

CASE  
OF  
EXTENSIVE  
O V A R I A N D I S E A S E,  
COMPLICATED  
WITH PREGNANCY.

BY THOMAS HEWLETT, ESQ.  
SURGEON, HARROW ON THE HILL.

COMMUNICATED BY DR. LOCOCK.

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READ 27TH MARCH, 1832.

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ON the morning of the 25th of August I received a hasty message to see Mrs. —, who was said to be taken with premature labour. On arriving at her house, I found the lady (who was in her thirty-fifth year, and had borne six children) had just entered the seventh month of pregnancy, and was suffering considerable uterine pain, frequent in its return, the intervals of ease being about two or three hours. An examination per vaginam discovered what I at first thought was the head of a foetus, low down in the pelvis, occupying the hollow of the sacrum behind, and allowing little more than a finger to pass between it and the pubis before; the presenting part appearing to be the vertex. I could not however feel the os uteri, and the finger was withdrawn, unmarked by discharge of any kind. The pulse was

full and quick. I enjoined the recumbent posture with quietude, drew away sixteen ounces of blood from the arm, and prescribed a mixture containing small doses of the extr. conii with magnes. sulphatis. The strict observance of this plan, quieted the pains for three days, when they returned with some violence. I again examined, on the 29th and 30th, and being still unable to discover any os uteri, I left my patient with an impression, that it was either one of those cases of partial retroversion so well described by Dr. Merriman, or that the tumour, which I at first took for the head, was really an impacted ovary. The pains, which still bore a uterine character, were now controlled only by opiates; and from their frequent and regular return, I apprehended labour was speedily coming on; and as the patient lived at the distance of three miles from me I slept at her house for three or four nights. At this period, the patient being harassed by fruitless pain, and worn from want of rest, the constitution also beginning to shew evidence of the effect of irritation, by the frequent presence of sickness, and a general febrile tendency, my opinion too being undecided as to the state of the presentation, I requested another opinion, and on the 21st of September Dr. Locock was sent for. After a very patient and careful examination per vaginam, he thought he could reach a *segment* of the os uteri high up above the pubis. With regard to the swelling, we both agreed that it bore more resemblance to an ovarian tumour than what I at first thought it was, viz. a partially retro-

verted uterus. On passing the hand over the abdomen, the boundary of the womb could be distinctly traced; and in the left hypochondriac region, distinct from the uterus, a hard unyielding substance, apparently floating in fluid, could be plainly felt. This Dr. Locock at once pronounced ovarian. The legs were exceedingly œdematous, particularly the left. Dr. L. advised the free exhibition of saline purgatives, enjoined quietude, and the continuance of the opiate. The patient felt considerable relief by the free discharges from the bowels; the distension of the abdomen and legs was for a few days much diminished, and altogether her state was more comfortable. The relief was, however, but transient; the swelling of the labia and legs, and the pain arising from the tightened state of the skin proving a great source of uneasiness, I punctured both the legs and labia, which latter were enormously distended, and very much ease was obtained by the *large* discharge of water from these parts.

The symptoms continued much the same until the 6th of October, when, in addition to the other discomforts of the patient, there were difficulty and pain in passing water which called for the frequent introduction of the catheter. On the above day the pains returned with frequency, regularity, and force, but no os uteri could be discovered, although I made frequent and careful examination; neither was there any show. Towards the morning of the 7th, the pains increasing, Dr. Locock was

again sent for, and was requested by the patient's friends to bring Dr. Merriman with him. On their arrival Dr. M. examined the patient, and with some difficulty reached what he also believed to be a *part* of the os uteri, the extremity of the finger bringing with it a very small quantity of a dirty-looking secretion. He was on the whole inclined to think the case one of partial retroversion, but gave a guarded opinion about it, as his mind was divided between this and the presence of an ovarian tumour. He thought it advisable to endeavour to get the patient on to her full period, she being then in the first week of the ninth month, believing it probable, that if the mouth of the womb was at all tilted upwards, it would perhaps right itself then. He recommended a continuance of the opiates, and such a light nutritious diet as was calculated to keep up the patient's strength.

It was now pretty evident that the system was feeling severely the effect of such long continued suffering. The sickness which had for some weeks past greatly distressed her, was controlled neither by light cordials nor strong stimulants, and the hydrocyanic acid, or the constant exhibition of effervescing draughts, were equally ineffectual in suppressing it; the breathing was also much oppressed, and the legs and thighs much distended; the movement of the foetus was languid, and ceased entirely, as far as the mother's recognition of it could discover, altogether on the 8th.

On this day, the 8th, the patient had for the first time, a slight discharge, very sparing in quantity, and exactly resembling in colour the secretion that appeared on Dr. Merriman's finger; this continued during the 9th and 10th, and on the 11th the napkin was stained with a bright yellow, in appearance resembling pus. An examination, however, detected no alteration in the state of the parts; there was the same unyielding tumour low down in the pelvis, firmly bound down, and being as it were continuous with the rectum, protruding nearly to the os pubis, and scarcely admitting a finger to pass between it and that bone; beyond it at this part I repeatedly and anxiously felt for the os uteri, but in vain. It did, however, appear both to Dr. L. at his last examination, and to myself, that by firm pressure upwards, the tumour could be very slightly raised, but with pain to the patient. Towards the evening of the 11th the pains were recurring with great regularity, and some force, every ten minutes; and I determined to stay with Mrs. — during the night, but towards one or two in the morning they wholly ceased; and by the assistance of an opiate she got some hours' sleep, awakening refreshed and strengthened. At about seven on the following morning (the 12th) a large discharge of dirty-looking water (liq. amnii) took place without the occurrence of pain. As soon after the discharge of the waters as possible I again examined, but found nothing to cheer me as to the event of the case, the parts being

exactly as they were previously to this occurrence. The system, however, seemed recruited by the few hours' sleep obtained during the preceding night, and the day passed over in quietude ; the patient taking and retaining light nourishment, and not betraying any symptom of sinking.

At my evening visit, at 10 o'clock, I found her suffering from the return of uterine pain, which had commenced about an hour previous, and which by one in the morning of the 13th had assumed the regular grinding pain of labour, being confined chiefly to the back. The pains continuing to increase in frequency and severity, I examined with care, at 2, 3, and 4 o'clock, but was still unable to reach the os uteri or any other part of the womb. I now felt satisfied of what my fears had all along led me to apprehend, that there was no hope for my poor patient, but such as the Cæsarian section afforded ; and as I did not feel justified in submitting her to this most serious and generally fatal operation without the sanction and in the presence of some other opinion, I requested Drs. Merriman and Locoek might be again sent for. The latter gentleman only arrived, the former being from home.

The pains were now frequent and tormenting, confined principally to the anterior part of the womb, the pulse small and quick, the face sunk, and the general aspect of the patient dejected. Dr. L. arrived at a little after seven and examined Mrs. — at SEVEN. I lay

particular stress on this fact, because it will be presently seen that it is important. At this hour there was not, to my mind, the smallest alteration of parts, the same absence of os uteri, the opposing tumour unmoved, and there was a slight discharge of mucus of a dirty colour. I stated the apparently hopeless situation of our patient, as far as the natural efforts could assist her, to Dr. L. in an ante-room; and while debating on the *least* dangerous course to be pursued, and about half an hour after I had last examined her, a pain of a wholly different character for the first time occurred, recognised not by the finger, but by the ear. Dr. L. requested me to introduce the catheter before he examined her. On each former occasion, on which I had done this for her, I had had little difficulty, but now there appeared an impediment to the entrance of the instrument into the bladder which had not existed a few hours before, and for which I could not at the moment very readily account. I did however, after some time, succeed, and drew off about two ounces of urine; during this trifling operation, another pain, similar in character to the last, occurred. Dr. L. then came into the room and immediately introduced the finger, when to our great delight he announced that the head was fast descending, and the scalp, having more the feeling and elasticity of a distended bladder than the covering of the head, was making rapid progress towards its exit. It will readily be believed with what unmixed pleasure we received this information, and with what increased admiration we viewed the resources of nature, at this "her

eleventh hour." Dr. L.'s examination took place at eight, so that this improvement in the state of the parts must have been effected in less than an hour. The tumour was pushed on one side, or perhaps flattened. The head continued to descend; and just before its expulsion, it so much resembled a distended bladder, that for a moment I doubted whether it was the scalp that I touched; the presence of hair convinced me of the fact. The foetus was expelled at 10 o'clock, the placenta following immediately afterwards; the child was quite putrid, the bones of the head being entirely separated and broken up, and to this circumstance alone can be attributed the salvation of the patient from an operation fearful in itself to her, and too frequently fatal to warrant its ever being undertaken but from the most imperative necessity. An examination immediately after the expulsion of the placenta discovered the tumour on the *right* side, precisely in the same situation as before delivery. The left ovarian tumour also, surrounded by fluid, could be more distinctly felt, and was found to have descended in the abdomen.

Nothing unusual occurred after delivery, and at one I left her with a reasonable hope of her doing well. My evening visit, however, dispelled this grateful expectation, for I found the abdomen as large, if not indeed larger, than before delivery. On examination it was evident that part of the distension arose from an accumulation of fluid; but the greater part was produced by the presence of a large tumour occupying the whole of the left side of the abdomen; not tender to

the touch, nor causing further inconvenience to the patient than that arising from its bulk. It appeared to me that the fluid was contained in an ovarian cyst of the left side. Subsequent events, however, proved this opinion to be incorrect. The patient had had a few hours' sleep, and retained light nourishment, and appeared, as far as constitutional symptoms indicated, going on well. On the 14th, the bowels not having been relieved, a purgative was given, and a saline fever draught was taken every four hours. The chloride lotion was also used to correct the offensive odour of the lochial discharge.

15th and 16th. The patient passed over these days without any increase of symptoms, the size of the abdomen being undiminished.

17th. The patient was annoyed a good deal by what she termed after-pains, which did not appear to me to arise from the womb. There was also some distress in breathing apparent, and the bulk of the abdomen was slightly increased; the bowels had been freely relieved.

At two o'clock in the morning of the 18th I was sent for to the patient, her breathing having become more oppressed, and the pain at the lower part of the bowels, called by her after-pains, being now severe. She was also very sick; pulse small and quick; skin hot. I took away sixteen ounces of blood from the arm, and ordered two grains of *ext. opii* to be introduced as a suppository. At 10 a. m. I

again saw her, and found she had had four hours' quiet sleep, but awoke agitated, and getting her breath with considerable difficulty. The pain had also returned with much violence, and was, at the period I was with her, extremely severe. The blood drawn in the night was buffed and cupped; and although from her greatly reduced state I would willingly have spared her an additional loss of blood, the extreme difficulty of breathing, together with the severity of the pain, obliged me to have recourse to a further abstraction of sixteen ounces, from which she obtained some relief. The circumference of the abdomen was now thirty-eight inches.

19th. The poor suffering patient had passed a miserable night, notwithstanding the use of the suppository; her breathing being hurried, the sickness constant, and the pain in the pelvic region very severe. The abdomen now measured forty-one inches; and I determined, more with a view to present relief than with any hope of permanent advantage, to draw off the fluid from the abdomen, by the operation of tapping, which I did in the afternoon of this day, and removed, by measure, five pints and a half of serum. The trocar was introduced at the usual place, but rather nearer to the umbilicus than pubis, some care being necessary to avoid the uterus, which at this period, (seventh day after delivery,) was still large, and its fundus to be plainly felt. From this operation she obtained very much relief; the abdomen diminished five inches. The mechanical pressure

on the stomach and diaphragm being in a great degree removed, the breathing was much more free, and the sickness less troublesome. She obtained also some hours' refreshing sleep. The improvement, however, as was anticipated, was but temporary; for on the 20th the vomiting returned, and was incessant, the stomach rejecting every thing that was put into it. The sickness was but slightly controlled by the hydrocyanic acid, of which she took three minims every four hours. On the 21st there was a slight amendment in appearance, although none in reality, the sickness being, from the patient's statement, lessened by the Prussic acid.

22d. The patient, as yesterday, in every respect more comfortable. Stomach quiet, retaining some arrow-root; pain much less, though occasionally very severe; the size of the abdomen now increased to forty-three inches; and although the freedom from constant pain and the cessation of vomiting contributed to render the patient's condition more comfortable, it was yet quite apparent that the system, notwithstanding this trifling amendment, was rapidly yielding its little remaining strength to the resistless assaults of disease.

She died at half past seven on the morning of the 23d, having been insensible the preceding twelve hours.

The body was examined seven hours after death,

before decomposition could have effected any change in the appearance of diseased parts. The upper part of the body was much emaciated. The lower extremities œdematous. On turning back the abdominal parietes, a large solid diseased mass, having a *fungoid appearance*, and lying on the left side, presented itself. On tracing this, it was found to be the left ovary, lying in the left iliac-fossa and ascending to the diaphragm, having that form of disease termed by Dr. Seymour "malignant tumour of rapid growth". On the right side, and lying in the pelvis, was the other ovary affected with the same disease, and forming the tumour which was felt before, and so much obstructed, the birth of the child; it entirely filled the hollow, and was very firmly attached to the bones of the pelvis. To the front, and resting on the tumour, was the uterus, being free from disease; behind which, and between the ovaries, was a portion of intestine very dark in appearance, being, as it were, strangulated by the pressure of the morbid growth. The intestines, in the neighbourhood of the tumour, bore marks of inflammation, in some parts severe. The pyloric end of the stomach was thickened, and in a state of scirrhus; the pancreatic glands much enlarged and indurated; the liver healthy in appearance; the gall-bladder distended, and having in it a single calculus; the kidneys very much enlarged, the substance of each containing ill formed pus of a strumous character. The ureters enormously dilated, each admitting; with facility, the tip of the little finger; this appear-

ance being readily accounted for by the pressure of the tumours, and consequent detention of the urine in its passage to the bladder; the bladder healthy, and containing about two ounces of urine. There were about two pints of serum in the cavity of the abdomen; the left side of the chest contained about four ounces of serum; the heart, large vessels, and lungs being healthy. The head was not examined.

It is an interesting and important fact, in relation to the growth of the tumours, that I had attended this lady in two previous confinements, the last of which took place just eighteen months previous to the present one, and that on neither occasion was there any symptom to warrant the supposition that the ovaries were diseased, her "getting up" from each being uninterruptedly good. Her health also, during the first seven months of her recent pregnancy, was unusually good; although, from watching at the sick bed of her mother, and other circumstances, she had had much to try it. It was observed, however, by her friends and herself, that she was larger for the period than she had ever been before.

The weight of the preparation was estimated at about seventeen or eighteen pounds.

Harrow, January 16, 1832.