

SECTION OF OBSTETRICS.

TWO CASES OF CYSTIC ENDOMETRITIS WITH REMARKS ON TREATMENT.

By R. DANCER PUREFOY, M.D., F.R.C.S.;
Ex-Master, Rotunda Hospital.

[Read in the Section of Obstetrics, February 3, 1905.]

ENDOMETRITIS, either alone or as an attendant on, or complication of, some other pathological condition, claims a large share of our attention in nearly every case of uterine disease; and those who have had the widest experience will be the most ready to acknowledge how often our hopes of speedy, or even steady, improvement are disappointed. Whenever we have regard to the complex structure of the endometrium and the periodically recurrent variations in its blood supply, on which its functional activity may be said to depend, we shall feel no surprise in observing how often these variations go wrong in excess or deficiency, and thus induce obstinate structural changes. The precise nature of these changes, the conditions local, constitutional and bactericidal which are potential in causing them, have, as is fitting, engaged the attention of many acute observers with very satisfactory results; but with regard to some forms of endometritis—for instance, that to which I wish to direct your attention in this communication—we must confess their ætiology is still awaiting elucidation.

I propose to bring under your notice two cases illustrating the history and course of what has been termed cystic endometritis.

CASE I.—Mrs. F., aged forty-five. In fairly good health at the time of marriage, six years ago; in about seven months afterwards had an early abortion. Some months later, after a long journey, suffered from distressing pruritus vulvæ, which, however, yielded to treatment. In October, 1902, after missing one menstruation, distressing dorsal and abdominal pain was felt, attended with slight intermittent bleeding. Later on the bleeding became continuous, sometimes profuse, and so continued till her admission to the Rotunda in January, 1903. At this time her general condition was such as to warrant the use of medicine, at least for a time, in the hope of arresting the bleeding, and accordingly she was given that most useful uterine hæmostatic, tincture of Indian hemp, in five minim doses, twice daily, with excellent effect. This was followed by the administration of the muriate tincture of iron, and in about a fortnight the bleeding had quite ceased. Examined under chloroform, the uterus was found in normal position, the cervix healthy, and the appendages likewise. The cavity measured $3\frac{1}{2}$ inches; viscid, glairy discharge poured from it in a large quantity, and the curette brought away in abundance fragments of greatly thickened endometrium. Subsequently, at intervals of three or four days, she was treated on several occasions with iodine and phenol or pyroligneous acid, and in about three weeks from the date of the curetting she was allowed home apparently in a very satisfactory condition. For some months menstruation was normal, but a return of the bleeding rendered a repetition of the treatment necessary, twice in 1903 and once this year (1904), in the month of September. The tissue removed on each occasion, though much lessened in amount, presented the same microscopic characters.

CASE II.—K. C., aged twenty-eight, married two years; one early miscarriage. Admitted August 8, 1903, in a very feeble condition, owing to repeated bleedings; indeed her aspect made me apprehend the presence of malignant disease. When some improvement in her general condition had been effected by rest, feeding and tonics, she was examined, and the uterus found to be retroverted and somewhat fixed by numerous adhesions; the appendages were not reached. When dilated and curetted, the amount of pulpy tissue removed was so great that I thought my apprehensions as to the malignant disease were only too well

founded, but examination by my much-lamented friend, the late Dr. Neville, showed only the characteristic appearances of cystic endometritis. This woman was re-admitted a few months later, when it was found necessary to repeat the treatment.

The main points in these two interesting cases may be thus summarised :—

1. Both women were married, not advanced in years, and free from other disease.
2. Both had been, at least, once pregnant before the development of this uncommon disease.
3. Bleeding without any considerable pain was the prominent sign in both cases.
4. Recurrence took place at an early date.
5. The microscopic appearances are not like those of malignant disease, especially as regards the epithelium.

It may be urged that more vigorous use of the curette in the first treatment would have prevented recurrence, but, in my opinion, it is better to err in removing too little than to run the risk of rendering the endometrium permanently incapable of fulfilling its highest function by too extensive removal of its glands.

Having regard to the marked tendency to recurrence and the severe bleeding which attend this disease, one feels inclined to describe it as a transitional stage between benign and malignant adenoma.

Though the experience of only two cases is inadequate to warrant positive statements on the matter, I incline to the view that curetting, repeated if necessary, and followed by the application of the caustics commonly in use, will effect a cure.

For the safe and effective use of the latter, I think we are still in want of a safe apparatus. A syringe for intra-uterine injection should be so constructed that the fluid may be measured by drops, and I have not seen one which fulfils this

indication. Many years ago Dr. Barnes suggested an apparatus for carrying medicated ointments into the uterine cavity, and recently Dr. Duke has constructed an ingenious appliance by which small quantities of any caustic fluid may be safely diffused in the uterine cavity. For us in Dublin it is, I think, of much interest to recall the fact that a Master of the Rotunda Hospital, Dr. Evory Kennedy, was the first in Europe to devise a syringe for intra-uterine use.

In cystic, as in every other form of endometritis, the first, and perhaps the most important, indication to be fulfilled in treatment is to secure a sufficiently patulous condition of the cervical canal, to admit of free escape of healthy and unhealthy discharges.

As to the choice of caustics, opinions will be found to vary widely. With regard to phenol, it is well to bear in mind the narrowing of the cervical canal, which is very apt to follow its repeated use, unless well diluted. I think glycerine more suitable as a diluent than spirit or water. In my own practice I have discontinued the application of caustics immediately after curetting, unless in cases of undoubted malignancy.

DR. HASTINGS TWEEDY said that cystic endometritis was a disease he did not know personally, and of which he could find no account. He objected to fresh nomenclature, and thought they should stick to the term glandular. His objection to the term "cystic" was that it did not lead anyone to a knowledge of what one was dealing with, whilst "glandular" did. The question of treatment was more interesting. A few years ago every case was curetted, but of late there had been a reaction against this, and many now preferred to use intra-uterine douches, caustics, &c. He protested against this, and believed that in his study practice the surgeon had little right, and rarely necessity, to pass anything into the uterus. It was impossible to be aseptic in study practice. The vast majority of cases of endometritis,

especially the hypertrophic form, were cured by one cleanly curetting. He left his cases alone after curetting, and did not use medications subsequently. He washed out the debris with salt solution, and did not use antiseptics, which devitalised the tissues, and the less the uterus was irritated with them the better. He could not understand the rationale of taking in a patient every third day to inject iodised phenol after curetting—it seemed to him unnecessary and dangerous. The less often the uterus was entered the better. There was a certain amount of danger in putting anything into it, and if good results were obtained without caustics, why apply them? The term “benign adenoma” is misleading, as it implies growth accompanied by increase in the number of glands, and all such growths of the endometrium will prove in practice to be malignant.

DR. A. J. SMITH said he divided endometritis into glandular and interstitial. There were two kinds of glandular—hyperplastic and hypertrophic. Hyperplastic was adenoma, and in it there was an enormous increase in the number of glands: hypertrophic had a normal number of glands, but greatly increased and distended, and these when occluded formed cysts. The hyperplastic frequently became malignant, therefore these cases had to be seen often, and the uterus removed. The hypertrophic might be merely distended tubes or, if seen late, cysts. The treatment was to mechanically remove the mucous membrane and try to cultivate a healthy mucous membrane. Try to find out the cause of the endometritis. His practice was to curette and wash out once, and wash out again on the third and fourth day to see that nothing was left behind. He used hot sterilised saline solution, and did not employ any intra-uterine medications.

DR. PUREFOY, in replying, said he thought it was of importance for them to study the pathology of these conditions for themselves, and if systematic examination were made in every case good practical results would follow. With regard to the objection to giving the condition a special name, he could not agree with Dr. Tweedy. The condition was one of considerable rarity, and most of the manuals did not allude to it at all. He believed that the condition was not a very advanced stage of glandular endometritis. He did not know what caused it, but thought that if it had been at all common, he would have met with more

than two cases of it. The term cystic endometritis was employed in two classes of cases—in gynæcological cases, where the patients were not pregnant, and also as implying a diseased condition of the endometrium occurring in pregnant women. His cases occurred in women apart from pregnancy. The epithelium in the dilated glands was not in the atrophied condition one would expect it would be in from pressure: it was intact. He believed the condition was very rare. With regard to subsequent treatment, he thought it was in the patient's interest to use a mild caustic four or five days after curetting, and its subsequent use was to be determined by the amount of discharge, condition of cervix, character of first menstruation, &c.