

Case of Myomectomy During Pregnancy.

By MILES H. PHILLIPS (Sheffield).

THE patient was 32 years old. Her first child had been born fifteen months ago. She was first seen, for retention of urine, on November 18, 1914. There had been increased frequency and difficulty with micturition for a week. For twenty-four hours there had been complete retention. The last menstrual period had occurred on September 16th and 17th.

The bladder was distended to two inches above the umbilicus. Three pints of urine were drawn off. The pouch of Douglas was filled by a rounded swelling, considerably larger than a pregnant uterus at two months. It could not be "replaced," so the patient was admitted to hospital. She was kept in the semi-prone posture, and the catheter was passed eight-hourly. Two days later it was still impossible to displace the swelling completely, so an examination under anæsthesia was made.

The mass was then felt to be bilobed, suggesting at first a bicornute uterus with one horn retroverted and adherent and the other pregnant and movable, but finally it was decided that the swelling on the right was a fibroid closely attached to the pregnant uterus. The uterus was easily pushed into its normal position, and a rubber ring pessary was inserted. The uterus was of about the size of the two months' pregnant organ.

As the patient was now able to empty the bladder she was allowed to go home in the hope that the fibroid would not require further consideration until labour occurred.

On December 1 she was readmitted, again unable to empty the bladder, which was found to contain two pints.

On vaginal examination the cervix was difficult to reach, lying behind the top of the symphysis. The tumour in the pelvis was considerably larger than it had been two weeks previously.

On December 8 the abdomen was opened. The uterus was enlarged to the size of a two months' gestation. It was displaced upwards and to the left. The right broad ligament was occupied by an ovoid elastic tumour, which bulged the posterior layer of the broad ligament and rose to a rounded knob behind the right appendages.

The peritoneum was split over its posterior aspect and the upper portion of the tumour easily enucleated. Then, by splitting its dense capsule, the lower and larger portion of the tumour was shelled out and removed. In this way the greatly enlarged vessels in the broad ligament were avoided.

The excess of capsule was clipped away and the cavity at its base closed by mattress sutures of catgut. The oozing from the inner surface was thus easily stopped. Finally the peritoneum of the broad ligament was reunited.

The fibroid had arisen from the supravaginal cervix on its

posterior and right lateral aspects. Its lower pole had rapidly increased in size, chiefly in a downward direction, and had pushed up the cervix and attached bladder, thus causing retention of urine.

The fibroid measured 6 by 4 by 3 inches; it was very vascular and œdematous.

Two weeks later an ovum, no larger than that of a two months' gestation, was expelled. It had evidently died at about the time of the original attack of retention of urine. Recovery was quite straightforward.

Case of Foetal Death from Rupture of Velamentous Vessels.

By MILES H. PHILLIPS (Sheffield).

THE patient was a primipara. Labour commenced two or three weeks before full time. The first stage was very tedious, and the doctor in attendance ruptured the membranes before the cervix was quite fully dilated. The pains quickly increased in severity, and ten minutes later free bleeding occurred for the first time. The doctor suspected placenta prævia. As the patient was his partner's wife he asked me to see her. This I did twenty minutes later.

Though tired and anxious the patient's condition was good and did not suggest any considerable loss of blood. Abdominal examination showed that the head was low in the pelvis, in the first vertex position, but no foetal heart sounds could be heard. There was blood on the vulva and in the vagina, but the head was too low to enable me to reach the cervix, and there was no placenta to be felt. The husband was told that the child appeared to be dead and that the mother was not in any special danger. The source of the bleeding was suspected to be the cervix, torn by the sudden increase in the uterine action which followed rupture of the membranes. With forceps the delivery was easily terminated. The child was blanched and dead. It was well developed for the period of gestation. Normal delivery of the placenta followed, and there was only slight bleeding.

The placenta was velamentous, and it must have been slightly prævial, as the small hole in the membranes extended to the placenta margin. The vessels of the cord separated about one and a half inches from the edge of the placenta. One artery, with an accompanying branch of the vein, took the shortest course to the placenta. These vessels were not affected. The other artery, also accompanied more or less closely by a branch of the vein, took a course of six inches across the membranes. The vein was thrombosed and the artery ruptured. A third, large branch of the vein took an intermediate course; it also was thrombosed.