

THE  
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, MAY 16, 1890.

Original Communications.

H. EMATOCELE.

BY J. SPENCE, M.D., TORONTO.

F. S., æt. 24, servant, fair complexion, good physique. Had pelvic peritonitis six years ago in England; was in bed three months at that time.

*History of present trouble:* Was taken with severe pelvic and abdominal pains Dec. 29, 1889, while hanging clothes on the line in the yard. She complained of intense pain over the bowels and in the back. She continued moving about and doing some work, notwithstanding her severe pain; till January 3rd, when I first saw her.

Her face was pale, anxious, and pinched; the tone of her voice was an indication of intense suffering. She stood bent over to relieve the abdominal pain, which, she said, was much easier in that position. Pulse was feeble, quick, and very weak; temperature normal. She became unwell on the 28th, she said, and thought she caught cold hanging out clothes on the 29th. Found great tenderness over the lower part of the abdomen, being most tender over the left inguinal region. A hard swelling, having about the circumference of a cricket ball, is also found here. Swelling is hard and resisting, and feels like inflammatory induration. Percussion gives a dull note on the left side to the upper margin of the tumor, but gives a bowel sound on the right side.

On vaginal examination, find a dilated os, soft, and pointing to the pubes. A hard, resisting swelling filling Douglas' cul de sac and extending behind, laterally, and as far as one can feel, in front also of the uterus, and indistinguishable from the body of the uterus, the hardness of which is in marked contrast with the softness of the dilated os.

Vomiting is very severe and persistent.

*Treatment.*—Ordered absolute rest and gave anodynes to relieve the pain. Also ordered saline purgative tonic, giving ʒi. mag. sulph. every four hours till bowels move.

4th.—Patient no better. There is great tenesmus of uterus and bowels, and dysuria. The abdominal pain is paroxysmal; vomiting continues. The bowels continue obstinately constipated, though there is a constant feeling as if all would be well if they would move. Urine has to be drawn off. This condition of affairs continues till the 7th, when a decidua is expelled, but no fœtus was seen. My patient, who up to this time was supposed to be single, produced a certificate of marriage, stating that she was unwell for the last time about six weeks ago. There is considerable hemorrhage now, though there has been some all along.

The pallor and weakness and vomiting continue, and the tumor seems to become larger, extending across to the right side and filling the peritoneal cavity to within about two inches of the umbilicus. It is with great difficulty that the catheter is passed into the bladder, so great is the mechanical pressure against its neck. The