

An Unusual Case of Hysterectomy.

BY SOPHIA E. CARTWRIGHT,

Registered Nurse,

Sister-in-Charge of Gordon House Home Hospital.

ALADY, aged 37, was admitted under the care of Dr. Bedford Fenwick, on November 8, 1889. She had had seven children, the last one born in 1885.

Previous History.—On October 1, 1888, Dr. Fenwick removed an epitheliomatous growth from the cervix of the uterus, which had then existed for five months, and from which her general health was beginning to suffer. On March 25, 1889, there was evidence of a commencing recurrence of the epithelioma. This being verified by microscopical examination, Dr. Fenwick removed the cervix completely by the ordinary supra-vaginal operation. The wound healed well, her health recovered, and she seemed to be greatly improved until November 1, when she again consulted Dr. Fenwick for sickness and a general feeling of lassitude. The catamenia had been absent for three months, and she was certainly pregnant. She suffered from incessant retching, and occasionally from great pain in the abdomen; and she had rapidly lost flesh and strength.

Dr. Fenwick's notes are "The uterus is enlarged quite to the level of the pubes. There is no opening to be distinguished in the roof of the vagina, which seems quite healthy, but which is tense and tightly stretched." Dr. Fenwick advised the immediate removal of the uterus, and a consultation with other physicians, which being held, confirmed the opinion he had expressed. When the patient was retching, it was observed that the upper part of the vagina became so stretched and tense over the scar of the previous operation that it appeared as if it might at any moment tear across, and the pain caused by the retching became extreme.

On November 9 an attempt was made to discover an opening in the vaginal roof leading into the uterus, but nothing could be seen after the most careful exploration. It was impossible to pass even the finest probe into the uterus, and the tension was so great that it was the opinion of the three physicians present that any attempt, even if it were possible, to induce labour would be attended inevitably by rupture of the vagina and probably by fatal results.

The weakness of the patient increased rapidly. She had severe fainting attacks, and was quite unable to retain any nourishment. Immediate operation was therefore decided upon.

On November 10th nitrous-oxide gas and ether were administered, and Dr. Fenwick operated. The abdomen was opened in the

central line by an incision five inches in length. With some difficulty, the uterus was drawn up and outside the wound, and a wire serrenœud, passed round the lowest part of the uterus, was tightly screwed up, and then the organ was removed an inch above the wire. The peritoneum was drawn together and stitched over the stump, through which long needles were passed which kept it outside the abdomen; the edges of the incision in the abdominal walls were drawn together by catgut sutures. Iodoform and sulphate of iron were freely dusted over the stump and the wound, and sal-alembroth gauze and wool, with a many-tailed bandage over all, were applied. The pulse before the operation was 120; respirations 20; temperature 97.8°. After the operation the pulse dropped to 94, and the respirations were 20. The operation lasted just under an hour. The uterus contracted after its removal, and partly shelled out the membranes containing a foetus about three months advanced. The specimen, which was probably a unique one, was sent to the Royal College of Surgeons Museum.

Subsequent Progress.—The patient complained of great pain and sickness, and retched several times during the afternoon. The pain was relieved by a morphia suppository, gr. $\frac{1}{2}$. The pulse fell steadily to 92 at three o'clock, to 88 at six o'clock, to 86 at ten o'clock. The skin became moist, perspiring and warm. The catheter was passed and ten ounces of urine were drawn off.

November 11.—Patient has passed a fairly good night, sleeping at intervals—about three hours in all. Her lips have been moistened at intervals with milk and water. This morning, as there has been no sickness since the operation, that is to say, for twenty-four hours, she was allowed a teaspoonful of milk and water by the mouth. Catheter passed, and three ounces drawn off. In the afternoon, the temperature rose to 100.4°, and the pain became rather worse. The pulse throughout this day varied from 88 to 84; respirations 20 to 22. The temperature remained the same as in the morning. She had about four ounces of milk and water during the day.

November 12.—Patient has had a very restless night, retching frequently, perspiring freely. The pulse is 90. She was given two ounces of champagne and half an ounce of Brand's essence, and the pulse fell to 70. The sickness returned in the afternoon, although she had no further nourishment by the mouth, and she vomited some bilious-looking fluid. Half a tumblerful of warm water with a teaspoonful of bicarbonate of soda were ordered by Dr. Fenwick, and a mustard leaf was placed over the

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