THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, APRIL 11 1872.

[VOL. IX.—No. 15.]

Original Communications.

DYSMENORRHOEA CAUSED BY A POLY-
PUS OF THE UTERUS. PREGNANCY.
AND ABORTION.

By FRANK WELLS, M.D., Professor of Obstetrics and
Diseases of Women and Children, Cleveland
Medical School.

Mrs. G., a stout, healthy woman 35 years of age and the mother of four children, began to suffer two and a half years ago from slight spasmodic pains over the pelvis at each menstrual period. This pain commenced on the first day of the epoch, and lasted until a copious discharge took place, when it almost entirely ceased, being renewed, however, at various intervals throughout the menstruation. She had no pain in the intervals of menstruation, nor was there any discharge from the vagina. The menstrual flow was somewhat increased, but by no means profuse, if the word of the patient can be credited. Her general health was very good, the only trouble being the dysmenorrhœa, which, however, was so slight that she had never consulted a physician for its relief.

This dysmenorrhœal condition lasted for seventeen months, at the end of which time it disappeared, coincident with the cessation of menstruation and the development of other early symptoms of pregnancy. At the end of the third month of pregnancy, an abortion was brought on by the patient taking, for this purpose, during a period of two weeks, six fluid ounces of a decoction of the root of the cotton plant, in divided doses, a drug which she had successfully used for a like purpose on two former occasions. At the expiration of the two weeks, uterine pains came on while the patient was standing, and a foetus with its envelopes was expelled on to the floor. This fact was vouched for by the physician who was summoned to attend her. She lost but little blood at the time, but what little flow there was continued unceasing-

This fact obliged her, at the end of ten days, to again call in a physician, who found the vagina partially filled with clots, and a highly offensive sanguineous discharge taking place from it. She was ordered, without any further examination being made, acetate of lead internally, vaginal injections of a weak solution of carbolic acid, and, as her strength was somewhat impaired, iron internally as a tonic. Under this treatment the discharge became slightly diminished and its offensiveness removed; but as she still continued to flow unceasingly, I was summoned in consultation.

From the history of the case, I confidently expected to find a retention of some portion of the membranes, and consequently my surprise was great, on making a digital examination in order to ascertain the condition of the os, before introducing a sponge tent, to discover a firm mass of the size of a hen's egg, protruding from the os externum, completely filling up the upper portion of the vagina, and extending upwards through the os into the cervix. How much further than this it extended I was unable by my finger to detect, since the os, which was dilated to the size of a silver quarter of a dollar, encircled the mass so firmly that it was impossible to insert my finger between them.

Next introducing Sims's speculum, I perceived an ovoid, smooth and glistening body, from the outer surface of which blood was exuding, occupying the position described above. For a moment I thought it might be an inverted uterus, particularly as the history of the violent expulsion of the foetus from the uterus, the woman standing up at the time and suddenly fainting (a circumstance which I have omitted to mention before), seemed to favor such a supposition; and, moreover, since it seemed strange to me that a polypus of this size, which was the only other condition admissible, should not have long before produced more decided symptoms, which would have led to its recognition. Again, the fact that the woman had been recently pregnant seemed to militate against the diagnosis of

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polypus, since it was difficult to imagine that the spermatozoa could have passed such an obstruction as this mass presented, whether it originally occupied its then present position, or had been developed in the uterine cavity and been subsequently expelled by the same uterine contractions which expelled the fetus. The sound, however, quickly set any doubts which I may have had at rest, for on its introduction into the uterus, an operation which was accomplished with much difficulty on account of the close investment of the mass by the os, it was found to penetrate two and three quarters inches to the fundus. This circumstance, of course, removed all idea of inversion and established the diagnosis of polypus. On sweeping the sound around, the tumor was found to be attached by a pedicle of about, as far as I could judge, the size of the middle finger, to the uterine wall of the right side, a short distance above the os internum.

Without placing the patient under ether, as these tumors are seldom possessed of any amount of sensibility, I immediately proceeded to the removal of the mass. For this purpose I seized the tumor with a pair of stout forceps and forcibly dragged it further down into the vagina; then giving the forceps to an assistant to hold, and directing him to keep up a forcible traction, I slipped the chain of an *ecraseur* over the pedicle, as far up into the cervix as was possible, and by a few turns of the instrument succeeded in cutting through the attachment and removing the polypus. Considerable hæmorrhage followed the operation, which was controlled, however, by a pledget of cotton soaked in a solution of persulphate of iron—one part to four of water—applied to the bleeding surface. Over this a dressing of dry cotton was laid, and the woman placed in bed, which she was directed to keep for three days. On the following day the dry dressing was removed, and vaginal injections of a solution of carbolic acid—one part to forty parts of water—were ordered to be thrown up against the os twice a day. As the patient complained of considerable uterine pain, I directed warm fomentations to be applied over the region of the uterus, and ordered her a rectal suppository composed of ext. hyoscyami, grs. iij.; ext. belladonnæ, gr. ss.; cocoa butter, q. s. M.

This was effectual in relieving all distress, and on the third day, though contrary to orders, she got up from bed and performed some light household duties, the persulphate of iron dressing still being retained.

Owing to my neglect to forewarn her that this dressing would be expelled with some uterine contractions, an amusing occurrence, though to her mind a distressing one, occurred on the evening of the third day. Experiencing slight uterine pains, which were followed by the expulsion of the cotton pledget, she became seriously alarmed, and, hastily summoning her physician, proclaimed to him that "another child had come away," and it was only after great difficulty that he succeeded in convincing her of her ludicrous mistake.

Without complications, and without further treatment, excepting the administration of tonics, the patient made a speedy recovery, and has since menstruated without the slightest discomfort.

I have reported this case, neither because it was of any magnitude nor because the operation was attended with any great amount of difficulty, but because it is interesting to know how sometimes quite serious morbid conditions may be masked by the paucity and lightness of their symptoms; and also to show what obstacles to their ingress into the uterus, the spermatozoa will overcome in order to reach the ovum. I am well aware that uterine polypi sometimes occur with only symptoms of dysmenorrhœa to indicate their presence, but why in this particular instance the dysmenorrhœal symptoms should have been so slight, it is difficult to comprehend, since the polypus, which undoubtedly was originally developed in the uterine cavity, and attached by a pedicle sufficiently long to allow of its expulsion into the vagina at the time of the abortion, must have formed a considerable obstruction to the passage of the menstrual discharge.

In connection with this case it may not be inappropriate to quote another, which was related a few years since by Prof. Braun, of Vienna, in one of his lectures, in order to show through how small an aperture the spermatozoa will find their way into the uterus. The case, as far as I recollect it at this late day, was as follows: Some years previous, a woman was brought into the lying-in wards by her husband, with the statement that she was in the sixth month of her pregnancy, a condition which neither of them could understand, since the man had never been able to introduce his penis into the vagina. On examination, it was discovered that the vagina was represented by a narrow canal, not as large, to quote Dr. Braun's exact words, as the penis of a gander, which of course prevented complete sexual intercourse; and yet there

were unmistakable proofs that the woman was really pregnant. Under the circumstances, the only thing to be done was, in order to avoid Cæsarean section, to make a new vagina, or rather to enlarge the representative of the one already existing. This was done by incisions carried to the depth of half an inch, at which point the narrow canal was found to terminate in a vagina, perfectly normal in all particulars. The operation was successful in creating a good vagina throughout its entire length, through which, at full term, a small, but fully developed, living child was delivered without assistance. In two years after this event, the woman, who had again become pregnant, was delivered of a living child without any complication whatsoever.

PROLONGED USE OF HYPODERMIC INJECTIONS OF MORPHIA.

By ROBERT M. OTIS, M.D., Cambridge.

Mrs. H., 29 years old, was taken, July, 1867, with a severe, dull pain in the abdomen, which was somewhat relieved temporarily by from three to six discharges, daily, of nearly a cupful of matter, apparently pus, from the rectum. After these discharges had continued six weeks, laudanum injections were ordered, and after two injections the discharge and pain ceased.

In the third week of August, sharp pains commenced about the right hip-joint, and extended along the thigh, interfering with walking. Soon the leg commenced to draw up, and by the last of August the foot could not be put to the floor. The pain about the hip-joint continued four months, with feverishness, headache and vomiting. Then an abscess began to discharge at the right groin, and continued to discharge two weeks. After this the patient improved, had a good appetite, could sit up, and touch the floor with her toes. A month later, pains came on again about the right hip-joint, much more severe in their character than before. No sleep was obtained for ten days. At this time, Feb., 1868, daily hypodermic injections of one-eighth of a grain of sulph. morphiae were begun; soon were increased to three or four daily, and in fifteen or twenty days the amount of sulph. morphiae injected daily was increased to sixteen grains. When the pains came on the second time, the leg began to draw up and later to roll out, and soon reached a position at nearly a right angle with the body, where it is now firmly ankylosed. In February, a second abscess

discharged for a short time. From February, 1868, till now (Feb. 1872), the hypodermic injections have been continued daily without a single exception, and save the first few days, the amount injected has varied from two and a half to sixteen grains daily. The morphine was first injected into the arms, then for a time into the left leg, but for the greater part of the four years into the right leg. Every point injected becomes a suppurating ulcer; at first very small, it increases in size and sometimes attains a diameter of an inch. The upper surface of the right leg from groin to ankle is entirely covered with scabs, scars and running sores. The upper surface of the left leg from groin to knee has not a piece of natural skin the size of a pin's head.

At present, two and one-half grains are injected morning and night. Occasionally, as at the menstrual periods, and times of excitement, an extra injection is made at noon. The solution, twenty grains to an ounce of water, is injected very slowly, each injection requiring a half hour. When the morphine is introduced quickly, the patient says everything stops; she feels greatly distressed; knows what is going on about her; can speak, but does not wish to; the pulse cannot be felt at the wrist; the whole surface of the body becomes intensely congested; then the lips tingle, there is a terrible roaring in the head, great oppression and violent thumping at the cardiac region. Slowly, the skin regains its natural color, and the patient is herself again.

An English writer, Dr. Wilson, says, "the most deadly faints I have ever seen were undoubtedly caused by the too rapid absorption of the narcotic, either from hurried injection, or from the accidental injury of the lymphatics, which became inflamed, and resembled cords on the skin." He mentions a case where the first few drops rapidly introduced caused nausea, which soon passed off, and then the larger residuum could be injected rapidly and safely, whereas an increase during the nausea would produce most threatening symptoms of prostration. Mrs. H. has been nauseated only once by the injection.

Anstie says, "the prolonged use of hypodermic morphia in large doses produces general enfeeblement of nervous power of all kinds; the intellect, and even more strikingly the moral energy steadily declines, and a notable degree of hypersensitiveness to trivial sources of irritation becomes more apparent from day to day.