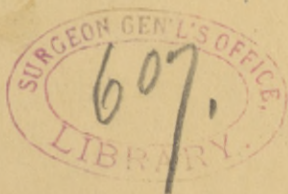
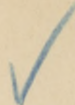


DUNN (S.)

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BY

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LOS ANGELES, CAL.

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Some Conservative Operations Upon the Ovary.

BY B. SHERWOOD-DUNN, M.D., LOS ANGELES, CAL.

LATELY ATTACHED TO BROCA HOSPITAL FOR WOMEN, PARIS, FRANCE; MEMBER OF
THE SOCIÉTÉ CLINIQUE DES PRATICIENS DE FRANCE—AMERICAN
ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, ETC.

Mr. President and Ladies and Gentlemen:

I think there is more capital surgery done in Southern California than probably in any other section of equal population in the United States. There are many reasons why this is so and doubtless will remain so.

In coming before this popular society, which comprises the best known and most distinguished members of the profession in the southern part of this State, I wish to make a plea for the conservation to the women who come to us for operations upon the ovaries, of any part of these organs that offers the hope of the continuance of the menstrual function.

It requires but a few years of observation to learn, what statistics from all the great hospitals for women show, and the leading specialists at home and abroad tell us, that the anticipation of the menopause by operative interference may leave the castrated woman subject to reflex disturbances that affect the functional activity of any, and sometimes all, of her remaining organs, and in some respects renders her life more miserable than before.

From observations made upon 500 cases, operated upon in Broca and St. Louis Hospitals in Paris, I found where the woman had prematurely lost both ovaries, that 78 per cent. subsequently suffered a notable loss of memory; 60 per cent. were troubled by flashes of heat and vertigo; 50 per cent. confessed to a change in their character, having become more irritable, less patient, and some of them so changed as to give way to violent and irresponsible fits of temper; 42 per cent. suffered more or less from mental depression, and 10 per cent. were so depressed as to verge upon melancholia. In 75 per cent. there was a diminution of sexual desire, and some of these claimed they experienced no sexual pleasure; 13 per cent. were not relieved of the pain from which they suffered; 35 per cent. increased in weight, and some became abnormally fat. Some complained of a diminution in the power of vision; 12½ per cent. noted a change in the tone of their voice to a heavier, more masculine quality. Some 15 per cent. suffered from irregular attacks of minor skin affections. I particularly noted a few cases presenting chiefly gastric reflexes, where without any premonitory symptoms, or apparent cause, the stomach would reject food, or refuse to prepare

* Read at the Eighteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 2 and 3, 1896.

it for intestinal digestion and the consequent distress following the fermentation compelled the patient to seek relief.

It is estimated that a woman, during the average menstrual life, throws off 350,000 ova. Assuming that all parts of the ovarian parenchyma enter equally into the generation of these bodies, it is readily seen that the least part preserved, be it ever so small, maintains the menstrual function and promises the possibility of motherhood.

I reported in the *Occidental Medical Times* for December, 1894, published in Sacramento, a case of a woman 36 years of age, mother of five children, who was operated upon in Broca Hospital, Paris, February 10, 1893, when one ovary was removed and the other resected, leaving part of it, and the tube to continue the menstrual function. September 12, 1894, or 19 months after, this woman was delivered of her sixth child, a 6½-lb. healthy girl, born at term in the maternity ward of that hospital.

October 16th of this year I operated upon Miss X, 28 years of age. I found both ovaries in a state of sclero-kystic and oedematous degeneration, resulting from diffuse chronic ovaritis. The free border of each ovary, presenting the appearance of complete degeneration, were poly-kystic. At the base, and ascending about one-half the interior border of each, there were the characteristic marks of the corpora lutea, showing that these parts of each organ still performed their normal functions. After satisfying myself that the fallopian tubes were permeable, I resected all but these parts of each ovary, bringing the cut borders together by a continued suture of fine cat-gut, and leaving about one-third of each ovary in situ. The patient suffered little if any pain following the operation, and on November 1st menstruated a little in advance of her usual time, but of normal duration, though scant in quantity. This patient has again menstruated, commencing the 28th of November, without the pain and nervous phenomena that has heretofore characterized her epochs, and she avers that the flow is freer and more abundant than in years past.

Another operation of equal if not greater conservative value to the ovary is that of ignipuncture, first imagined and practiced by my eminent master, Professor Pozzi. It consists in destroying the diseased portion of the ovary by the use of the thermo-cautery.

In a paper before the International Medical Congress at Rome, March, 1894, Prof. Pozzi gives the following forms of ovaritis as amenable to this treatment:

Sclero-micro-kystic ovaritis.

Diffuse, edematous ovaritis.

Mégalo-kystic ovaritis.

The pathological distinction between these three, is that the first is an atrophic form, the surface of the ovary is corrugated or shriveled with irregular protuberances due to small serous or sanguineous kysts.

The second is notably augmented in volume, the surface glistening, of elastic consistency, and when opened the cut surface looks infiltrated and edematous. There may be superficial kysts, but they are not constant. This variety is often accompanied by a varicose condition of the veins of the tube and broad ligament.

The third form is characterized by large follicular kysts, or kysts of the corpora lutea, and it is necessary to distinguish in this last, whether they be normal or present sclero-micro-kystic degeneration.

The Paquelin thermo-cautery, furnished with the broad flat point or blade, and the round point, are best suited to the technique of this operation. The first can be used either as a cutting blade, or for puncturing, and the second is best suited

to the ablation of small multilocular kysts, permitting of numerous punctures without destruction of the uninvaded parenchyma. The punctures should be of one or two seconds duration, and it is better to make them too profound than insufficient, with the point at red heat only.

My observation of results in this operation has caused me to prefer resection, followed in some cases by cauterization of suspicious spots seen on the cut surfaces, in the first variety, sclero-micro-kystic ovaritis. In the diffuse edematous ovaritis, I use the broad pointed blade of the thermo-cautery, burying it profoundly in the ovary at three or four separate points, or drawing it deeply through the median line of the long axis of the ovary and afterward stitching the free borders together with cat-gut.

In the mégalo-kystic form, the round point of the thermo-cautery is the more serviceable, and care must be exercised to completely destroy the cicatricial tissue.

I performed an ignipuncture last spring upon a case presenting this form of disease, obliterating two kysts in one, and one in the other ovary.

The patient was 36 years of age, married, and mother of three children. She gave a history of dysmenorrhœa, with great nervousness, bordering on hysteria, preceding, and continuing to the close of each menstrual epoch. The ovaries were enlarged, hyperemic, and one of them somewhat distorted by the two approximated kysts.

This lady has lately returned from the East to spend the winter in this climate. She is free from the distressing symptoms formerly complained of, although still suffering some pain at the epoch, but not more, I think, than is ordinary. She has gained in health and weight, and is completely satisfied with the results of the operation. Upon examination, I found the ovaries of normal size and consistency, and free from the hypersensitiveness they possessed previous to the ignipuncture.

Bradbury Building.



