

Bozeman (N.)

INDEX  
MEDICUS

11-5-

REMOVAL OF A  
CYST OF THE PANCREAS.

WEIGHING TWENTY AND ONE-HALF POUNDS.\*

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DR. N. BOZEMAN presented a specimen accompanied by the following history: it was interesting with reference to three particulars; first, as having been removed from the pancreas of a living woman; second, as having been mistaken for an ovarian cyst; and third, as being the first operation of the kind upon record. The patient was the wife of a prominent physician of Texas, forty-one years of age, tall and robust, weighing nearly two hundred pounds, and perfectly healthy up to seven years ago, except occasional attacks of dyspepsia. Seven years ago she had, for the first time, pain in the right iliac region, extending down the right thigh and occasionally attended with numbness. Five years ago the abdomen began to enlarge, slowly at first, but gradually increased in size upon the left side, with a corresponding flatness upon the right side. The point at which the enlargement was first noticed was higher than would naturally be expected for an ovarian cyst. At that time no special importance was attached to the enlargement of the abdomen, either by herself or husband. It progressed in the ordinary way up to six or seven months ago,

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when it suddenly began to grow rapidly, and finally the entire abdomen was distended symmetrically. At the same time the patient began to lose flesh. The case was diagnosticated as one of ovarian cyst by Professor Richardson, of New Orleans, who advised the patient to consult Dr. Bozeman. On November 19, 1881, the patient having entered the Woman's Hospital, Dr. Bozeman examined her and diagnosticated ovarian cyst. She was also examined by his colleagues, Drs. Thomas and Emmet, both of whom confirmed his diagnosis. An operation was decided upon, and it was performed on the second day of December, under Listerism. Nothing unusual presented itself in the early stage of the operation. When the tumor was reached, through an incision below the umbilicus, its appearance was nearly that presented by an ordinary unilocular ovarian cyst, except, perhaps, it had a little deeper pearlsh color. It was tapped, and two and one-half gallons of fluid were removed. After the greater part of the fluid was drawn off, about two-thirds of the cyst was drawn through the abdominal opening, and then, for the first time, Dr. Bozeman suspected that it was not ovarian. He then passed his hand into the peritoneal cavity and found the uterus and both ovaries, and also determined that the cyst had an origin somewhere in the upper part of the abdomen. The abdominal incision was extended upward two inches above the umbilicus. The stomach was then found crowded against the diaphragm, and the bowels were deep in the abdominal cavity below the cyst. The cyst had an extensive attachment, apparently to the transverse mesocolon. After some manipulation he finally reached the pancreas, where he discovered a large vein, subsequently determined to be the splenic, which was very tortuous, and offered considerable obstruction to the operation, owing to its close relationship to the pedicle. Finally he traced the cyst down until he reached the tail of the pancreas, which was turned up on the side of the

cyst, and firmly adherent to it to the extent of two inches. He then proceeded to separate the extremity of the pancreas from the cyst by dissection, and, when completely separated, the pancreas spread out and presented its natural appearance.

The attachment of the cyst was at the junction of the outer with the inner two-thirds of the organ, and it had a pedicle three-fourths of an inch in length and about three-fourths of an inch in diameter. The veins of the pedicle were very large. Having fairly reached the pedicle, he transfixed it with a needle, ligated it in the usual way, and cut it off. The result was that he cut out the bottom of the cyst, as shown in the specimen. The portion of the cyst, however, which remained attached to the pedicle was subsequently completely removed by dissection. The artery which supplied the growth was doubtless a branch of the splenic, and it had attained a very large size—as large as the brachial. The loss of blood was small, and not a single bleeding vessel required a ligature. The fluid which the cyst contained was of a light brownish color, its specific gravity was 1020, and it had an acid reaction, in that respect differing from the fluid removed from the ordinary ovarian cyst, which is alkaline. The girth of the patient before the operation was forty-one inches, and both oblique measurements, from the anterior superior spinous processes of the ilia to the umbilicus, were the same—nine inches. The tumor, with the fluid, weighed twenty and one-half pounds.

The specimen was also interesting in another respect, namely: with reference to the point of attachment, which was almost precisely in the position occupied by the bullet in the late case of our deceased President. The patient underwent special preparation for the operation. She took salicin, fifteen grains three times a day for two weeks. On the morning of the day on which the operation was performed she received fifteen grains of quinine

with one of opium, and when she went upon the table she was thoroughly cinchonized. The patient rallied from the anæsthetic and from the operation without any shock whatever. After the operation she took by the rectum, at intervals of six hours, ten grains of quinine with two ounces of beef-juice, half a drachm of liquor opii comp., and two drachms of brandy. On the third day the temperature reached its highest point,  $101.5^{\circ}$  F., but the pulse never rose above 98. Subsequently the pulse fell to 80, and the quantity of quinine was gradually lessened, but on the eighth day after stopping the quinine the temperature rose to  $102.8^{\circ}$  F. The quinine was again resumed, ten grains every six hours, and the temperature, in the course of thirty-six hours, fell to  $99.5^{\circ}$  F., and subsequently the patient had progressed in the most satisfactory manner, and there was every prospect of a complete recovery.\*

\* Dr. Bozeman now adds that the patient was discharged cured, January 9, 1882, the thirty-eighth day after the operation.