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FERDINAND H. GROSS, M.D.



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TRANSACTIONS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY  
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## HÆMATOMETRA.

By FERDINAND H. GROSS, M.D.

[Read September 11, 1889.]

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IN the experience of most of us, hæmatometra is of infrequent occurrence. This rareness, and not that I have anything new to say on the subject, is my chief inducement for reporting to the Society, with some detail, two cases of this hæmatic tumor which came under my observation in the early months of the current year; indeed, the case to be presently mentioned afforded me the first opportunity, in a good many years of experience as a practitioner, of estimating more clearly after a personal examination the signal importance of the condition. But in the lapse of only a few weeks, a second case presented itself for treatment. Atresia of the vagina I had repeatedly observed, but never its contingent, hæmatometra.

In the cases to which allusion has just been made, the atresia existed in one at the lower end of the vaginal tube, while in the other it consisted in an obliteration of the cervical canal of the uterus; and thus were exemplified two interesting varieties of the occlusion.

A young girl who had been under the care of different physicians without the source of her troubles being fully recognized, was referred to me by a medical friend for treatment, with the information that a tumor occupied the vagina and filled up the lower pelvis.

The patient was in her fourteenth year, and therefore at the age of puberty; but she had never menstruated, that is to say, no visible signs of the catamenial flow had been noticed. The first disturbances of her health had occurred about six months before, and although she never felt quite well afterward, her indisposition for a time caused no apprehension. But a number of subsequent paroxysms of augmented severity attracted anxious attention. In short, the alarming character of the exacerbations led to a physician being consulted.

When later on, in an advanced stage, the case was referred to me, a digital examination of the vulva revealed protruding therefrom a

smooth and very tense swelling, in which the experienced touch could readily detect fluctuation, a feature of the mass very clearly evinced by the rectal exploration. Neither the examining finger nor the probe could find anywhere between this protrusion and the labia an entrance to the vagina. The hypogastrium had become prominent from a tumefaction which arose from the pelvis. This enlargement in the course of its development had been noticed to be most sensitive during the above-mentioned paroxysmal attacks, which were doubtless the regular menstrual molimina. The continuous abnormal pressure upon the pelvic organs was the occasion of vesical and rectal tenesmus as well as obstipation; and restless nights were the inseparable accompaniments of such torments. But aside from these there were symptoms of a subjective character, such as headache, giddiness, nausea and other gastric distress, a feeling of painful fulness in the abdomen, palpitation, and disturbed vision which the prescribed glasses of the oculist had failed to relieve. This complex of distressing and long-enduring symptoms was sufficiently pointing to lead to the diagnosis of hæmatometra as a contingent upon atresia hymenalis.

It is not my purpose here to recount with exhaustive minuteness the various results of hæmatometra if relief be not given in good time, by what is usually a simple surgical expedient. Nor would the time allotted permit me to speak of the lesion as it occurs in double vagina, in duplex uterus, and in other malformations of the female generative organs. Greulich relates in concise form, but with sufficient clearness, the different issues of this condition, and cites an array of authors who appear in the literature of the subject; but some of the results of this blood-tumor should not remain unnoticed in this place. Much may depend upon the period of life at which the atresia has been acquired. For example, in the climacteric age the hæmatometra may eventually be tolerated,<sup>1</sup> or at least borne with less suffering or discomfort, since at this period of change the tumor may cease to enlarge because of the discontinuance of the menstrual secretion. But also at periods prior to the menopause, the rapidity or slowness with which the uterine accumulation takes place, and consequently the degree of its evil effects upon the general organism, may depend upon the character of the patient's constitution, whether this be plethoric and robust, or weakly and anæmic. If the latter be the case, the increase of the pent-up menses may be very meagre or even nil; and again, if vicarious menstruation be established, the addition

<sup>1</sup> Real-Encyclopædie der gesammten Heilkunde, vol. vi. page 180.

in utero would naturally be avoided, affording a degree of local relief, or at least checking for a time the progress of serious symptoms, provided the locality of the vicarious function be a safe one.

Among other possible results of this bloody accumulation are enumerated hæmatosalpinx, intraperitoneal hæmatocele, and hæmatoma of the ovarium, each with its serious consequences. The internal ostium of one or both Fallopian tubes may be drawn open by the expansive force of the womb's accumulating contents, which, if not met by tubal obstruction, may ooze out at the ostium abdominale and give rise to an intraperitoneal hæmatocele and peritonitis. In hæmatoma of the ovarium the formative process is likely to be different. Whether at certain periods of functional activity, when the fimbriæ of the tube are said to clasp the ovary to receive the ovule from the bursting Graaffian vesicle; or in other words, whether, at the time of direct communication between tube and ovary, the fluid of the hæmatometra ever escapes into the bursting vesicle or stroma of the gland, I must leave to hypothetical speculation. But hæmatoma of the ovarium as well as effusion into the tube may occur by direct extravasation from congested vessels and yet hæmatometra be responsible for either occurrence, since hyperæmia of the uterine appendages is one of the accompaniments or conditions of the hæmatic tumor we are considering. If, therefore, the already engorged plexuses or network of vessels of the environment be periodically subjected to additional blood-pressure, the bleeding that follows the bursting of a Graaffian follicle under normal circumstances may now become sufficiently copious to produce results of a pathological character.

Without stopping to speak of a possible rupture which would allow the secretions to flow off in a natural or harmless direction, adhesions may form with the neighboring hollow organs and perforation take place into bladder or rectum. Septicæmia from decomposition within the womb is here the greatest danger. The entrance of urine on the one hand, or of fecal matter or intestinal gases on the other, would be favored by the womb's enfeebled contractile power, as that organ could not empty itself with promptness nor with that degree of force of which it is possessed when developed for a physiological purpose. The pressure of tumors is recognized as a cause of uterine atrophy and we can readily conceive in hæmatometra the attenuated condition of the muscular coat. Another danger of infection might be a vaginal cul-de-sac below the point of perforation into either of the hollow viscera mentioned, which would serve as a reservoir for decomposed matter.

Considering the possible results of this condition, no time was lost in providing for the escape of the accumulated secretions.

Hymen imperforatum in a large majority of the cases is not discovered before the age of puberty, and the one referred to was doubtless of the congenital variety.

The operation can hardly be called a painful one, but the girl had become so irritable and sensitive from long suffering and repeated examinations, that the puncture by trocar was made under the ether narcosis. Thirty-two ounces of reddish-brown, chocolate-colored fluid were drawn off without interruption of flow. The canula being removed, a crucial incision with a probe-pointed bistoury enlarged the opening, whence a little fluid continued to ooze. Ergot was administered, but only gentle pressure was applied externally by an abdominal binder. The vagina was gently washed out with a weak solution of the bichloride. The uterus remained too high to be reached by the finger, and an examination per force was uncalled for. The vaginal surface was smooth and devoid of its rugæ. As an additional precaution, the pudendum was covered with compresses of antiseptic gauze.

It is to be remembered that the imperforate hymen is not a normal but a patho-anatomical structure. On the inner side its mucosa is continuous in cul-de-sac form with that of the vagina, and externally the mucous membrane is continuous with that of the vulva, while between these layers lies a fold of connective tissue. The membranous barrier in this case was found thick and tough beyond expectation, imparting the feel of soaked leather.

The relief was prompt and decided; on the second day there was some pain in the hypogastrium, but no significant rise in the patient's temperature. In four weeks the menses were discharged in a normal manner, and this has recurred at regular intervals ever since.

In the second case alluded to, the woman is close upon forty years of age, and has lived in the marriage relation for half that period, but remains childless. The evidence she relates as pointing to a miscarriage in the third year of her married life, is not conclusive. After that time she enjoyed good health until thirteen years ago, when she "had a severe fall backward," after which she endured so much pain in trying to void her urine that she fainted. Her physician said she had "dislocated her womb," and used instruments to replace it. She was confined to bed for three weeks and then treated in a hospital in this city; whence she returned home, still in a feeble condition, and remained in poor health for several years. These early troubles are briefly mentioned, since they concerned the genito-urinary organs;

but I will not tax your patience with a history of subsequent maladies which had but doubtful or no connection with the patient's later complaint. Suffice it to say, that after an attack of typhoid fever as far back as 1883, she regained her former good health, and in all the years that followed until the month of May, 1888, the menstrual function was regularly performed. It was then, however, that the lesion which concerns us here appears to have had its beginning. The monthly discharge of blood became scanty, and to the patient it appeared as though "a stringy leucorrhœal discharge had replaced the regular flow." Nor was she as free from pain as she had formerly been during her regular turns. In the following August her menses failed to appear, and the amenorrhœa continued for eight months; that is to say, until she was relieved by the operation to be mentioned further on. As regular as had been her monthly turns, just so regular were during those eight months the attacks of lumbar pains and uterine cramps, the severity of which increased with each returning menses. In vain she now applied for relief both to regular and irregular practitioners. The latter advised her to enter their hospital and submit to a laparotomy for the removal of what they pronounced to be a "fibroid tumor attached to the uterus and left ovary." This advice was not followed, and it need hardly be said in this presence that the diagnosis was as incorrect as the laparotomy would have been unwarranted. The condition grew from bad to worse. From dire necessity the woman had learned to catheterize herself and was enabled by that means to get frequent relief from one of her greatest torments.

On the 30th of last March she entered the German Hospital, where she became my patient. On examination the next day, I found a large, smooth, very hard and firm tumefaction pressing low in the pelvis. The os could not be found and there was no discernible discharge from the vagina. Fluctuation was not at all perceptible, either by the vaginal or rectal examination. The mass had repeatedly been held by others to be a fibroid; but on hearing the patient's own account of the case, from which the above is a condensed statement, I declared it to be a Hæmatometra, at once verified the diagnosis with an aspirator-needle, and on April 2d introduced an ordinary sized trocar to draw off the long pent up secretions. In penetrating at the indistinct but supposed point of the former os, the instrument imparted the sensation of passing through a wall of considerable thickness before reaching the cavity, showing the obstruction to be something more than membranous. It was probably brought about by a

stenosis of the inner os, combined with an endocervicitis and adhesions of the entire cervical canal.

The mahogany-colored, jelly-like fluid, or semi-fluid, could not flow freely through the canula of the trocar, but came only drop by drop. The cervix dilator therefore replaced the canula, and being used as a director for making a shallow crucial incision, a quart of the tarry substance was drawn off. The cavity of the womb was freely washed out with a continuous stream of the mercuric solution. Ether was not administered. The after-treatment was in the main similar to that instituted in the other case. Recovery was complete, and the patient has several times since the operation menstruated at regular periods.



