

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXX.

THURSDAY, FEBRUARY 25, 1864.

No. 4.

CASES ILLUSTRATIVE OF OBSTETRIC DISEASE.*

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[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Abscess confined to the Uterine Parietes.*—Mrs. —, æt. 25, had always had dysmenorrhœa, and suffered considerably during coitus. About the last of September she was delivered of a living child, the labor not being unnatural. A few days subsequently there were symptoms of pneumonia; cough, &c., and she was treated for some three weeks as purely a case of pulmonary disease. She then passed under the charge of another physician. For the four weeks ensuing there were constant chills, two other physicians seeing her from time to time in consultation; the formation of matter seeming at this time to have been suspected, but it was not localized. Four days previous to her death she passed into the hands of Dr. McIn-

* The above cases were reported at the January meeting of the Suffolk District Medical Society. They will initiate a series of illustrations of the various diseases of women, selected from many hundreds that have now fallen under my observation. In this connection, and as forming a prior series bearing upon the same end, I may be permitted to recall to the reader's recollection some of the other cases of obstetric interest that I have already reported, chiefly to the same Society, at different times in past years.

Cases I. and II.—Nymphomania; removal, in one of the instances, of foreign bodies from the bladder. Am. Jour. of the Med. Sciences, Oct., 1856, pp. 78-84; this Journal, Oct., 1856, p. 210.

III. and IV.—Application of Potassa Fusa to the interior of the Uterus. Boston Med. and Surg. Journal, Oct., 1858, p. 210, and July, 1859, p. 512.

V.—Fibrous Enlargement of the Uterine Wall. Operation. Loc. cit., Sept., 1856, p. 101.

VI.—Intra-uterine Polypus. Operation. Loc. cit., July, 1856, p. 500.

VII. and VIII.—Cupping the Interior of the Uterus for Amenorrhœa. Phila. Journal, Jan., 1858, p. 117.

IX. and X.—Simulations of Abortion. Loc. cit., April, 1859, p. 314.

XI.—Puerperal Mania. Boston Med. and Surg. Journal, Aug., 1856, p. 20.

XII. and XIII.—Placental Disease. Loc. cit., March and July, 1856, pp. 120, 437.

XIV.—Retained Placenta; Injection of Water through Umbilical Vein. Loc. cit., March, 1856, p. 119.

XV.—Placenta Previa, with Twins. Loc. cit., Nov., 1856, p. 347.

XVI.—Puerperal Fever prevented by Muriate of Iron. Loc. cit., Feb., 1856, p. 81.

XVII.—Induction of Premature Labor by a new Process, dilatation from above. Phila. Journal, July, 1859, p. 111.

XVIII.—Rigidity of Os Uteri during Labor. The first instance reported in America, of relief by antimonial enema. Boston Med. and Surg. Journal, Feb., 1856, p. 38.

XIX.—Toothache of Pregnancy. The first instance anywhere reported, of relief by sub-mucous injection. Loc. cit., Oct. 1859, p. 189.

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tire, of Concord, N. H., from whom I subsequently received the pathological specimen illustrative of the case, which is now, I believe, in the College Museum.

Upon examination by Dr. M., a bed-sore was found over the sacrum, the strictly superficial character of which was subsequently confirmed at the autopsy. By the vagina, which was extremely sensitive, the os uteri was found normal, slightly open, and without ulceration or abrasion; the cervix enlarged, tender upon pressure, soft and with obscure fluctuation. From the permeability of its canal, a localized uterine abscess was diagnosticated. There had been present some slight dysuria, but no sudden purulent discharge from the vagina. The patient was hectic, and as it was of course very difficult to be positively certain as to the extent to which the pus had burrowed in the uterine tissue, no operation was proposed or performed. In a similar case, though so very unlikely to be met with, I should be inclined to advise the use of the exploring needle and free incision; although I am aware that Churchill and others aver that the artificial evacuation of such an abscess may be attended by danger and death.

At the autopsy, a self-limited abscess, holding some two or three drachms, was discovered in the posterior wall of the cervix, the remainder of the uterus and the surrounding tissues being perfectly healthy and without sign of peritonitic or other general inflammation; there was no trace present of pelvic cellulitis, nor had there at any time been symptoms of metritis. The abscess had never made for itself an outlet, either into the vagina or cavity of the cervix, and Dr. McIntire, instead of freely incising and defacing the specimen, very wisely contented himself with merely slitting up the cervix anteriorly and making a small puncture into the wall of the sac, so that the slightest pressure would force the pus to well up through the orifice. In this condition, the diagnosis having been fully confirmed, the specimen was sent to me. I placed it in Dr. Jackson's hands, and some of the gentlemen present may have already enjoyed an opportunity of examining it.

I have reported this case for a two-fold reason: that it is an excellent instance of successful diagnosis, dependent upon an intelligent and educated touch, which I consider indispensable to the study of the diseases of women; and because examples of localized abscess in the uterine walls are of extremely infrequent occurrence. Most of those that have been put upon record resolve themselves, upon careful scrutiny, into the sequelæ of inflammations that have occurred entirely without the uterus or within its cavity—the result of endo- or peri-metritis, of pelvic cellulitis or of puerperal peritonitis. In the instance now reported there were none of these elements present. Colombat, indeed, in his excellent treatise, undertakes to account for the rarity of localized parietal abscess on the ground that the dense and compact structure of the womb can necessarily

yield but slightly to the formation of pus.* A single instance is alluded to by Churchill,† where the specimen, in the possession of Mr. Howship, exhibited in its walls an abscess containing an ounce of purulent fluid. This, it will be perceived, was almost an exact counterpart to the one now described.

In the rare instances where a patient supposed to be thus affected has recovered, it is not unlikely that some doubt may exist as to the correctness of the diagnosis.

CASE II.—Large Caruncle of the Urethra. Removal.—Rebecca W., aged 22, was sent to the Woman's Hospital, in Pleasant St., on the 17th Jan. inst., by Dr. Storer, Senior, her attending physician. The patient is married, has had two children, but has once accidentally miscarried at six months. She was anæmic and feeble, and almost broken down by overwork. She had suffered excessively from one of the well-known irritable tumors of the meatus, which had already been removed by ligature, and its base thoroughly cauterized both by nitrate of silver and by caustic potash. As is so often the case, the tumor had returned, and was now of unusual size, being very nearly if not quite as large as an ordinary strawberry. The greater portion of the mass was situated superiorly to the meatus, extending downwards laterally upon both sides, so that the orifice of the urethra was almost entirely surrounded by it.

On the 25th inst., I proceeded to operate. The tumor was first seized by a vulsellum and put upon the stretch by an assistant. I then cut it thoroughly away by curved scissors, together with the mucous membrane from which it sprang and for some little distance around it. The wound thus made, which bled freely, was thoroughly cauterized by the hot iron, and the patient to-day, five days subsequently to the operation, is doing well.

The point to which I would here more particularly allude, is the necessity, before a permanent cure can be effected, of excision and actual cauterization conjoined; neither of them by itself being generally sufficient to prevent a return of the morbid growth, whereas the two procedures together are almost always effectual. The *ecraseur* I do not consider as effectual for these cases as the knife. The little mass removed I have desired Dr. Ellis to carefully dissect with the microscope, as there is still some little doubt among obstetricians as to the actual pathological nature of the lesion.

CASE III.—Local Enlargement of the Vaginal Wall. Operation.—Catharine C., aged 19, entered the Woman's Hospital on the 21st of the present month, being sent by Dr. Bowditch. She is unmarried, and has always suffered from extreme dysmenorrhœa, for which, the ordinary medical treatment having failed, she was ordered an intra-uterine galvanic pessary. Upon making the preliminary examination for this, it was found that while the hymen was well developed, the

* Diseases and Special Hygiene of Females, p. 281.

† Diseases of Women, Edition of 1859, p. 243.

orifice of the vagina behind it was nearly occluded by a fleshy and sessile mass anteriorly, of the size of an almond, which, as well as the parts adjacent, was exquisitely painful to the touch. Upon this I operated yesterday, Jan. 29th. The patient was etherized, the tumor put upon the stretch, and excised by the wire ecraseur. Hæmorrhage was here also abundant, and, as in the last case, was restrained by the actual cautery, which in these cases of morbid growth or enlargement, I prefer to the use of perchloride of iron or of any other styptic, as tending to arrest and prevent a further development. Indeed, the opinion that I expressed at a meeting of this Society some eight years ago, and then illustrated by a very striking case, of the application of the actual cautery to uterine cancer, and its decided advantage for many cases of uterine and vaginal disease over every other application whatever, extended experience in now very many cases has but served to strengthen and to prove correct.

The mass was here situated immediately below the meatus. At first, upon touching and without a careful examination, it closely simulated the commencement of a vaginal cystocele or prolapse of the anterior vaginal wall. This, however, was at once shown not to be the case by introducing the catheter and turning its point downward upon the part affected, when it became evident that no pouch existed, and that the enlargement was wholly external to the urethra. The vagina is now since the operation sufficiently patulous to admit the forefinger with ease, and the instrument required for the treatment of the dysmenorrhœa.

CASE IV.—Double Fistula in Ano. Operation.—Mrs. P., residing upon the Highlands in Roxbury, consulted me for the first time on last Tuesday, the 26th inst. She is a divorcée, having been separated from her husband for criminality upon his part, and has but a single child, some twelve years old. She has at no other time been pregnant. Her general health has been tolerably good, with the exception of certain pelvic symptoms, which are evidently connected with a cervix much hypertrophied. To the left of the anus were two fistulous openings, perhaps an inch and a half apart, each freely admitting an ordinary probe. Each extended high up, well above the internal sphincter, and entered the bowel by an opening readily found by the probe. These two sinuses were entirely distinct from each other up to their very entrance into the bowel, where they finally met. Each was in the habit of almost constantly exhibiting a purulent discharge, not unfrequently with fæcal admixture. The patient had endeavored to close them externally by the use of irritating tents.

In operating, I first slit up the inner sinus, and then opened the second into the track of this incision, of course freely dividing the sphincter, yet doing this but once. The patient is to-day, the 30th, doing well.

It is my impression, from somewhat extended observation of these

cases, that double fistulæ, with sinuses entirely distinct from each other though with a common origin, is, with females at least, of comparatively infrequent occurrence. It is probable that the patient's attempt to close the first fistulous opening caused a slight divergence from the track of suppuration, forming the second sinus, and that the first was subsequently again forced open.

CASE V.—*Circumscribed Tumor of the Umbilicus, closely simulating Umbilical Hernia, apparently undescribed by authorities upon the subject, and perhaps new to Abdominal Diagnosis.*—Bridget McN., aged 40, was sent to the Woman's Hospital in the middle of November last by Dr. B. S. Shaw. She had been a patient at the Mass. Gen. Hospital, and her disease had there been very correctly suspected to be of malignant character. I will not enter into all the details of the case, although these, in several respects, are extremely interesting, inasmuch as they do not bear upon the special point for which I report the case. From the records of the Mass. Gen. Hospital, a full copy of which has been kindly sent me by Dr. Shaw, it appears that the patient entered that institution on Aug. 14th, with ascites. She was tapped on the 30th of that month, eleven quarts of reddish, rather turbid serum being drawn off. No hepatic tumor was at that time to be discovered.

Shortly after her entrance at Pleasant St., I had occasion to again perform paracentesis, and it was repeated at intervals of a fortnight, some five or six times, until her death, which occurred on the 15th of the present month—upon each occasion two water-pails of bloody serum being removed, and upon each a tumor becoming more and more distinct a little to the right of the epigastrium, until it finally attained a size somewhat larger than a goose's egg. At the autopsy this proved to be the liver, enlarged and with extensive depositions of encephaloid matter, pronounced by Dr. Ellis of cancerous character. The omentum, peritoneal surface and tract of the intestines were studded with carcinomatous deposits, and the uterus and ovaries, though never having given signs of functional or other disturbance, were degenerated into a common mass of disease, their relative limits being almost undistinguishable.

At the umbilicus there had always been noticed, since my first observation of the case, a circumscribed tumor of about the height and size of the last phalanx of the thumb, so entirely suggestive of an ordinary umbilical hernia that the possibility of its being otherwise was never suggested or entertained. The tumor remained of the same character at all times—both before and after tapping, when the abdomen was distended and when it was empty—and was therefore supposed to be occasioned by old adhesions of some portion of the bowel, with perhaps partial strangulation, dating possibly from childhood; and therefore the absence of acute symptoms, hardly to be expected under such circumstances, was not considered unusual.

At the *post-mortem* examination, however, it proved that there was

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no loop of intestine in the neighborhood of the umbilicus—that there was not and never had been any hernia at all. The tumor was well defined, localized and entirely circumscribed. Upon incision by Dr. Ellis, it proved to merely a deposition of softened carcinomatous matter in the substance of the umbilical tissue.

One case alone, at all approximating to this in character, had come to the knowledge of Ballard, that close student of the diseases of the abdomen. In the instance referred to, “the parietal peritoneum being infiltrated with colloid, the umbilicus presented a stretched and flattened appearance,”* an appearance entirely different from that now reported, and giving rise to no such mistaken opinion. Its occurrence, as an element towards clearing up one at least of the very many possible obscurities of abdominal diagnosis, has seemed to me of sufficient importance to deserve being permanently recorded.

Hotel Pelham, January 30th, 1864.

CANCEROUS DISEASE OF THE OVARY.

BY DR. G. KIMBALL, LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

In one of the numbers of the Boston Medical and Surgical Journal of last June, I published an account of the removal of an ovarian tumor, which, from several circumstances therein stated, I regarded of more than ordinary interest.

The patient, who was then represented as having been apparently restored to complete and permanent health, I have been since called upon to treat for another and more serious malady, but with a less happy result. About ten months from the date of the operation above referred to, this young lady called upon me for advice in reference to a small tumor she had just noticed in her right side. Upon examination, it proved to be located between the superior anterior spinous process of the ilium and the median line, in size a little larger than a turkey's egg, slightly movable, of fleshy density, with irregular surface, without pain or soreness, and causing no inconvenience whatever.

The patient, as to her general condition, appeared remarkably well, having gained in weight about sixty-pounds since my last seeing her, and declaring herself in all respects, save in this new development of disease, perfectly well.

Frequent examinations during the two weeks following, showed rapid increase of disease, accompanied, also, with marked constitutional suffering. The expediency of the extirpation of the tumor was considered, and the operation earnestly insisted upon, but all

* Diseases of the Abdomen, p. 144