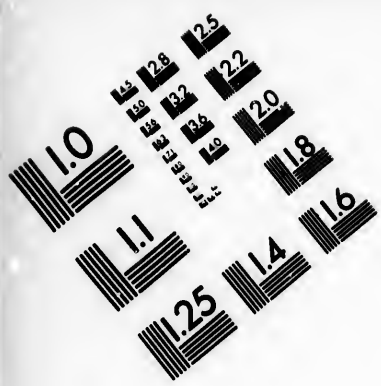



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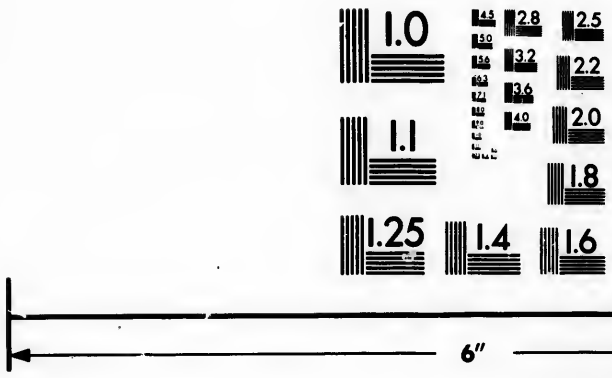




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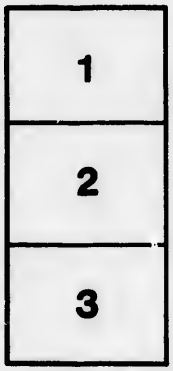


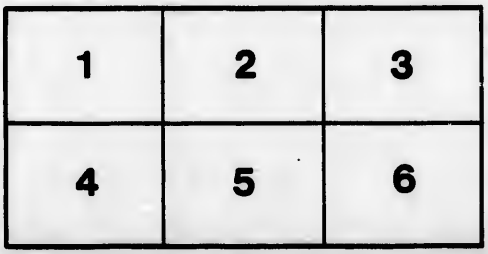

*Reprinted from the Montreal Medical Journal, January, 1900.*

# A CASE OF HÆMATOMETRA.

BY

WILLIAM GARDNER, M.D.

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Accumulations of blood, pus, or other fluids in the uterus cannot be said to be of extreme rarity. Kelly proposes to consider the condition as that of the uterus as a retention cyst. There is certainly a considerable show of reason for this. The accumulations in question can of course exist only when secretion continues and the openings leading to and from the uterus are occluded. The commonest cases are without doubt those in which cancerous disease has occluded the cervix. When the pain of uterine cancer is exceptionally severe and the uterine body enlarged, this condition—easily relievable so far as an important element in the cause of pain is concerned—should be suspected.

The case now to be related presents certain features of interest, especially perhaps from the point of view of the cause and diagnosis. The patient, æt. 51, was referred to me by Dr. Mowat, of Williamstown, Ont., for operation for an abdominal tumour. She had been married 18 years, and had had two full term births and one miscarriage; the last child was born 11 years ago; menstruation had been absent two years. She had suffered from falling of the womb for several years, and for this she had worn a cup and stem pessary with abdominal belt supporter.

When I saw her, the complaints were of abdominal enlargement and occasional pain; of the pain she had, however, not much to say. I first saw her on the 14th of September last. She had had the most pain during last winter and spring, whereas the abdominal enlargement had first attracted her notice in June.

The patient was tall, spare, sallow and dark complexioned. The abdominal wall was very thin and the hypogastrium distended by a very firm, round, smooth, almost immovable, insensitive tumour; the vaginal outlet was torn partly through the sphincter, the canal much relaxed and the walls protruding. The cervix was raised to the level of the upper margin of the pubes against which it was pressed. A moderate degree of mobility existed between the cervix and the tumour. The uterus could not be defined.

The diagnosis was obscure, the physical characters of the tumour were

consistent with either uterine myoma or the much rarer solid tumour of the ovary. But the growth at so rapid a rate as described, especially after menopause, opposed the theory of uterine myoma unless it were undergoing the rare degeneration into malignancy. If the theory of ovarian tumour were entertained, the rapid growth of a solid tumour could only be consistent with malignancy.

The operation revealed a very different condition to either. The tumour, which proved to be the uterus, though not adherent, was impacted in the pelvic cavity, from which it was extracted with considerable difficulty. When raised it presented a marked depression on its posterior surface, corresponding to the promontory of the sacrum. Supra vaginal amputation was done in the usual manner. I desired to leave the cervix for the sake of the integrity of the pelvic floor, if at all feasible. This, however, would not have been justifiable had the tumour been malignant. To help a decision of this question, before completing the operation, I cut into the tumour and found the walls from a half to three-quarters of an inch thick symmetrical throughout; when I reached the cavity black fluid blood spouted upwards to a distance of two feet. On laying freely open the uterine cavity, a quantity of black and partly decolorised blood clot was revealed, the quantity of fluid and clotted blood must have been over a pint, as the whole size of the entire tumour equalled an adult head. When empty the uniform smoothness of lining membrane and elastic consistency of wall seemed to exclude malignancy and the cervix was therefore allowed to remain and the operation finished in the usual way.

The recovery was ideal and complete. Microscopical examination excluded all malignant characters. The most probable explanation of the occlusion of the cervix which led to the accumulation of menstrual blood seemed to be adhesive inflammation, in the causation of which, the prolonged pressure of the cup of the prolapsus pessary, had probably most to do.