

CASE OF PARTIAL HYSTERECTOMY FOR FIBRO-MYOMA.

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In a case of large and rapidly growing fibroid uterus, attended with such hæmorrhage as to endanger life, only two courses are open, if the patient is not to be left to her fate—viz., (1) to remove the uterine appendages, or (2) to remove the uterus as a whole, except the cervix, which forms the pedicle. I believe, however, that it has never hitherto been pointed out that if neither of these plans is available there is still open a third mode of operating, one which may at first sight appear to be, and possibly is, more hazardous than either, but which, nevertheless, avoids the principal dangers peculiar respectively to either oöphorectomy or hysterectomy as ordinarily performed. Apart from septicæmia, the principal danger of removal of the uterine appendages (for oöphorectomy, strictly speaking, is not the operation proper to these cases) is secondary hæmorrhage. One main source of danger in hysterectomy arises from retraction of the pedicle. Both these dangers were avoided by the mode of operating adopted in the following case—*how*, I will explain in its relation.

I will not go through the details of the history and diagnosis of the case, but will state briefly that the uterus was a mass of fibroids, reaching nearly to the under surface of the liver. It was still growing, although the patient was forty-nine years of age, and she was drained by hæmorrhage and wearied with constant pain. On January 26th last I made an exploratory incision with the view of seeing whether removal of the tumour were possible, or, if not, with the object of removing the uterine appendages. Mr. McGill and Mr. Robson of Leeds, and Drs. Black and Lever of Harrogate, were present. After making the abdominal wall incision, it was found that hysterectomy as ordinarily performed was impracticable, because there was no narrow part to form a pedicle, for the cervix was distended with fibroid growths to a large size, and it was impossible to raise the uterus upwards from the pelvis owing to its being held down by thick and firm but short broad ligaments. On the other hand, removal of the uterine appendages, though easy on the right side—and, indeed, I did remove a large hydro-salpinx,—on the left side would have been extremely hazardous, as the ovary was embedded in the side of the tumour, had no pedicle, and was entirely covered with large thin-walled veins. Thinking it better for the patient to die a natural death than from intra-peritoneal hæmorrhage within twenty-four hours, and death from natural causes appearing less probable than death from the operation, if proceeded with, I returned the tumour into the body, intending to close the wound. At this point my colleagues and friends forsook me, thinking all was over. As soon, however, as the tumour was replaced, blood welled up in large quantity, and its source could not be discovered; the tumour was therefore again raised and examined, as it was more than once, because the hæmorrhage ceased when the tumour was raised. The ligature was safely on the place whence the tube had been removed, and the bleeding did not come from this source. I therefore for a moment found myself in a difficulty from which no means of extrication could be seen. Not attempting any traction, I simply flexed the uterus forwards out of the wound, applied a Lawson Tait's clamp wire, and removed it by cutting through the body at a spot which seemed the most favourable, and where it was about four inches in diameter. When the clamp was tightened up this was reduced to a diameter of about two inches and a half. On bringing the wound together round the pedicle, it rested on all sides upon the mass beneath, which was as large as a uterus at five months' gestation. By weight, I suppose that two-thirds of the tumour would be removed, and one-third left behind. The uterine cavity was cut through in removing the tumour, and of course both ovaries went with it. Hæmorrhage from the stump occurred several times, but it was controlled, and the patient made an excellent recovery, thanks in great measure to the assiduous care of the resident obstetric officer to the infirmary, Mr. Croft.

It seemed to me that the successful issue of this case

depended a great deal upon what might be considered the very fault of the operation—viz., the large size of the mass left behind. As stated, the edges of the wound rested upon this mass all round and adhered to it, so shutting off the peritoneal cavity. For the same reason there was no traction upon the pedicle—indeed, it never retracted, it was too large, and consequently all danger from this source was avoided. The mass left behind did no harm; it ceased to grow, and to some extent has shrunk. It now forms part of the abdominal wall, and has upon its surface a small fibroid, which has appeared since the operation, although the base from which it grows is smaller.

Leeds.

NOTES OF A FATAL CASE OF POISONING BY BISULPHIDE OF CARBON; WITH POST-MORTEM APPEARANCES AND REMARKS.

By WM. FOREMAN, L.R.C.P. & L.R.C.S. Ed.

POISONING by bisulphide of carbon is so rare that the following notes of a case may be deemed of some interest.

On March 15th of the present year, I was called at 5.30 P.M., to J. S—, aged sixty-three, shoemaker. He had been drinking for the previous ten days, and had come in from the public-house at 4.30 P.M., and asked that some gin should be sent for; this was done, and almost immediately afterwards he was noticed to be strange, and said, "I have done it." It was then perceived by a bottle close to him and by the smell that he had swallowed a preparation used by him in his trade, and which turned out to be bisulphide of carbon. I was at once summoned, and probably a quarter of an hour elapsed between his taking the poison and my seeing him. When I saw him he was sensible, and wanting to go in the back yard to defecate, but the persons present were trying to keep him in his chair. I was not able to get any information from him. There was a very strong smell of bisulphide of carbon in the room. I at once administered a tablespoonful of mustard with six ounces of warm water. He drank about four ounces. I then left him, and prescribed forty grains of sulphate of zinc, to be taken at once in warm water if the mustard had not acted; afterwards to take fifteen grains each of bicarbonate of soda and carbonate of magnesia every ten minutes. At 6.15 P.M. I saw him again, at which time he was completely unconscious, and could not be roused. As he had not vomited, I introduced the stomach-pump, but only obtained a small quantity of brown-coloured fluid, with a white frothy substance floating on the top, due probably to the mixture of soda and magnesia which had been given. I washed out the stomach with warm water. The pupils were normal, but reacted to light; conjunctivæ suffused and insensible to the touch. Respiration slow, long, and stertorous; pulse small, rapid and compressible, varying from 150 to 160 a minute. Surface of the body cold and clammy; tongue thick and furred. After washing out the stomach, I gave him two tablespoonfuls of brandy in half a glass of water through the stomach-pump. He never rallied, but died about two hours and a quarter after taking the poison.

Through the kindness of our coroner, Mr. Rowbottom, my partner, Mr. Berry, received instructions to make a post-mortem examination, which we made conjointly twenty hours after death, when the following appearances were noted:—Rigor mortis complete; pupils normal; hypostatic congestion of dorsum; body well nourished. On opening the head, the dura mater was adherent to the calvaria; surface of the brain much congested; veins gorged with black blood. Brain substance healthy. Thorax: The left lung was slightly adherent at the apex; no effusion in the pleural cavities; lungs healthy. Heart: The right ventricle contained about an ounce of dark fluid blood; walls covered externally with a layer of fat; left ventricle firmly contracted and empty. Abdomen: The stomach contained about a quarter of a pint of fluid, with flakes of lymph in it, slightly ropy, and appeared to be water and mucus. A faint smell of bisulphide of carbon was perceptible. The sub-mucous tissue was injected, and there was a number of minute hæmorrhages. The posterior wall of the stomach was much more congested (to the size of a crown-piece) than the anterior surface. There was no perforation or

abrasion of mucous membrane. The spleen was small, but healthy. The liver was normal in size, and healthy. The kidneys were surrounded with a large quantity of fat; they were slightly congested, but healthy. The bladder contained about two ounces of urine, having a slight smell of bisulphide of carbon. There was less of the cadaveric smell than is usual in post-mortem cases.

Remarks.—Bisulphide of carbon would appear to be a narcotic poison and very powerful in its action. In this case, although I had difficulty in ascertaining the quantity, half an ounce would be the full amount taken. In the *Medical Times and Gazette* of 1878 (vol. ii., p. 350) I find a case reported with symptoms similar to the foregoing, but with a better termination, as the patient recovered after being comatose for some hours. In that case two ounces is said to have been taken. In my case the patient became comatose in half an hour and could not be roused, and, although the stomach was emptied, no abatement of symptoms occurred and death took place in two hours and a quarter.

Wigan.

ON A CASE OF CÆSAREAN SECTION.

BY JOSEPH HARPER, L.R.C.P. LOND., &c.

Mrs. G—, twenty-seven years of age, straw-plaiter, married, primipara, a very small woman, 5 ft. high, weighing 98 lb., living in a small, close, ill-ventilated house over a laundry in Barnstaple, engaged my partner, Mr. Henry Jackson, to attend her in her approaching confinement. She was taken ill about 5 A.M. on Dec. 1st, 1885; the pains were slight, and not enough to keep her awake for any time; about 10 A.M. they were worse, and came on regularly at 1 P.M. She then sent for Mr. Jackson, who, on his arrival, found the patient dressed and downstairs. He gave some general directions, did not make any vaginal examination, and told the nurse to send for him when he was wanted. The liquor amnii escaped at 5 P.M. He arrived at the house at 6 P.M., and, on making an examination, found the os fully dilated and the head and right arm presenting. The head could be felt at the brim of the pelvis. He tried to turn, but failed to do so. He then sent for me, requesting me to bring chloroform. I went, and found the presentation as described. Chloroform was administered, and when fully under its influence I tried to push up the arm of the child, but was unable to do so. I then tried to turn, but failed. After several attempts Mr. Jackson again tried, but without success. The hand could be got up as far as the chest of the child, but the difficulty seemed in the outlet of the pelvis, for it was impossible to get the arm further up the passage. The cord now became prolapsed, and, as it was not pulsating, I determined to perforate and try to deliver with the crotchet. After perforating, I introduced the crotchet into the skull and brought the head well into the brim of the pelvis, but was unable to deliver. We then decided to ask Mr. Cooke to come and give us his assistance. He tried to turn, but met with the same difficulty as we had done, and with the same result. He then tried with the crotchet; but after repeated unsuccessful trials, the external parts being swollen and hot, our patient having been under chloroform for three hours, we reluctantly came to the conclusion that Cæsarean section was the only chance for her.

The necessary preparations having been made, and chloroform administered by Mr. Jackson, I washed my hands and the surface of the abdomen with a strong solution of carbolic acid, and the instruments and sponges were immersed in carbolic solution. A catheter was then passed and the bladder emptied. I made an incision in the linea alba from just below the umbilicus to within a couple of inches of the pubes; but finding the incision too small had to extend it on the right about an inch above the umbilicus. After making an incision into the cavity of the abdomen, Mr. Cooke kept the wound on the stretch with his two forefingers, and the nurse supported the sides of the abdomen and kept the uterus well forward. There was very little hæmorrhage. The empty bladder was visible just above the pubes. I then made an incision of about four inches in the wall of the uterus, which appeared thin and pale and came down upon the child covered with the membranes. There was no hæmor-

rhage, but the edges of the wound appeared to retract. I removed the body of the child with ease, but the head, from having been pulled down into the brim of the pelvis, required some force for its extraction. The placenta, which was at the back and lower part of the uterus with the membranes, came away with the child, a male, weighing 6½ lb. There was a copious hæmorrhage from the interior of the uterus and also from the sinuses of the uterine walls, which I checked by pressing with my hand, but which recurred directly I let go. Mr. Cooke now kept the edges of the wound together for me, and I introduced a silver wire suture, with the effect of checking the hæmorrhage, and the uterus contracted under a little pressure. The cavity of the abdomen was washed with warm carbolic solution, the omentum replaced, and the edges of the abdominal wound brought together with silver wire sutures. Iodoform was sprinkled over the wound and covered with a piece of lint soaked in carbolic oil, a pad of lint being placed on either side of the wound. Gauze, cotton-wool, and a binder were applied, and the patient removed to bed, which had been properly prepared for her. A hypodermic injection of morphia was given, and she was left tolerably comfortable. Pulse 136; respiration 28; temperature 99°.

Dec. 2nd.—11.45 A.M.: Has been very comfortable all night, dozing most of the time. Pulse 120; respiration 22; temperature 99.4°. Four minims of morphia injected; catheter passed. — 9.30 P.M.: Complains of pain in right iliac region; lochia natural in colour and quantity. Pulse 126; respiration 26; temperature 99.6°. Catheter used and morphia injection repeated. No sickness.

3rd.—11 A.M.: Has had fair sleep; no sickness; has taken milk, egg, brandy-and-water, and ice; lochia scanty, but of good colour. The vagina to be washed out with weak solution of Condy's fluid twice a day. Pulse 112; respiration 26; temperature 100°. — 9.40 P.M.: Has vomited twice to-day; complains of flatulence. Pulse 100; respiration 30; temperature 99.4°. Catheter introduced; morphia injection repeated.

4th.—11 A.M.: Has slept fairly well, but is rather restless and thirsty; has been sick several times. Pulse 110; respiration 30; temperature 100.4°. Introduced catheter; injection repeated. Takes milk, beef-tea, brandy-and-water, and ice. Pain in side less, and feels comfortable. — 8.30 P.M.: Pulse 112; respiration 30; temperature 99°. Introduced catheter; injection repeated.

5th.—11 A.M.: Has passed urine freely; bowels acted once; several clots have come away; taken very little food. Pulse 110; respiration 28; temperature 98.8°. Injection repeated.

6th.—Has slept well during early part of night; feels comfortable; takes more food; no sickness, but has pain on each side of the bowels. Pulse 104; respiration 24; temperature 100.6°. Injection repeated. — 9 P.M.: Passed a fair day; pain in sides slightly increased; inclined to be excited; complains of swelling and irritation of throat. Pulse 100; respiration 24; temperature 100.6°. Injection repeated.

7th.—11 A.M.: Has passed a good night. Pulse 104; respiration 30; temperature 100°. Injection repeated. — 10 P.M.: Ordered an enema, which gave great relief and brought away a large quantity of fæces.

8th.—Slept well; complains of pain in left side; slight fulness. Pulse 98; respiration 26; temperature 99.4°. Injection repeated. — 9.30 P.M.: Injection repeated.

9th.—Removed the sutures; abdominal wound healed; has had a good night; slept well; no sickness; bowels moved once naturally; vaginal discharge very little, but rather offensive. Pulse 100; respiration 26; temperature 100.4°. Omitted the morphia. — 8 P.M.: Pulse 100; respiration 28; temperature 99.8°.

10th.—11 A.M.: bowels have acted freely twice; has had some good sleep; no sickness; no pain in breasts, nor has any milk been secreted; lochia pale, and still offensive. Pulse 92; respiration 24; temperature 98.4°.

She progressed well until the 13th, when she had a copious discharge of bright-red blood. Quinine, iron, and extract of ergot were given. From this time she progressed rapidly, and on the 26th a belt was applied. She came downstairs on the 29th. For ten days prior to the 30th, Mr. Jackson tells me, the pulse, temperature, and respiration had been normal. On Feb. 26th it was stated that she had remained well, with the exception of slight dyspepsia, but had not yet menstruated.

Barnstaple.