OVARIOTOMY; A CLINICAL REPORT OF EIGHT CASES, GIVING A NEW AND IMPROVED METHOD OF TREATING THE PEDICLE, WITH BRIEF REMARKS UPON THE NATURAL HISTORY, DIAGNOSIS AND TREATMENT OF OVARIAN TUMORS

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GAYLORD D. BEEBE

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Giving a new and improved Method of Treating the Pedicle, with brief remarks upon the Natural History, Diagnosis and Treatment of Ovarian Tumors.

BY

GAYLORD D. BEEBE, M. D.,

OF CHICAGO, ILLINOIS.

CHICAGO:
DR. G. D. BEEBE, 66 RANDOLPH STREET.
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Ovarian Tumors.

It is not the intention of the writer to present an exhaustive treatise on the subject of ovarian tumors, in the few pages which follow, but rather to present a clinical report of a few cases, with some concise practical thoughts, to aid the general practitioner in arriving at a correct diagnosis, and with a view to presenting the most approved method of treatment.

It would seem that there is an increasing predisposition to the formation of ovarian tumors, even after making due allowance for a readier recognition of the true pathology in cases of abdominal enlargement. The causes which lead to the development of ovarian cysts—for I regard the cases as very rare which do not begin by the development of a cyst—may be stated to be such as tend to produce and keep up an engorgement or congestion of the ovaries, and such as retard the rupture of the Graafian follicles. That there is much in the present mode and habits of female life, which tends to keep up an unnatural

engorgement of the reproductive organs, is, unfortunately, everywhere conceded; and it is in this direction, perhaps, that we are to look for an explanation of this increase of ovarian disease.

For the purposes of diagnosis, it is well enough to bear in mind that tumors of the ovaries may be,

1*st*—Fluid,

2*d*— Composite,

3*d*—Solid;

That the fluid tumors may be,

1*st*—Ovarian Cysts,

2*d*—Hydatid Cysts,

3*d*—Cysts of the broad ligaments.

The composite tumors, viz., those which are partly fluid and partly solid, may be,

1*st*—Cystic Cancer,

2*d*—Cystic Sarcoma,

3*d*—Alveolar or Colloid degeneration.

The solid tumors will show the following varieties:

1*st*—Histoid,

2*d*—Dermoid,

3*d*—Pileous,

4*th*—Adipose,

5*th*—Fibrous,

6*th*—Cancerous.

So far as will concern the general practitioner, he may narrow these varieties down to tumors which are FLUID,

and those which are COMPOSITE, or partly fluid and partly solid. The former he may pretty safely regard as

OVARIAN CYSTS; the latter as

CYSTIC CANCER.

The other varieties are met with so seldom, as properly to be left for experts to diagnose.

When an examination of an enlarged abdomen is to be made, the patient should lie upon the back, the thighs slightly flexed, the clothing removed from about the waist, and the abdomen uncovered. If the enlargement be due to the presence of fluid, fluctuation will give a distinct indication thereof; but it should be borne in mind that solid tumors are, in some instances, surrounded by a small quantity of ascitic fluid, which would give a superficial fluctuation, while a pressure carried more deeply, would discover the solid mass, if one exist.

If, then, the enlargement be due to fluid, it becomes next a question whether this fluid is contained in the cavity of the peritoneum, constituting ascites, or is inclosed within a cyst. The differential indications may be ranged side by side.

OVARIAN CYST.	ASCITES.
There will be a prominent roundness of the abdomen, even while lying on the back.	While lying on the back, the abdomen will become flattened, by the fluid gravitating to the sides of the abdomen.

OVARIAN CYST.	ASCITES.
Percussion over the front of the abdomen will give dullness, because the bowels are crowded back by the cyst.	Percussion over the front of the abdomen will give resonance, because the intestines float, and as the posture of the body changes, the lines of resonance will shift about.
Examining per Vaginam.	
Douglass' cul-de-sac will not be found to be pouched out with fluid, unless there exist, also, some ascitic fluid.	Douglass' cul-de-sac will always be found pushed downward by the fluid in the abdominal cavity, and will give to the finger the sense of fluctuation or yielding.
In some instances, the patient will discover the tumor while it is yet small and upon one side.	The accumulation never assumes the form of a circumscribed tumor, but gives a uniform distension of the abdomen.
Menstruation is nearly always disturbed as to regularity ; sometimes too soon, sometimes too late.	Menstruation is not, necessarily, disturbed.
No evidence of disease of the heart, liver or kidneys. Skin is of normal color and moisture.	Nearly always, evidence will exist of disease of the heart, liver or kidneys. Skin, in majority of cases, is of icterode hue and parchment feel.

If the uterus can be outlined, as of normal dimensions, by a digital examination per vaginam or per rectum, and, by the introduction of a sound, can be made to move about independently of the tumor, it may safely be assumed that

the enlargement is not due to pregnancy or to other enlargements of the womb. It should be borne in mind that an ovarian cyst and pregnancy may co-exist, in which case the physical signs of both will be present.

An extra uterine pregnancy might possibly be distinguished by the pulsations of the fœtal heart, which may be assumed to have become audible before the development of a size sufficient to warrant operative interference.

Hydatids within the abdomen, are so rare as scarcely to demand differentiation from the general practitioner, a thing which, in some cases, is only possible by an explorative incision.

By carefully observing these brief hints, the cases are rare in which the medical practitioner will have difficulty in arriving at a diagnosis sufficiently accurate to advise the patient to seek the services of a skillful operator.

It is important, yet not always easy, to determine the presence or absence of adhesions between the tumor and surrounding parts. If the growth of the tumor has been painless, and it is supposed to be a monocyst, there are, probably, no adhesions.

If the abdominal wall can be pushed readily to and fro, sliding freely over the tumor, there are no parietal adhesions; beyond this, little reliable information can be gained by examination.

Treatment.—Upon the subject of the proper treatment of ovarian tumors, it is important that the profession and the public should be kept advised of the rapid progress made in this department of surgery, during the past few years. The writer is persuaded that, in hundreds of cases, persons afflicted with ovarian disease, abandon themselves, and are by their medical advisers abandoned, to a slow and painful, yet certain death, because of the great danger which formerly characterized the practice of ovariotomy. Others, again, submit themselves to a prolonged course of treatment by some physician, who vainly hopes, by medicine administered internally, or by blisters, iodine, or other applications externally, to effect a reduction of the tumor, until the period has passed when an operation would have offered the largest probabilities of success. In yet other cases, medical men have contented themselves with repeatedly tapping ovarian cysts, which, at the best, under this process, have first become multiple, and then, by cancerous degeneration, have hastened the sufferers into untimely graves.

It may safely be stated that there is no efficient treatment for ovarian cysts, other than extirpation. While it is, perhaps, true, that a few cases have recovered in the use of other means, those cases are exceptional, and, followed as guides, will certainly lead to disastrous results. In order to