

Clinical Reports.

INTRA-UTERINE HÆMORRHAGE SIMULATING RUPTURE OF AN ECTOPIC SAC.

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Mrs. McK., æt. 30, came under my care July 19th, 1897, complaining of severe dysmenorrhœa and more or less constant pain in the pelvis.

Previous History.—Born in Halifax. Was always healthy. Menstruated at 14, without pain. Married at 21. Two years afterwards began to suffer with dysmenorrhœa, which became worse every year. No pain till flow appeared, then became very severe and so continued for two days; third day considerably easier and flow over by fourth day. Flow at first was scanty, never clotted and quite free after second day. No history of leucorrhœa, etc.

Two years after was treated for dysmenorrhœa by tampons, with no relief, and by dilatation three years ago with no better result. Her back became much worse after this.

Family History.—Mother died of peritonitis after a short illness. Father living and well. Brothers and sisters living and well.

Present Condition.—Patient well developed, bright and cheerful, and, but for the condition complained of, was in excellent health.

On examination, the uterus was found in the normal condition of ante-flexion, the cervix bent forwards in the axis of the vagina forming a rather acute angle with the body, ovaries not felt but there was some tenderness in the left fornix; os apparently healthy. The sound passes with difficulty through a tortuous canal notwithstanding previous dilatation, and gives very severe pain. Size of uterus very little beyond normal.

Examination under an anæsthetic reveals nothing abnormal in tubes or ovaries. A deep sulcus was noticed at the angle of union between the cervix and body of uterus. A distinct globular mass can be detected in front of the body of the uterus, which appears to be subperitoneal, moving somewhat on pressure.

Uterus was forcibly dilated by Goodell's dilator, curetted and packed with iodoform gauze and Skene's operation for ante-flexion of the cervix performed. Recovery uneventful. First period after this operation was rather more painful than ever. The sound passes now with no greater ease than before; the canal still tortuous. Now, Sept 13th,