

A CASE OF PREGNANCY
COMPLICATED WITH
UTERINE FIBROIDS AND MEASLES.

—
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A CASE OF PREGNANCY COMPLICATED WITH UTERINE FIBROIDS AND MEASLES.

BY D. W. CATHELL, M. D.,
Of Baltimore, Md.

Mrs. Lizzie S., American, aged 38 years, 5 feet 6 inches high, healthy and stout, was married January 15, 1885.

Menstruation, which had always been normal, continued to be regular for seven months after marriage, being last present from the 2d to the 6th of September, 1885.

Its failure to return on September 30, and its continued absence after that date, created a belief that pregnancy had taken place.

A slight discharge of blood from the vagina, early in December, accompanied by feeble uterine pains, caused fear that an abortion was threatened. A vaginal examination made at that time, disclosed the fact that a hard, immovable fibroid mass, the size of an ordinary foetal head at term, occupied the whole of the lower portion of the pelvic cavity, displacing the cervix uteri forward and forcing the os uteri above the pubes, making it impossible to reach either the cervix or os with the finger.

Careful examinations proved that this mass was not at all pedunculated, but grew in and formed a portion of the posterior walls of the uterus; in other words, was interstitial.

A subserous fibroid, the size of a duck egg, was discovered on the left side of the fundus uteri, another about half that size was opposite to it on the right, with several others, still smaller, scattered here and there.

With such conditions present, a positive diagnosis as to the existence or absence of pregnancy was, at that time, not possible.

During December and January she was examined, at different times, by three prominent gynecologists, in each of whom the continued absence of menstruation excited a strong suspicion of pregnancy, although it was difficult to understand how impregna-



tion could be accomplished with the os uteri entirely away from its normal position, and in the face of such an obstruction as this pelvic mass presented.

Early in February the belief that the patient was pregnant was strengthened by the darkening of the areola around the nipples, and the purplish blue color assumed by the vaginal mucous membrane. Later in February all doubts were dispelled by the movements of the fœtus.

As soon as the presence of pregnancy was undoubtable, consultations were held, during which the possibility and the advisability, of inducing abortion were earnestly discussed. Also, whether it would be better for the patient, to treat her at her home or in a hospital.

It was finally determined to let her remain at her home, which was comfortable; also, not to attempt to produce abortion, because the hard immovable pelvic fibroid not only offered a very formidable obstacle to its induction, but would have completely prevented the discharge of the fœtus, placenta and lochia; and bearing in mind the various resources that nature may bring to her aid during the latter part of gestation and during labor; the certain loss of the child, and the very great danger to the mother that would attend an attempt to deliver prematurely, either by the vagina or through the abdominal walls, it was finally determined not to interfere in any way previous to the beginning of natural labor.

Careful preparations for this event were made by Dr. H. P. C. Wilson, Dr. A. F. Erich, Dr. Robert T. Wilson, the writer and his son, Dr. William T. Cathell, and the occurrence of labor was awaited with intense interest and anxiety.

May 18, Mrs. S. was visited by a neighbor, who had a child in her arms suffering with the measles, which were very prevalent in the city at that time. The result was that Mrs. S. took a typical and severe case of measles. The eruption appeared on her June 1, accompanied by a short, troublesome cough, with anorexia, nausea, etc., that greatly impaired her general health, and her spirits, which up to that time had both been excellent.

The most distressing symptom accompanying the measles was a short, jerking cough, during a paroxysm of which at 1 o'clock, A. M., Saturday, June 5, the amniotic sac was accidentally ruptured, eight days before the calculated time, which caused the

discharge of about one quart of amniotic fluid, and was followed by slight labor pains.

An examination, two hours later, showed that the large tumor still occupied the pelvis, and that in consequence it was still impossible to touch the os.

Distinct labor pains began at 3 o'clock, A. M., Sunday, June 6, and gradually increased in severity and frequency till 4 o'clock that afternoon when, all the medical attendants being present, and the os uteri being still out of reach, it was agreed to administer chloroform and make an examination. The patient was anaesthetized in the supine position and a hand was introduced into the vagina, but it was found impossible to pass the tumor, or to reach the os uteri with the patient (who weighed 225 pounds) in that position.

For the purpose of getting the aid of gravity, etc., the patient was then placed in the genupectoral position and the hand was again introduced, resulting in the discovery of the os uteri, which lay to the left side, opposite the left obturator foramen; that it was dilated to the size of a ten cent piece; that the foetal head occupied the left anterior occipito-iliac position, and that the tumor, which was interstitial in the cervix uteri, could be lifted to a limited extent, but that pushing it up necessarily carried with it the whole of the cervix uteri, of which it constituted a part.

It was also found, much to our relief, that the tissue constituting the great hard mass had undergone very marked softening.

Attempts to dilate the os with the fingers and hand were so successful that finally the os was almost fully dilated. The patient was then again placed in the supine position, and an attempt was made to apply the forceps to the foetal head, which failed because the uterine contractions had not been sufficient to fix the child's head, which was, of course, very high up.

A determined and successful attempt was then made to enter the uterus and grasp the feet—version was accomplished, and a still-born female child, weighing about six pounds, was extracted.

The delivery was accomplished with but little hemorrhage.

There was a transverse laceration of the posterior wall of the vagina, adjacent to the tumor.

A laceration of the perinaeum, not extending into the rectum, was then closed with four wire sutures. A catheter passed into the bladder brought away half an ounce of urine. The vagina and

uterus were washed out with a solution of corrosive sublimate, $7\frac{1}{2}$ grains to two quarts of water (1 to 4,000). A hypodermic of fluid extract of ergot was then given. The adherent placenta, which was attached to the fundus and posterior wall, was extracted manually, and the patient was allowed to emerge from the anæsthesia, which had been continued for an hour and a half.

Prolapsus of the cord, which occurred during the act of turning, was the cause of the still-birth.

The patient was left at 7 P. M. in a tolerably comfortable condition. Two hours later she was again seen and found to be complaining of considerable abdominal and vaginal soreness, which were aggravated by the measles cough that was still present. Otherwise she was comfortable and talkative.

A cough mixture, containing morphia, gr. $\frac{1}{2}$ to the dose, that she had been taking every two hours for several days, was ordered to be continued. About two ounces of urine were withdrawn with a male gum-elastic catheter.

Four hours later, 1 A. M., Monday, I was summoned, and found her complaining greatly of a short, troublesome cough, with hoarseness and nausea. Also, great peritoneal and vaginal soreness. Pulse, 86; axillary temperature, $99\frac{1}{2}$. Ordered morphia sulph. an eighth of a grain, to be taken every hour till the pain and soreness were relieved; also, ordered the usual remedies for nausea.

Monday, June 7, 9 o'clock, A. M.—Pulse, 112; axillary temperature, 99; respiration, 20. The patient feels sore and exhausted, and is still annoyed by the short racking cough; she passes urine normally. There has never been any lochial discharge and no odor is perceptible. A No. 8 (American) catheter, to which was attached a Davidson's syringe, was inserted about seven inches into the vagina, and one quart of a solution of corrosive sublimate, 1 to 4,000, was injected. Continued the use of one-eighth of a grain of morphia sulph. every two hours; also, ordered cream, brandy, milk and bromo to be given freely.

Monday, 4 o'clock, P. M.—Pulse, 150; temperature in the axilla, 102; in the mouth, 101; respiration, 36. Has had two large diarrhetic evacuations. The measles eruption, which is still present, has become very dusky and livid; the abdominal soreness and pain are worse. Ordered a fourth of a grain of morphia to be given every two hours until the pain and cough are controlled.

Monday, 9 o'clock, P. M.—Temperature in both the mouth and the axilla, 101; pulse, 150; respiration, 40; abdominal pain and soreness decreased. The patient has had but little sound sleep since the child was delivered. Gave her half a grain of morphia, to be followed by an eighth every two hours. She still has no lochial discharge. The catheter was inserted as before, and one quart of tepid water was injected, followed by one syringeful of a solution of corrosive sublimate, 1 to 1,000.

Tuesday, 9 A. M.—Has had ten copious diarrhetic passages since midnight; pulse, 164; temperature, in the mouth, 102; in the axilla, 98; in the rectum, 103; respiration, 34. She has, nevertheless, slept five hours since the last visit; she is now awake and her mind is clear, but her countenance is pinched and greatly changed; lips cyanotic, complexion altered from fair to a deep sallow. The measles eruption is nearly gone, except on the hips, thighs and back. There is still no lochial discharge; she urinates freely; syringed with a pint of solution of corrosive sublimate, 1 to 4,000. The frequency of the pulse, which seems due chiefly to the diarrhea, is the most discouraging feature of the case. Ordered an eighth of a grain of morphia, with an astringent, every two hours; also, earnestly impressed the necessity of pushing the administration of cream, brandy and milk.

Tuesday, 4 o'clock P. M.—The patient is conscious but is sinking rapidly; pulse, 180; temperature in axilla, 101; respiration, 34; vomits a dark brownish fluid every few minutes; she is unable to retain stimulants or food; has no pain and but little abdominal soreness. Administered a fourth of a grain of morphia hypodermically, with the hope of arresting the vomiting.

After the 4 o'clock visit, our patient sank rapidly, and expired at 9:15, fifty two hours after the delivery of the child.

Permission to make a post-mortem examination could not be obtained.

An astonishing feature of this case was that the patient had a dozen or more fibroids, which must have existed before conception, some interstitial, others subserous (none were submucous), one interstitial or intramural, large enough to fill the pelvic cavity, had displaced the os uteri upward and to the left until it faced the obturator foramen of that side. Another subserous tumor as large as a duck egg existed on the left side of the fundus uteri; another, somewhat smaller, was opposite to it on the right side of the fundus, and

the balance of the uterus was studded here and there with smaller ones; and yet the patient was unaware of their presence until they were incidentally discovered by the medical attendant, who was examining for another purpose.

I interrogated the patient very closely and at different times, and, from her answers, am satisfied that there never had been menorrhagia, or any other irregularity in menstruation, either as to the time or the quantity, up to the date of conception, which she believed took place September 7.

There was no peritoneal soreness or irritability of either the rectum or the bladder; neither frequent urination nor dysuria, no dragging pelvic or lumbar pains, no neuralgia of the crural nerves, absolutely nothing to disclose the fact that uterine fibroids were present, or to show how long they had been forming, and their discovery was left entirely to accident.

At my request the following communications were written by two of the gentlemen connected with the case:

THE COMPLICATION OF MEASLES.

BY H. P. C. WILSON, M. D.

In the above mentioned case the occurrence of measles was undoubtedly the cause of labor coming on prematurely, and was the main factor in the fatal termination of the case. Earliest date for confinement was fixed at June 13. The disease was contracted May 18. The eruption appeared June 1, and came out most profusely, accompanied with a racking cough, which the remedies usually found efficient, did not control. It was in one of these paroxysms that the membranes were ruptured, and the amniotic fluid discharged at 1 o'clock A. M., June 5, thereby bringing on the labor eight days before it was expected.

Could she have had the benefit of these eight days, much of the measles poison would have been eliminated from the blood, and she would have rallied greatly from the depressing effects incidental to all blood poisons.

When called to her, in labor, June 5, the measles eruption over the body was purplish, the countenance showed slight duskiness, and we realized that we were to go into an operation with the patient already poisoned.

We put her under chloroform June 6, at 4 o'clock P. M. The uterus was dilated with the fingers and hand, and the child turned and delivered by 5 o'clock without very great difficulty, forty hours after the rupture of the amnion. There was a laceration of the cervix, along the line of union between the healthy uterus and the imbedded fibroid, but not extending into the peritoneal cavity. There was also a laceration of the perinæum, but not down to the sphincter ani. These were such injuries as are constantly occurring in labor, without fatal results, and yet this woman died fifty-two hours after delivery. She had no peritonitis, no hemorrhage, no evidence of septicemia that she did not have before labor begun. She died of shock, superadded to the measles poison under which she was laboring.

Had the patient not had measles, or could her labor have been postponed eight or ten days longer, I have no doubt that she would have been alive to-day. There was nothing in her case during delivery, and nothing occurred after delivery that could otherwise explain her death. "It is the last straw that breaks the camel's back."

OBSERVATIONS BY A. F. ERICH, M. D.

The most difficult question that came up in the management of the case was, "Whether an operation (Cesarean section, vaginal enucleation, etc.), should be performed at a selected time previous to labor, or whether to wait until labor had set in?" The tumor was so hard, and filled the pelvis so completely, that no one of the physicians in attendance had the remotest idea that the child could be delivered as long as the tumor remained in the pelvis. The slight possibility of lifting the tumor above the promontory of the sacrum, in the genupectoral position, with the aid of anæsthesia, could have been tried as well before as after labor had set in. It was finally, and as subsequent events proved, wisely decided to wait and see what nature would do in the matter.

When the patient had been in labor for a number of hours, it was found that the large pelvic tumor had participated in the changes that usually take place in the walls of the uterus and the vagina at that time. The peculiar softening process it had undergone would, I believe, have made it possible to deliver the child after version had been accomplished, without laceration of the vagina and the perinæum, had we not been anxious to save the

life of the child, as well as that of the mother. The umbilical cord having come down with the feet of the child made it necessary to deliver rapidly. The transverse laceration of the posterior wall of the vagina must have occurred, as the same accident did in Dr. Chadwick's case, and described by him in the *Transact. Am. Gyn. Society*, Vol. I, page 266, as follows: "The extensive transverse laceration of the vagina, in my case, I suppose to have occurred at the time the head descended into the pelvis. I am convinced that the pelvis was not large enough to allow the passage of the head, as long as the fibroid was below the pelvic brim. The sudden advance of the head I can only explain by assuming that the fibroid, after a while, slipped above the brim; at the same time the head entered the pelvis, forcing the posterior vaginal wall into the hollow of the sacrum. As the vagina was already stretched longitudinally by the rise of the fibroid, it undoubtedly ruptured before the advancing head." Dr. Chadwick, in addition to his own case, describes eight cases of labor with fibroids, collected by himself. Six of these nine cases died, and three recovered. Suetzerott has collected one hundred and forty-seven cases, of which twenty proved fatal. Dr. Munde reports a case of interstitial cervical fibroid complicating labor, in the *Transact. Am. Gyn. Society*, Vol. 9, page 140, in which the obstruction was overcome by vaginal enucleation. He has also collected nine cases, in which the same operation was resorted to, with the result of saving nine mothers; and of the children, of which six only were visible, four were saved.

The lessons taught by this case are: That delivery ought not to be attempted in such cases until labor has fairly set in, and that forceps and version should always receive a thorough trial before more dangerous methods are resorted to.

FRO
D. W. Cathe
Baltimore