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DOUBLE OVARIOTOMY DURING PREGNANCY; SUBSEQUENT DELIVERY AT TERM.[1]

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IT is no longer pertinent to seek the ear of skilled ovariotomists with reports of simple cases. I should not attempt to transgress the bounds of ordinary propriety on an occasion like this, by committing such an outrage upon time and patience, not to say common decency. Believing, however, that the case I have to report has sufficient interest outside of the ordinary to warrant the appropriation of a part of your valuable time, I present it to you as briefly as may be.

On the 27th day of March, in the present year, I was invited by Dr. C. W. Gould, of Buffalo, to see Mrs. K., residing at No. —— Michigan street, near his residence.

Personal history: Age 26, nativity German, color white, married nine years, has four children, oldest eight years, youngest two years and four months.

Physical examination: She was enormously distended in the abdomen, the girth at the umbilicus being fifty inches. There was some fluctuation, indicating free fluid in the abdominal cavity. In the left lumbar region was a hardened mass, and percussion in the epigastric region gave a clear note. In the erect posture the abdomen was pendulous, hanging over the pubic arch much as a snow drift hangs over the eaves of a house. The

[1] Read before the American Association of Obstetricians and Gynecologists, at its Annual Meeting, in Washington, D.C., Sept. 18th, 1888.

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uterus was high up, the cervix soft, and there was so much impaction in the pelvic cavity that intelligent bimanual palpation was of very little avail. She was unable to sit up by reason of the great oppression from the distention of the abdomen. Her urine was scanty, but otherwise normal. She had been tapped by Dr. Hofmeier, on August 24th, 1884, about six months after her third confinement, when, to use her words, "A pail and a half of water was drawn." She menstruated last on the 17th of November, 1887. Dr. Gould's diagnosis, made in the morning of the day of this visit (which was the first time that he had seen the patient) was an ovarian cyst, complicated with pregnancy. My examination only served to confirm his opinion, and it was determined, in view of the urgency of the symptoms, to make an early operation.

March 30th. Ovariotomy at 12 o'clock noon: Present, Drs. C. W. Gould, R. L. Banta, B. H. Daggett, H. Woodbury, F. H. Potter, and medical students Widner and Kimpton.

An exploratory incision, two inches in length, was made midway between the umbilicus and pubic arch, and, the walls of the abdomen being thin, the peritoneum was quickly reached and opened, whereupon two quarts of free ascitic fluid escaped.

The cyst was found to involve the left ovary and was extensively adherent in all directions. The fluid part of the cyst was drawn by trocar, when twelve quarts of water escaped. The solid part, that weighed ten pounds, could not be delivered from the opening until it had been enlarged to four and a half inches. The pedicle was broad and short. I partly enucleated the cyst, then transfixed and tied the pedicle with No. 4 Chinese silk, employing the Bantock knot.

After the removal of the left tumor, the right ovary was sought and found to be cystic; when it was tapped and about one and a half pints of fluid drawn. Its pedicle was transfixed in the same manner as the other, and both pedicles dropped. There was a very little hemorrhage, even though the adhesions were extensive, some of which I tied with catgut.

The toilet of the peritoneum was carefully and quickly made, and the incision closed with nine silk worm-gut sutures, care being taken to include the tendinous aponeurosis of the abdominal muscles. The dressing was completed by iodol dusted over the line of the incision, several layers of antiseptic gauze, a thick layer of borated cotton, and a flannel bandage over all.

During the course of the operation, a good opportunity was afforded to examine the womb itself, which could plainly be seen by all present, and was apparently the ordinary size of a gravid uterus at four months. It was disturbed as little as possible in making the toilet of the peritoneum, and, indeed, in all the manipulations incident to the operation.

She rallied quickly from the anesthetic, and was perfectly conscious in a few mements after she was removed from the table to the bed.

Time of operation, one hour and five minutes. Weight of tumors, thirty-eight pounds.

The pulse and temperature varied between 100 and 102, and 100° and 103°, respectively, during the first ten days, due apparently to intestinal distention and vomiting; after that both gradually dropped to normal.

On the twelfth day the abdominal dressings were removed for the first time, when the nine silk worm-gut sutures were cut away, and union by adhesion was found throughout the whole track of the incision. There was not the slightest surgical odor to either the dressing or the sutures. On the morning of the 6th of April, there occurred regular uterine contractions, accompanied by the ordinary intermittent pain which indicated the threatening of miscarriage, but she was given full enemata of opium during the day, and by night the pain and contractions had entirely ceased, there being no further threatenings during the progress of the case in the direction named. The gaseous distention referred to was the only source of discomfort during this whole process, and to it was undoubtedly attributable the rise of temperature as indicated by the record.

This annoyance was greatest about the fourth day, but finally the gas passed in great volumes both by the mouth and by the rectum, after which she became comfortable, and made no further complaint of any kind during the whole progress of the case. She was allowed to sit up on the twentieth day, and soon began to walk around and resume the usual household duties pertaining to her walk in life.

She continued in perfect health and comfort up to the day of her confinement, which occurred on the 28th day of August, when she was delivered of a male child, weighing seven and one-half pounds, after a perfectly normal labor, and the puerperium was likewise normal in every way.

I have been somewhat minute in some of the details of the case, omitting, however, much that possessed no especial interest.

Ovariotomy has been performed successfully during pregnancy so many times that there is nothing particularly novel in that condition alone; but I am unable to discover, in the searches of the literature that I have made, a single reported case of a *double ovariotomy* performed *during pregnancy*, in this country, where the patient *went to full term* and was delivered of a living child.

Dr. Mundé reports a successful case of double ovariotomy during pregnancy in the American Journal of Obstetrics for July, 1887, but this case did not go to full term.

Dr. E. E. Montgomery, one of the Fellows of this Association, reports in the *Medical Register*, April 28th, 1888, a double oöphorectomy done by him at the third month of pregnancy. I am unable to state whether the woman reached the completion of pregnancy.

In the *Archives of Gynecology*, May, 1888 (from the *Med. News*), Dr. W. Gardner reports a case, where he made double oöphorectomy and the woman was delivered eight months afterwards of a living child.

There have undoubtedly been other cases of double ovariotomy or oöphorectomy during pregnancy reported in our own country which I have not observed.

Mr. Knowsley Thornton reports a successful case of removal of both ovaries during pregnancy, in the London Obstetrical Transactions for 1886. His case fell in labor, and was delivered of a living child at about the end of the eighth month. Four months afterwards this patient reported to him in good health, and still nursing a fine healthy infant. This is the first case reported of the kind that I have been able to discover, but even his case did not go the full period of gestation.

I am informed that Dr. Vander Veer, one of the Fellows of this Association, has recently successfully removed both ovaries during pregnancy, and he may also be able to report that his patient went to full term.

It would seem that the case which I have presented possesses an especial interest in showing that the removal of the appendages exercised no influence, as far as can be discovered, on the performance of the healthy functions of gestation and final delivery; but, on the contrary, my patient has not been in as good health as now for several years past. She continues to nurse her child with a full supply of milk, and presents no extraordinary conditions of any kind that are apparent upon the closest scrutiny.

I cannot close this paper in any more suitable way than to quote Mr. Thornton's final words, when he reported his case to the London Obstetrical Society, viz.:

"I have thought it well to place a full record of the case before this Society [Association], and I await with much interest the views of the Fellows upon the curious physiological and pathological problems which it suggests."