovarian Dropsy occasions, when it causes disturbance in the Abdomen, are such as are to be referred to the effects of pressure upon contiguous Organs, & to interruption of their functions. Many of them are quite the same as are observed in normal enlargement of the gravid uterus in Pregnancy. Oedema of one or both lower extremities may arise from compression of the Veins. The Urinary Bladder & Rectum are liable to be interfered with as in Pregnancy

Pregnancy & thus produce incontinence
 of Urine or difficulty in micturition -
 Constipation also & Hemorrhoids or perhaps
 Diarrhoea & Tenesmus from irritation
 of the Lower Bowels. The Kidneys & Ureters
 have been known to suffer from the
 Compression to which they have been
 subjected; & even apparent suppression
 of Urine has followed & been relieved
 on tapping the Cyst. All the Abdominal
 Viscera suffer in succession as the
 tumour enlarges; but the most distressing
 symptoms which seem more immediately
 to threaten life, & which imperatively
 demand operative interference, show
 themselves when the tumour has filled
 (to the greatest possible degree) the abdomi-
 nal Cavity & so begins to press dangerously
 upon the Stomach & Diaphragm. Not
 only are its enormous size & weight such
 as to interfere with the patients' capability of
 moving about, but the distress which is
 occasioned by irritation of the Stomach
 & obstruction to respiration, becomes in-
 tolerable & soon tells upon the strength
 & Constitution.

Treatment - Scarcely anything can be more unsatisfactory than the treatment of this disease - Even to read of the various ideas held by those who have given the Subject their best attention, leaves one in a most unsatisfactory State of mind. To speak of using Antiphlogistic measures in the early stage is simply to take for granted that which is in the great majority of Cases entirely beyond our power - namely the possibility of detecting the disease at all in its early stage. Even, indeed, were it possible to detect the morbid Conditions when they are most under our control, still, the deep seat of the disease, the utter impossibility of reaching the organ without the most serious danger to Life; & the uselessness of our interference if the organ could be safely reached, all point one way - namely, to the hopelessness of doing anything to avert the disease or to check it at its very commencement. I might here quote the opinions expressed by well known writers such as Burus, Denman & others; but the views held by these distinguished men simply point to the fact

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fact, that when incipient, Ovarian Dropsy cannot be diagnosed; & that even if detected, ^{in a well advanced stage,} there are no efficient means of dealing with it. The general opinion of the Profession up to the present time is decidedly opposed to the idea that any good is to be expected from the use of medicines; & when cases are reported as having been cured by some special remedy or other, the most experienced are always the least easy to convince of the reality of such cures - & indeed the result usually proves that the reported cure has been no cure at all. But a more serious question here arises, if internal Remedies such as diuretics, preparations of Iodine, mercury in various forms &c &c, are found to be positively useless, so far as any advantage to the patient is concerned, are we sure that they are not detrimental? Now it seems to me not in the least degree doubtful that they are highly injurious, & militate powerfully against the patient by diminishing the general vigour of body & thus lessening the power of resistance which the system in its healthy condition undoubtedly has. It is quite a mistake to suppose that the growth of morbid Structures such as Ovarian

Ovarian Cyst is arrested or even likely to be arrested by the action of such drugs as Mercury; for all such substances tend to produce a Cachectic condition of the body, at least a condition which would certainly be called by some such name were it produced in some other way: & in practice it is actually found that when the patient is emaciated & becoming gradually weaker & weaker, still the morbid growth like a parasite grows on apace unchecked in its progress by the exhaustion which is bringing the patient to the verge of the grave. It seems indeed as if debilitating the patient were merely favouring the disease: whilst on the contrary, all means which tend to elevate the tone of the system generally, tend also to retard its progress. If I mistake not, it is the Professor of Midwifery in the University of Edinburgh who has remarked with reference to an absurd proposition, that bleeding from the arm frequently repeated, would be quite as likely to remove the patient's liver as to cause the discussion of an Ovarian Tumour. According to Dr. Simpson the chief indications are, to keep the health

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health good; to avert or remove the Condition, from the Pelvic or abdominal viscera which might hurt the Ovary; to restrain irritation from mechanical pressure & Congestion by a few leeches where required; & keep down all tendency to Congestion or Inflammation in the Ovary itself. Medical Treatment, therefore, amounts to mere palliation - Dr. Hunter remarks that the disease is incurable, & that the patient will have the best chance for living longest under it who does the least to get rid of it.

Sometimes nature or accident effects a cure - The usually mild fluid contained in ovarian Cysts is readily absorbed by the Peritoneum; & cures have so taken place. In one instance, a female with ovarian Dropsy was thrown down in the Street by some Vehicle; the Cyst was ruptured; the fluid escaped into the Peritoneum & was wholly absorbed; & as the result, the tumour disappeared altogether. An imitation of what has taken place in some cases, has been attempted by applying pressure to the Tumour in the hope of rupturing the Sac

Sac without the necessity of making an external incision; but this is a method which could hardly be expected to succeed. In some cases the tumour has inflamed at certain points, formed adhesions to contiguous parts, ulcerated through & thus come to discharge itself by various channels - sometimes the Bladder, or Rectum, or Vagina or Intestinal Canal, & sometimes externally at the groin or elsewhere - Dr. Bennett had a case which was reported in the Journal in 1849 in which an ovarian Dropsy was spontaneously cured by suppuration of the Cyst, discharge of the pus &c. into the Bladder & its evacuation with the Urine. But ~~none~~^{none} of the cases of Spontaneous cure afford any guide or indication by which Surgeons may be directed to a safe imitation of the plans of Nature. All surgical interference is dangerous & unsatisfactory in a large proportion of cases. Even the operation of Tapping, is not without considerable risk. In the first place, ^{when} the accumulation is great, the patient has suddenly sunk from the effects

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of the rapid evacuation of the Cyst. If the Patient should escape the operation itself, Inflammation may attack the Cyst or its peritoneal investment, bringing the life of the patient into jeopardy. Although Paracentesis is the readiest & most obvious indication for relieving the distress depending on the excessive distension of the Sac, yet it is by no means certain of succeeding. The Contents are sometimes so viscid as to be incapable of flowing through the Canula. If the operation should succeed in emptying the Cyst, at best it can only promise a temporary respite to the unhappy sufferer - for the fluid rapidly accumulates & ultimately all the more rapidly the oftener the operation is repeated. The first tapping is the most dangerous - afterwards as the operation is repeated, the System comes to be prepared, as it were, for it; & thus, whilst some die within twenty four of the first operation, others survive many years, & have the operation repeated an amazing number of times. as in some remarkable cases on record. The dangers

The dangers connected with the operation of tapping in Ovarian Disease, the temporary & unsatisfactory nature of the relief it affords, the almost total hopelessness of its effecting a radical cure, & the effect it seems to have in exciting the lining membrane to a more active secretion, are all found to be urgent reasons for avoiding the use of the Trochar as long as the patients condition is at all tolerable. Although a few cases have occurred in which after evacuation of the fluid complete recovery has taken place, still this is not to be expected in practice.

It has been proposed to inject the Sac (after its evacuation) with some irritating fluid such as Tincture of Iodine in the hope that adhesive Inflammation & Obliteration may follow as in the case of Hydrocele. This method has been tried in some cases & is even stated to have proved successful; but altho' such treatment is in general perfectly safe in Hydrocele, but little reasoning is needed to convince any one that very different results might fairly be looked for in the case of a large Cyst in near relation with organs of the highest importance - Indeed

unless

unless evidence of the strongest kind were brought forward in favour of Injection, the proposal seems to desperate almost for trial -

The question of a Radical Cure is altogether Surgical, & relates to the various modes in which it has been proposed to remove the Tumour altogether from its position & Connections within the Abdomen. Many cases have occurred in which the diseased Ovarium has been removed successfully; but on the other hand many patients have perished. Two modes of performing the Operation have been recommended - one of which is, to make a small opening thro' the Abdominal Parietes, ^{into the Sac,} evacuate its Contents, drag it out so soon as it has collapsed, & apply a ligature to its neck, in order to remove the mass; the other mode is to carry a large incision from the Umbilicus or even a higher point than this to the Pubes, & through this aperture to remove the whole tumour at once. But what, it may be asked, has been the Success of this formidable operation? Conflicting statements meet one on every side; & yet, taking the whole matter into fair Consideration, Ovariotomy cannot be

be regarded as less successful than some other Capital operations. Dr. Clay of Manchester appears to have been as successful as it is likely that any operator will be who has a sufficient number of cases varying in character & in the circumstances which complicate them - Dr. Simpson mentions the results of 114 cases operated upon to have been that one in every three cases proved fatal, whilst other regular surgical operations show even a greater mortality than this; & ligature of the Innominate Artery has hitherto invariably proved fatal. Dr. Simpson considers the proper cases for the operation to be those in which tapping becomes more & more frequently required; where the Patient is young; where there are no adhesions, & where life is fast ebbing. A better method of restraining the hemorrhage than by leaving the ligatures in the Peritonium is a desideratum; & if it were attainable, would probably render the operation much more successful. The method recently proposed by Dr. Simpson

Simpson, namely, Acupuncture, should it on more extensive trial be found in general to succeed in arresting Hemorrhage, would doubtless render Ovariotomy less dangerous than it now is. Of course it is not the mere operation which is to be considered as full of danger, for in this as in many other cases the patient survives the operation but sinks from the consequences of it. If I were to differ from so high an authority as Dr. Simpson in any opinion he has expressed, it would be regarding the time at which the operation should be performed. It appears to me that in this country great operations such as ovariotomy have been delayed too long & thus the patient, having become gradually reduced in strength, is found to be quite unable to bear up against the shock to which the system is exposed; & probably this as well as other dangerous operations would be found much oftener beneficial were they performed whilst the system is yet vigorous & the strength unimpaired -