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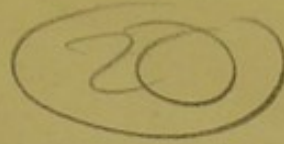
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FIBRO-CYSTIC MYOMA OF UTERUS.

SEPTICÆMIA.

BY

H. A. LEDIARD,
CARLISLE.

Read July 2nd, 1884.

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FIBRO-CYSTIC MYOMA OF UTERUS. SEPTI-CÆMIA.

By H. A. LEDIARD (Carlisle).

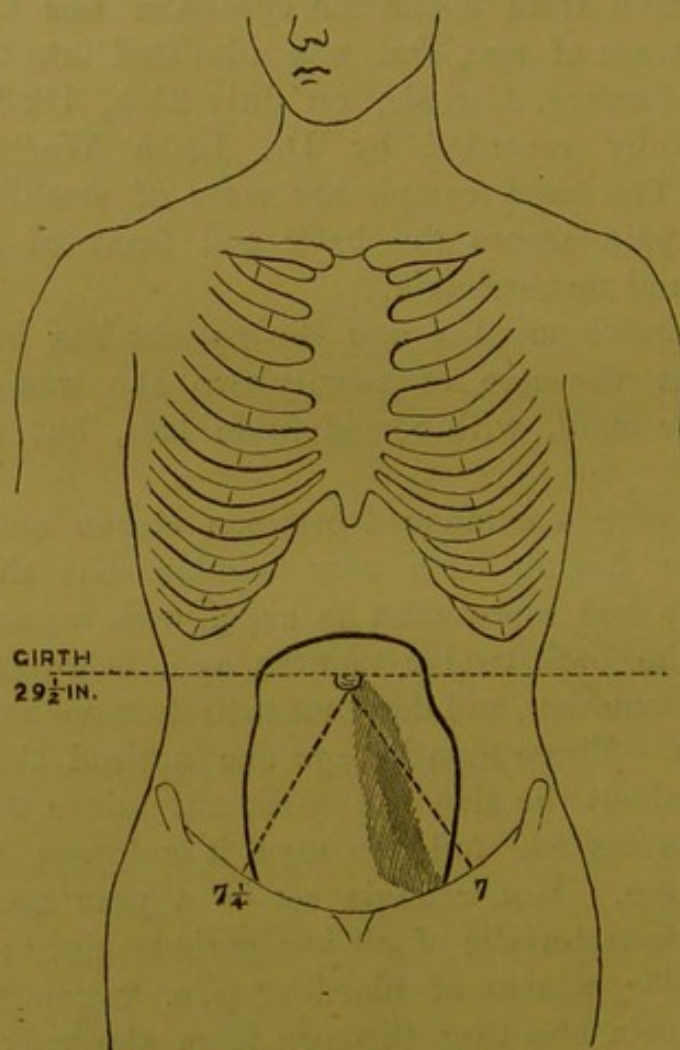
THE woman from whom the specimen was taken was thirty-six years of age, and was admitted into the Cumberland Infirmary, Carlisle, on July 25th, 1883. Notes were carefully recorded by Dr. Leith Waters, house surgeon. The chief complaints were of swelling of the abdomen, pain across the back and front of abdomen, vomiting, and menorrhagia.

Up to twelve months ago the patient has been quite healthy; at the age of twenty-two she was delivered of a female child, with considerable loss, but recovered perfectly.

Menstruation commenced between eleven and twelve, the periods having been very regular, but she thinks the amount lost more than is usual with women. Pain began in the back twelve months ago, is worse a week before menstruation, and does not entirely leave her between the periods. Three months ago she noticed the tumour, which was about the size of a cocoa-nut; since then it has gradually increased, and she says it enlarges when the pain is severe. Menorrhagia set in a year ago and has been the characteristic of all her periods since; she has also irregular attacks of bleeding (*i. e.* vaginal), accompanied by pain shooting through from the back into the abdomen, sometimes once a week, sometimes every day. Vomiting has existed for the last week only, and only when the pain is severe.

The patient is pale, anæmic, weak, and careworn; pulse 76, respirations 24. There is a median abdominal swelling extending two inches and a half above the umbilicus, in consistence hard, especially at the upper part; an indistinct sense of fluctuation over the lower; the

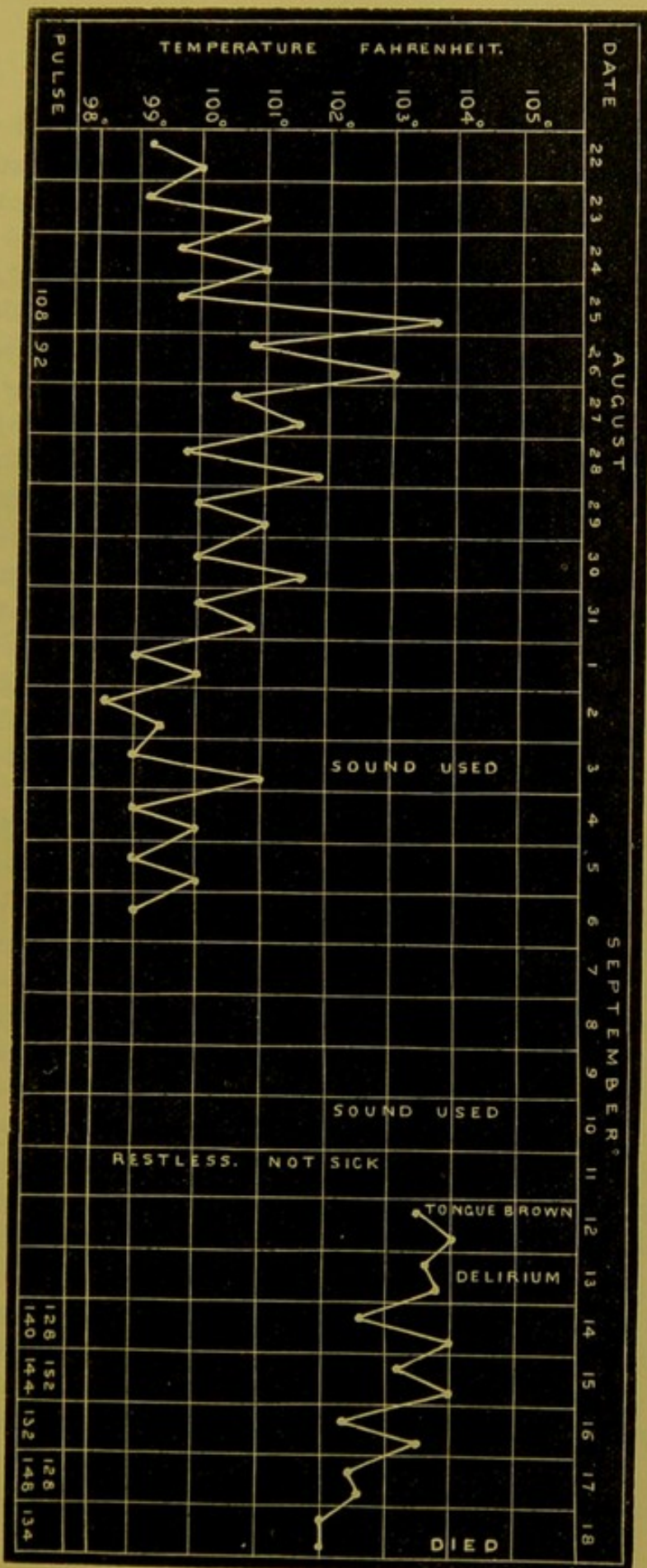
growth is evidently uterine, is freely moveable and tolerably painless to touch. The cervix uteri is displaced forward towards the pubes; from the open condition of the os it is possible to feel an elastic tumour growing from the posterior wall of the uterus and projecting into the cavity. A bruit is heard over the tumour. The sound passes for four inches.



Outline of tumour. Shaded part showing area of bruit.

The woman was kept under observation for a few weeks, during which time there was occasionally free hæmorrhage and a good deal of vomiting.

On August 25th there was some diarrhœa and the tongue was dry and fever present. (The temperature chart shows the extent of this.)



On September 3rd she was examined, and the sound used both in the uterus and the bladder; it was clear that the tumour was larger than on admission; no bad symptoms followed.

On September 10th she was again examined in consultation with a view to determine on operative procedure; the sound was introduced into the uterus, and the bladder examined as before. On the following day she was restless, hot, and sick. On the 12th the tongue was brown and dry, and vomiting was present. On the 13th delirium came on, and from the swollen and tender condition of the abdomen it seemed that peritonitis had supervened.

The patient died on the ninth day after the last sounding. It may be added that at the digital examination made at the same time the finger had a faint smell as if from decomposition of retained discharge, and, in addition to other remedies, the uterus was washed out with an antiseptic as soon as the unfavorable symptoms appeared.

Post-mortem.—This was made five hours after death. The body was anæmic and waxy in colour and appearance; post-mortem rigidity marked; subcutaneous fat fairly well represented. On opening the abdomen the uterus was seen to extend upwards as a whitened oval tumour to within an inch of the navel, being perfectly smooth on the surface and free from adhesion to any organ. The bladder (which is attached to the specimen) seemed perfectly healthy and free from abrasion of any kind, and was of normal size. The uterus, resembling with fair accuracy a duck set for table, was opened by a median incision along its anterior surface. The cavity was occupied with a well-formed healthy coagulum free from odour, the size and shape of a moderate herring, this shape depending upon the shape of the cavity of the uterus as modified by the growths present. Two rounded masses were seen attached to the posterior and left sides of the uterus, but chiefly to the posterior wall; on opening the lower of these it was seen to consist of fibro-gelatinous material,

with rounded fibroid masses throughout its substance. The contents of the cyst were intimately adherent to the walls throughout its circumference, and the fibroid bodies lay, some quite in the interior, others near the periphery, and adherent to the meshwork of the cyst. The upper tumour was solid throughout and consisted of the usual concentric layers of fibro-myomatous tissue. Both tumours appear to have been developed in the walls of the uterus. There was also a third tumour of small size in the anterior wall. The walls of the uterus were considerably hypertrophied, and both ovaries showed early cystic degeneration. Both kidneys were diseased, the capsule stripping off easily; in the cortex were seen numerous deposits tending to run together, and forming by their prolongations into the medulla conical-shaped areas of deposit, each such area being composed of individual millet-seed collections of pus. These conical areas projected on the surface of the kidney, but the capsule was not in any degree adherent to them. At one part of the left kidney a triangular whitish infarct was seen near the surface; both kidneys were equally congested. The spleen was enlarged and soft, several recent infarcts were present, all close to the surface. No infarction or purulent deposits were seen in the liver, which was anæmic and fatty. Lungs were œdematous and congested.

There was no trace of abrasion within the uterus, and no trace of peritonitis. It must be added that no examination of the veins was made.

The desire of the writer of this paper in submitting the specimen to the Society is to gain some information as to the mode in which this patient's death was brought about.

There can be little doubt that the visceral lesions found were of recent formation, and that there was a distinct commencement of the bad symptoms after the last sounding on September 10th, and that those symptoms may be summed up in the word blood-poisoning. If the instrumentation (which was by no means extraordinary) is to be

blamed, is it not a little strange that the lining membranes of the bladder and uterus remain perfectly healthy? It seems not unlikely, however, that there may have been some absorption of foul retained discharge through the open mouth of a vein, facilitated by the introduction of a sound into the uterus.

The specimen, lastly, seems to belong to that class of uterine tumours which presents fair opportunities to the surgeon for treatment by removal of the ovaries, for the condition to which the patient was reduced was certainly such as would have warranted interference had she not been brought to an untimely end.

A section showed the elevations on the surface of the kidney to consist of aggregations of leucocytes forming minute abscesses, whilst here and there were seen collections of micrococci at the periphery.

The conclusion arrived at was that the lesions were embolic and arose from putrefaction of retained discharges within the uterus. Whether the sound contributed to this the author is anxious to learn.