

ON A CASE OF
WOUND OF THE VAGINA, WITH SEVERE
HÆMORRHAGE.

By ROBERT FOWLER, M.D. EDIN.

ON the morning of Feb. 23rd, 1854, a medical man in the neighbourhood called to speak to me respecting a case he had been attending since ten o'clock the night previous. He had sent the friends of the patient to the relieving officer to obtain an order for my attendance, but expressed a wish that I would go with him immediately, as the woman was in great danger, on account of profuse hæmorrhage from (what he supposed) a wound of the rectum. I directly (half-past ten A.M.) accompanied him, and found the woman perfectly blanched from loss of blood; the lips were quite pallid, the whole surface of body completely cold; pupils dilated; no pulse at the wrist, but the brachials beat feebly. It was with difficulty she could be roused from her lethargy, and when she spoke it was in a scarcely audible whisper. The bleeding had then ceased. On separating the buttocks, I could detect no external wound; and on examining the rectum digitally, the finger on withdrawal was quite free from any stain of blood. The source of the hæmorrhage was therefore still undiscovered. On separating the labia, I soon found that I was on the track of the wound, for the mucous membrane of the vulva, which was completely blanched, was quite moist with blood, which adhered in dried clots to the capillary appendices exterior. On searching further internally, my finger removed a small clot, and out gushed a dark-coloured stream (not in jets) of blood about the size of a crow-quill. Pressure by the finger immediately stopped it, and on examining as carefully as I could, I perceived that the stream came from a jagged wound about the size of a sixpence, at the junction of the superior and right lateral walls of the vagina, to the right, and just above the level, of the meatus urinarius. A graduated compress of lint dipped in cold water was now applied, and kept in the vagina by two towels used as a T bandage. Sulphuric acid, twenty-five minims in water, every three hours; brandy, half an ounce, in cold water, every hour; all liquids to be given quite cold; hot bottles to the feet.

I now learnt that at nine o'clock the night previous, whilst at her brother's, in Lambeth-hill, Doctor's-commons, she had occasion to go to the out-door privy, and, in the act of sitting down, she came with full force on the upright wooden handle (having a blunted point) of the cover, which happened to be on. Without mentioning it to her brother, she walked more than a mile to her mother's house, in this parish. Bleeding continued from the lower part of her person the whole way, causing her to feel very faint, and compelling her to lean frequently against the walls of the houses. On her arrival, her whole under garments were completely saturated with blood.

The medical man, at a quarter-past ten P.M., found her in a complete state of collapse; no pulse either at the radials or brachials. He ordered hot bottles to her feet, and gave her hot brandy and water. She was extremely restless the whole night, the blood streaming from her whenever she got out of bed (which she would do) to pass urine.

23rd.—One P.M.: No bleeding; pulse just perceptible at wrist.—Five P.M.: Surface of body warmer, and says she feels better. Stomach rejects all fluids, which were directed to be given in very small quantities.—Nine P.M.: Radial pulse stronger; body warmer; sickness better. Catheter drew off six ounces of clear urine. On readjusting plugs, slight bleeding occurred. Elastic catheter kept in bladder.

24th.—Eleven A.M.: Better; body warmer; sickness abated; tongue very foul; pulse 120, stronger. Urine dribbled away all night, causing her great pain from soaking the lint. Ten P.M.: Voice stronger. Discontinued elastic catheter, desiring her to retain urine. Wound has a superficial slough.

25th.—Sore cleaning, and inclined to granulate. Unable to hold urine.

From this date she continued to improve, the sore healing nicely under a dressing of dry lint only, its progress being no doubt slightly retarded by the irritating contact of the urine, which for some days she was unable to retain during the short intervals between my visits. Slight rigors occurred on the 1st of March, but subsided after a calomel and jalap purge, followed by saline mixture.

March 8th.—Wound quite healed. Complains of anæmic headache. Take one grain of sulphate of iron in one ounce of water, three times a day.

23rd.—I accidentally met her, and she told me that she had

had a small abscess on the labium, externally, which was now well. She complained of frequent desire to make water, with pain on doing so, and inability to retain the urine long. She had also a bearing down pain, but no prolapsus uteri. I had no opportunity of examining the condition of the vagina, as to whether there was any prolapse of its walls, or hernial tumour, or uterine prolapse, in its cavity.

I have brought this case forward on account of the rarity of the curious accident which was so nearly proving fatal; and also as an instance of the wonderful rallying powers of Nature after severe losses of blood. The source of the hæmorrhage must either have been from the extreme end of the pudic vein itself; which, in the position of the wound, might possibly be injured by a force compressing it against the pubic arch; or, if not from it, from one of the many veins which surround the vagina in a plexiform manner, previous to terminating in the branches of the internal iliac.

Bishopsgate-street Without, December, 1854.