

*A Case of Hydrometra.* By LEWIS SHANKS, M.D., Professor of Obstetrics, in the Memphis Medical College.

THE subject of this case, Mrs. W., was about fifty-three years of age, sanguineous temperament, tall and rather slender, of more than ordinary intelligence and physical energy; she had given birth to, and raised, ten children. The youngest was born in 1841, twelve years since; soon after which she lost her husband, and remained a widow six or seven years. She has been married to her present husband five or six years. Menstruation ceased at the age of forty-seven or forty-eight, about five years since. Previous to, and for three years after the cessation of her menstrual periods, her health was good.

She was attacked two years ago with an acute bowel affection of a dysen-

teric character, which became chronic and protracted, and, as she supposed, originated uterine disease.

The first symptoms of the disease of the uterus supervened upon the chronic dysentery, and consisted of a tumour in the lower part of the abdomen.

This uterine tumour, though somewhat sensitive upon pressure, did not produce for months, much inconvenience, either from its size or tenderness. Twelve months since, however, she was induced to consult her medical attendant, and subsequently several physicians. Different opinions having been expressed to her, as to the organs involved, and their true pathological state, and the enlargement of the abdomen having increased so much as to make her condition very uncomfortable, she came to the city for the purpose of consulting, and putting herself under the treatment, of Dr. Fruyser and myself.

Upon a careful examination of her condition, and the history of her case, we were satisfied that the great enlargement of the abdomen was produced by the expanded uterus, and that the large amount of fluid in the uterus was contained either in its proper cavity—the internal opening of the cervix being occluded—or in a large intra-uterine cyst, which expanded the organ. This diagnosis was made from the very distinct abdominal fluctuation produced by palpation, and from the expanded condition of the cervix and lower segment of the uterus, ascertained by the vaginal and rectal examination. Though the enlarged and expanded state of the lower portion of the uterus was certainly ascertained to constitute the lower portion of the *great* tumour which filled the abdomen; there was so much hypertrophy and induration of this portion of the uterine walls, that no distinct fluctuation at the point of vaginal touch could be produced by abdominal palpation. The os was low down in the pelvis, and could readily be reached, above the posterior commissure of the vulva; and though the walls of the cervix were abruptly expanded and greatly consolidated, the first phalanx of the index finger could readily be introduced into the os.

Having made this diagnosis of the case, it was decided that the occluded cervix, or the cyst within the cavity of the womb, should be opened the next day, and the contained fluid drawn off, as there was danger, from the great distension of the abdomen, of a rupture of the womb. There was no ulceration of the os, no ichorous or offensive discharge, indicating either concealed ulceration or malignant disease, though the induration and thickening of the walls of the cervix were unusually great, and, to the touch, of almost cartilaginous hardness.

February 6, 1854. After an unsuccessful effort to introduce a common-sized metallic bougie, and different-sized catheters, I resorted to the common-sized uterine porte-caustique. After bending the end of the staff, which projected an inch and a half through the canula, so as to enable me to push it upwards and forward behind the pubes, in the direction of the axis of the cervix, and toward the centre of the tumour; I succeeded, by using a moderate degree of force, in passing it two inches into the cervix; then meeting with elastic resistance, produced by the cyst, I forced the point of the staff in the direction of the centre of the tumour, through the cyst into its cavity; the canula was then pushed into the cavity of the cyst, and the staff withdrawn.

Two ounces of a thick and gelatinous fluid, of a brownish colour, like honey, were evacuated. The staff was again introduced through the canula, and pushed into the large cyst, when eighteen pints of sero-sanguinolent fluid were drawn off without further difficulty.

The hypertrophied walls of the cervix were so consolidated as to nearly

close the opening or channel through the neck, and to embrace firmly the canula, though not larger than a small-sized catheter. This narrow channel from the os, through the cervix to the cavity, was two inches or more, and clasped the canula so tight as to require some force for its withdrawal; and the density of the cyst was rendered obvious by the very perceptible jerk produced by its walls slipping over the end of the canula when it was withdrawn.

After the water was discharged, the hypertrophied and indurated state of the neck and lower segment of the body of the uterus was more manifest and better defined. The general structure of the uterus was soft and flabby, and remained uncontracted; but the thickened and indurated neck and lower segment of the body projected up on the sides in the iliac fossa, so as to form on the lateral uterine walls, a distinct circular ridge, like the sides of a bowl. This indurated portion of the womb was attached by adhesive inflammation to the pubes and other surrounding parts, so as to fix the womb firmly in its position. The chief pain and soreness, during the progress of the disease, and at the time of the operation, was in this indurated portion and the surrounding tissues to which it was attached. For several weeks before the operation, the great distension of the womb and enlargement of the abdomen, not only made her constantly uncomfortable, but disqualified her from turning in bed, without raising herself up so as to prevent the dragging and pain produced by it in the lower portion of the tumour and its surrounding parts.

After the womb was evacuated she was much more comfortable, and continued so until the fluid accumulated again. Though quietude, laxatives, and alteratives were instituted to prevent inflammation, and the accumulation of the fluid, in a month she was again so much enlarged as to require another operation.

On the 7th of March, I drew off, in the same way as by the first operation, fourteen pints of fluid. Though not so large as before, her stomach and general health were more impaired. The fluid presented more the appearance of an admixture of pus and mucus, or albuminous matter with the serum, being thicker and more tenacious. When the cyst was evacuated, I injected through the canula about 20 oz. of water, with  $\mathfrak{z}\text{ij}$  of tr. of iodine added to it. This was agitated in the sac a few minutes and then withdrawn.

As a general course of treatment, she was then directed to wear a tight flannel abdominal bandage, twice a day to paint the hypogastric and iliac regions with the tr. of iodine; to take at bedtime, as an alterative and tonic, a pill containing proto-iod. hydrarg., extr. colocynth. comp., extr. cinchon., each, a grain, and 8 drops of syr. ferri iod., three times a day. Under this course her general health improved, and the fluid accumulated much slower.

April 16. Six weeks since the last operation; she came in her carriage from her home, about twenty miles, to the city. Though the womb was very much distended again, her general health was much better. Being desirous to try the effect of Bailey's Spring, near Tuscumbia, Ala., a water of much celebrity in dropsical cases; to prepare her for her journey, and for the more favourable action of the medicinal water, I drew off eighteen pints of fluid again on the 17th of April. It presented less appearance of the admixture of pus, or mucus with the serum, than at any previous operation. I injected again about  $\mathfrak{z}\text{xx}$  of water with  $\mathfrak{z}\text{iv}$  of tr. of iod. This produced a slight diffused sensation of burning in the cavity of the sac, which soon passed off, and she felt very comfortable after it.

The second and third operations indicated less consolidation and contraction in the cervix, but the dense membranous cyst was more obvious and resisting

to the blunt end of the porte-caustique staff, requiring considerable force to puncture it and penetrate the cavity.

She continued comfortable after the third operation, and in three days started on a boat to Bailey's Spring. The journey to be made by water, except ten miles from Tuscuumbia.

Since her departure from here on the 19th of April, three days after the operation, I have not heard from her.

*Remarks.*—I have described this case somewhat in detail, as no case of hydrometra so well marked has been reported, within my knowledge, in this country. Its existence, indeed, being more than doubted by Prof. Meigs, in his works on obstetrics and the diseases of females, in which he says, "as to hydrometra, I do not believe in it. It is indifferent to me who has seen it, or who has heard of it. I repeat, I do not believe in such a malady." To prove the disease does not exist, he says: "To have a true dropsy of the womb, you must imagine the os uteri hermetically sealed, and the cavity of the organ filled and distended with serum."

How near the description of this case, the quantity of serum contained in the cavity of the womb, and the difficulty of drawing it off through the consolidated neck, with its cavity contracted, and its internal opening perfectly occluded, comes to what Dr. Meigs describes as being necessary to constitute hydrometra, the reader must judge.

The result of this case, time only can determine. The long and narrow channel in the neck rendered it impracticable to introduce an instrument sufficiently large to make a free incision in the dense membranous sac which contained the fluid, so as to keep it open, and thus discharge the accumulating serum, and prevent the inconvenience and pain produced by the great distension of the womb.