

Clinical Lecture

ON

PELVIC ABSCESS.

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(Reported by Mr. T. M. CROWFOOT.)

GENTLEMEN,—The disease which I am about to bring before your notice to-day is one in which I have been much interested for some years past, and inasmuch as it occasionally involves life, and is always more or less serious in its nature, is one also of great importance. It is pelvic abscess. There is no disease demanding a more correct diagnosis than some forms of chronic abscess. If matter is fully and abundantly formed, there is no difficulty in determining the nature of the disease; but if the abscess is not so far advanced, and there is only a thickened mass of lymph forming an obscure undefined tumour, the difficulty of diagnosis is often considerable. In whatever part of the body it may occur, this disease is remarkably characteristic of a low state of the system. This fact is clearly proved by the numbers of wretched, debilitated women, mothers of large families, and deprived of the luxuries and many of the necessities of life, who are ever hovering around our hospitals, ready to be admitted for chronic abscess. These are cases which demand much reflection, and which, when detected, require the adoption of a very positive principle of treatment. My attention was directed to a case of this kind in the hospital this very day. The patient was a young woman, with a pallid countenance, and an attenuated frame, who had married at nineteen, and was now at twenty-five the mother of five children. Her husband is a shoemaker, or probably mender, and he earns 10s. a week. She has a swelling in the calf of the right leg, which is without doubt a chronic abscess; no fluid can at present be detected in it, but the abscess is passing through that solid stage which precedes the formation of matter. If this woman's health is raised, if her strength is increased, and more *vis vitalis* given, matter will be formed; but if not, she will probably die, for she is seriously ill. I cannot call to mind one case of chronic abscess which could not be traced to some debilitating cause. Those who have the opportunity of witnessing largely, cases of low fever, frequently see patients who, on their recovery from fever, are attacked with numerous chronic abscesses in various parts of the body. Here the fever is the premonitory sign; the predisposing cause, debility. Nature has endowed man with certain physical attributes, which enable him to contend against extremes, to respire the air whether of the tropics or of the poles. So also in respect of food; whether in the state of the highest plenitude or the lowest deprivation, he can exist in comparative health; but to this endurance there is a limit, and when he sinks below a certain level, disease invades his frame, and attacks him very frequently under the form of chronic abscess. There are certain localities in which chronic abscesses are more prone to form than in others, and one of these is the loose cellular tissue about the peritoneum.

I gave a lecture last year on large collections of matter in the abdominal parietes, and closely allied to these are pelvic abscesses. The origin and progress of this disease may be detected by careful observation, and if it be not detected it will often terminate fatally. The knowledge of it is chiefly confined to physician and surgeon accoucheurs, as they are the persons who most frequently meet with it. Surgeons not engaged in obstetric practice are, in general, I think, not very familiar with it. If you reflect on the anatomy of the region in which this disease occurs, you will call to mind without difficulty the relations of the various organs that occupy the pelvic cavity—viz., the bladder, uterus, and rectum. It is in the cellular tissue in all this region below the peritoneum, and surrounding the organs just mentioned, that pelvic abscess occurs. It is ushered in with rigors; the pain, as the disease advances, is intense; the impairment of the general health is great. The tumour may point either into the bladder, the

rectum, or the vagina. If it point into the bladder, it must be allowed to burst of itself, for it admits of no relief from surgery; if into the rectum or vagina, it is amenable to operation. Some years ago, I was sent for to go down into a distant county, to see a lady who had been suffering from some severe symptoms connected with the pelvic cavity. Previous to this time I had read some remarks of Dr. Locock's on pelvic abscess, but I had not had much practical experience of the disease. My patient had had severe pain in the lower part of the pelvis, accompanied with rigors. This continued for many months, and at length a large abscess burst into the rectum. It continued to discharge for many weeks, and at length ceased. Pain then returned, deep seated in the lower part of the pelvis, and extending up into the anterior wall of the abdomen. In two months it burst again at the umbilicus, and continued to discharge for two months. It was at this period of the disease that I saw it. I diagnosed pelvic abscess, formed between the uterus and the rectum, and extending up above the former organ and the bladder, behind the recti muscles, along which it had left a track of palpable thickening. Finding the patient in an exhausted state, I advised the most nutritious food, and suggested bark and wine to be liberally administered, and recommended pressure to be applied to the abdomen by means of a belt and cotton wool and a flannel roller; for pressure I consider to be a most important agent of good in the treatment of this disease. These agents tended to the immediate reduction of the formation of matter, and she gradually but completely recovered.

I have lately had a similar case of great interest, which I will detail to you briefly. A lady who had advanced six months in the period of gestation had a small operation performed on her for some slight disease about the sphincter ani by a surgeon. Severe illness followed the operation. I then saw the lady. She was in a very reduced state as regarded her vital powers, and the first effort I made was to heal the wound in the perineum, which was as large as a five-shilling piece, extending upwards towards the coccyx. I healed it by raising her strength, wine and bark, quinine, &c. Pains now came on in the pelvis, extending down the course of the left sciatic nerve. Considering these pains to be due to scybala, I suggested to her other medical attendants two drachms of oil of turpentine as an enema, and small doses of rhubarb and aloes, and in a week great quantities of scybala came away. So far, this was satisfactory, but yet there was no remission of the pain, which now seemed to be localized behind the right sciatic nerve. The cause of this seemed doubtful, but a repetition of the former treatment was again followed by the evacuation of a large quantity of scybala, but there was no relief to the pain, which now became so intense, that 300 drops of Battley's solution taken in the twenty-four hours had but little effect in mitigating it. The physician who was attending the case now thought he detected a little projection between the vagina and the bone on the right side, and announced the presence of pelvic abscess. This opinion was confirmed by a most eminent authority in diseases of this nature, who said it appeared to him as if there existed a layer of fluid between the vagina and the bone, but deeply placed, and thought it beneath the pelvic fascia. Ten days after this, I saw the lady again, and now matter had evidently gravitated downwards, and was pressing palpably on the right side of the rectum. The general pain about the interior of the pelvis was very distressing to witness. I now determined, with the concurrence of the gentlemen on whom the responsibility of the case devolved, on puncturing the abscess through the rectum, and I selected this in preference to the vagina, through the coats of which the presence of matter was equally palpable, first, because the arteries are smaller in this situation; secondly, because the tumour was rather more prominent in this direction; and thirdly, because, as the lady was pregnant, it was of the highest importance to preserve the vagina intact. Having punctured the abscess by means of a long trocar, I drew off ten ounces of healthy matter. The next day the patient appeared relieved, and got sleep, but the day following the pains returned as severely as before the puncture. This I was the less surprised at, remembering the case of a man in the hospital who had iliac abscess, extending down into the thigh, which I punctured, and got away three pints of matter; and in this case the pus subsequently took a backward course through the great sacro-sciatic notch, and I suspected that the matter might be taking the same course in the present instance. On my second interview, therefore, with my patient, I thought I detected fluid at a point over the sciatic nerve where pain was felt. A fortnight passed without developing any evidence conclusive of the presence of matter, and then I felt certain that

matter was collecting pretty largely at this spot. I therefore, with the concurrence of the lady's medical attendants, made an incision an inch and a half long through the integuments and fat, and then punctured with a grooved needle, and passing my finger into the wound, I tore through the deeper structures, in order to avoid wounding any branches of the gluteal artery. This was followed by the evacuation of fifteen ounces of most foetid matter. The pain now greatly subsided. The necessity of maintaining her strength was obvious, and she was ordered one ounce of brandy every two or three hours during the first night, with half-ounce doses of tincture of bark to be administered occasionally. I deemed her to be now safe from relapse, though greatly reduced by her past sufferings, which have been unusually severe; but I was mistaken. A few days intermission were followed by suffering more acute than ever, and it was obvious that matter in quantity was yet retained within the cavity of the pelvis. The wound in the ischiatic region, which had entirely healed, again burst open, and many ounces of more or less foetid matter escaped every third or fourth day, but still without relief. It now became necessary to consider the expediency of making a more dependent opening, and with the concurrent opinion of Sir Benjamin Brodie, I made a free incision on the left side of the orifice of the anus, and cut down into the cavity of the abscess, from which some ounces of matter escaped.

Three successful attempts had now been made to afford relief to this suffering lady, but without success. The pain remitted in a degree for a day or two, and returned with equal violence in spite of our most vigorous efforts to mitigate it, and she sank exhausted within a fortnight of the last operation.