

REPORT OF A CASE OF
RETAINED MENSES FROM IMPERFORATE
OS UTERI;

OPERATION; DEATH.

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S. L—, aged sixteen, the daughter of a monthly nurse, was brought to me at "The London Home" by her mother. She had never menstruated. About every month she suffered great pain in the abdomen and back, lasting for a period varying from a few hours to three days. This was accompanied by all the usual symptoms of menstruation, without, however, there being any external appearance. The pain was described as being so severe, as to cause her to roll about the floor in agony. She had all the usual marks of confirmed puberty, was tall and well made.

On making an examination, per vaginam, I found it terminate superiorly in a perfect cul-de-sac. The neck of the uterus could be felt in its normal position; but no os uteri was distinguishable. The lips of the os could be obscurely made out,

covered, as it were, with the lining membrane of the vagina. By examination through the rectum, the uterus could be felt increased in size, and presenting to the taxis a sense of fluctuation. It was evident that the case was one of retained menses from congenital closure of the os uteri. The general health was becoming a good deal affected. I explained to the mother that the closure of the os uteri must have existed from birth, and that nothing but an operation would be of any service.

She was, therefore, admitted into "The London Home" on March 5th, and on the 8th of the same month she was subjected to the influence of chloroform, and further examined by Dr. Hall Davis and Mr. Philip Harper, who both agreed with me as to the nature of the case and the necessity of an operation. I therefore proceeded to operate in the presence of those gentlemen and Dr. Menzies, Messrs. Ince, Ince, jun., Andrews (all of Pimlico), Spencer, and Dr. Giles. She was placed in the lithotomy position, and I passed my finger into the vagina until the end of it was in contact with the obscurely-felt lips of the os uteri. I now introduced a pair of sharp-pointed straight scissors along the finger to the obstruction, and gently pressed them through it, without opening them. It required very little force to penetrate the membrane. On withdrawing them, a quantity of thick fluid, of treacly consistence, but of the colour of red-currant jelly, immediately flowed out. I now passed one finger into the rectum, whilst gentle counter-pressure was made on the abdomen, and thus a quantity of the fluid flowed out (about five or six ounces, subsequently increased to nearly three-quarters of a pint). The vagina was syringed out with warm water, a napkin and binder put on, and she was placed in bed. When she had recovered from the chloroform, one grain of opium was given to her, which was to be repeated every six hours. There was not the least hæmorrhage.

The following account of her progress is from the notes of Mr. Wratishaw, the visiting surgeon in charge:—

March 9th.—Nine A.M.: Has had a good night, and felt so well this morning that she was found sitting up in bed doing some crotchet work. The thick fluid had continued to flow during the night, and the nurse had collected about six ounces of it. It had now changed to a brighter red, having the appearance of natural menstruation.—Nine P.M.: Slight sickness had come on in the course of the day, and there was some uneasiness with tenderness in the epigastrium. The countenance was swarthy; tongue coated. Ordered hot linseed poultices over the abdomen; and to take three grains of grey powder with five grains of Dover's powder at bedtime, and effervescent every three hours.

10th.—At three A.M., as she had not slept and was very restless, a grain of opium was administered as a suppository. Not being relieved, another grain of opium was given by the mouth. This produced no effect, and at nine A.M. vomiting of dark bile came on, and was very frequent. The pain in the epigastrium was severe; pulse 120; tongue foul; bowels have not acted. She lies upon her back, with the legs stretched out and extended. Turpentine epithems were applied over the abdomen, and a dose of castor oil was given. This produced dark bilious motions, but the sickness continued. In the course of the day tympanitis came on, and the tongue became very dry; pulse 130, very weak. She became so prostrate and sinking in the evening, that frequent doses of ether were administered.

11th.—Has had a bad night; the vomiting of the same bilious matter is incessant; pulse 140; tympanitis and tenderness of the epigastrium; tongue dry and brown, except at the edges, where it is red. A grain of calomel was given, and a blister applied to the abdomen. The sickness ceased after this, but she continued to sink, and died soon after four P.M., continuing perfectly sensible to the last.

The following account of the post-mortem appearances was drawn up by Mr. Leggatt, of William-street, Lowndes-square, her usual medical attendant, and Mr. Philip Harper:—

Examination twenty-six hours after death.—On opening the abdomen, there was not any appearance of general peritonitis; but on examining that portion of the intestines which was in contact with the uterus, there was evidence of local inflammation, plastic lymph having been recently thrown out. The uterus was large, and had recovered from its retroflexed condition. On being removed from the body, it was laid open through the cervix. Its lining membrane was very vascular and injected, from the long contact of the menstrual fluid. The puncture had been made into the os, and its surrounding edges presented a dark and ecchymosed appearance. The ovaries were enlarged, softened, and granular in appearance and feeling. Liver quite healthy.

Remarks.—Cases of this kind are very rare; it is, therefore, of the utmost importance that they should be recorded, so that all medical men may know that such cases do sometimes occur. Ignorance upon this point is calculated to do much mischief, both to the profession and the public. The feelings of the relations may be severely tried, and the reputation of the surgeon seriously imperilled, by an expression of opinion as to the non-advisability of surgical interference. The slightest consideration renders it evident that there is no choice but between continually increasing suffering, leading to ultimate death, and the effort to restore the natural channel by surgical means.

Connaught-square, April, 1860.