

FLESHY TUMOUR OF THE UTERUS, WITH ABSCESS OF THE OVARIIUM, RUPTURE, AND FATAL PERITONITIS.

To the Editor of the *British American Journal of Medical Science*.

SIR,—The following case appears to contain points of interest sufficiently strong to induce me to offer it for insertion in your Journal; and, with your permission, I shall append to the case some observations in the way of clinical remarks.—I am, &c.

A. F. HOLMES, M.D.

Prof. of the Theory and Practice of Medicine, McGill College.

CASE.

On 13th June, 1845, I was requested, by her ordinary medical attendant, to visit Mrs. —, aged 46;—who has had but one child, born upwards of 20 years ago;—who has never miscarried, but has been liable to hæmorrhages, frequently very profuse; and who, for the last ten years, has suffered from an almost constant bloody discharge from the vagina. She has supposed herself labouring under prolapsus, but has never permitted any manual examination—has never complained of much pain in the region of the womb, but occasionally has had pain in her back.

I found her suffering from acute pain coming on at intervals, and extreme tenderness in the right side of the abdomen, towards the ilium, where a hard, somewhat moveable tumour, of the size of a goose's egg, could be easily felt, which was exceedingly tender. This she described as having existed for several years, being, when first perceived, as small as the yolk of an egg, and having gradually increased. She stated that when first noticed, the tumour was on the right side; that till very recently it was quite moveable, falling from one side to the other upon change of position. It frequently interfered with micturition, and required to be raised by the hand pressed above the pubis, to allow of emptying the bladder. No other inconvenience was experienced from its pressure on that organ. There was no pain or difficulty in defecation. There was scarcely any tenderness of the abdomen, except at the spot occupied by the tumour. The pulse was soft, and of natural strength and frequency,—skin not hot,—no nausea nor vomiting,—bowels had been freely opened. She ascribed the increase of size in the tumour, which had taken place within a few days, and the pain, to having gone in a vehicle about 20 miles,

over a rough road, during which ride she suffered much pain from the jolting. It is only within two days, however, that the pains have become violent.

Having requested an examination per vaginam, I found, on introducing the finger about an inch, a firm solid tumour projecting from the posterior part, and nearly filling the cavity. It was not painful when pressed, nor was it elastic—the mouth of the womb was felt high up in front near the os pubis, as in a case of retroversion—the lips felt very thin, but smooth, and the orifice admitted the finger a considerable way, and some pain was excited by the introduction. The anterior wall of the uterus felt thin and wasted, while the posterior was greatly enlarged and hardened, and had the same feel as the tumour of the vagina, with which it was evidently continuous. The inner surface of the os pubis was very tender. The conclusions I drew in regard to the case were, that the uterus was organically diseased, and greatly enlarged, and that the tumour on the right side was the ovarium likewise enlarged, and recently become affected with inflammation.

Under this impression we determined, for immediate relief, to apply hot fomentations, and to follow them, as soon as they could be put on, with leeches, and at the same time a strong dose of morphine was prescribed. I subsequently understood from Dr. — that the fomentations had relieved her so much, that the leeches had not been applied. I did not see her again until the 20th, as she continued to improve, but on that day was informed that the pain had entirely left the right side, and that the tumour had subsided very much, while a similar very painful tumour had suddenly made its appearance in the corresponding portion of the left side.

On examination I found a very painful and tender prominent tumour, with a reddish blush on the skin covering it, on the left side of the linea alba, the pain being constant, but much aggravated by pressure. The hard tumour on the right side was very easily felt, being without tenderness, and rather lower down than previously. On examination per vaginam,—same appearance,—no increase of tenderness, but stillicidium of blood had ceased for a day or two past.—the pulse was soft and natural, and there was no heat of skin.

Considering this a similar affection of the left ovary,