

Sudden Pelvic Pains.

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The occurrence of attacks of sudden, acute pelvic pain in women has from the earliest times caused natural astonishment and fear, but it is only within the last fifty years that the causes and consequences of such attacks have been completely understood by the medical profession. Even now, there is reason to believe that many nurses regard these cases as somewhat mysterious. When a woman, apparently in perfect health, is suddenly seized with the most acute and often agonising pain on one side or other of the pelvis, the pain being almost immediately followed by faintness and even by collapse, it is easy to understand that such an attack arouses the utmost fear in the minds of the patient and her friends. In the space allotted to this article it will only be possible to deal with two diseases characterised by these symptoms, but those diseases are sufficiently common to make it necessary that all trained nurses should clearly understand the conditions which are present, and the nursing which is necessary.

Perhaps, to quote a definite case of each of

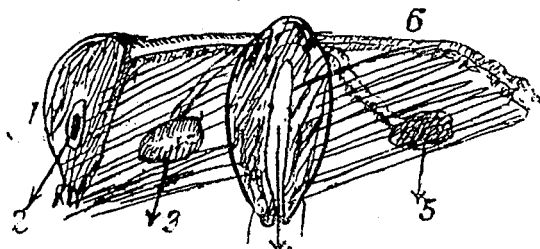


FIG. 1.—Rough diagram showing (1) dilated end of right Fallopian tube, (2) point at which rupture has taken place, (3 and 5) right and left ovaries, (4) cavity of the uterus, (6) healthy left Fallopian tube.

these diseases will be the best means of illustrating them. A married woman whose last child was born six years previously, noticed that two periods had been missed, and therefore imagined that she was pregnant. Walking one day somewhat quickly across her room, she was suddenly seized with the most acute pain in the right side, and this was so severe that she was bent double with it, and with difficulty reached and laid down on a couch. Then she became pale and faint, and complained of extreme nausea, and soon after vomited. By the time her doctor arrived, she was in a state of collapse; her hands and

feet were cold and clammy, her skin covered with cold sweat, her pulse was very quick and small, and the pain had extended from the point at which it was first felt more or less over the whole abdomen. The doctor speedily found that the cause of the trouble was what is known as Extra-uterine or Tubal Pregnancy; that is to say, conception had taken place in the Fallopian tube and not in the uterine canal. The foetus, developing in the narrow tube, had stretched it to the point at which further dilatation could not be borne, and then the tube had torn across. The first result of the tear was that one of the swollen blood vessels in the tube also ruptured, and the blood poured out into the abdomen. This bleeding caused the extreme pain, vomiting, faintness, and collapse. Nature adopted its ordinary method for preventing further bleeding by making the patient so faint that she instinctively laid down, and the power of the heart, which was pumping the blood through the broken vessel, was therefore so far quietened that the blood came first at a slower speed and then clotted round the broken vessel, and so the bleeding was stopped.

This patient was therefore kept at perfect rest on her back, and with the head low, so as to keep the brain supplied with blood. The clotting of the effused blood then continued until the damaged part was surrounded with increasing layers of hardening clot, and for the time she was out of danger. The patient gradually recovered, and in a week was able to move about again. She refused to have any operation done. But the foetus continued to grow, and so within another month another rupture took place, with even more dangerous symptoms than at first. The patient was pulseless and seemed dying when the husband consented to operation, and with great difficulty her life was saved.

Fortunately, at the present day, such patients seek at once for medical advice, and are usually wise enough to act upon it. The condition of abnormal pregnancy is discovered, and an abdominal operation, removing the blood clots from the pelvis and the broken tube containing the foetus, cures the patient and prevents any further danger.

Another class which is rather less common is illustrated by the following case. A woman who had had from time to time more or less slight pain on the right side of the pelvis, with some occasional slight swelling of the abdomen on that side, was suddenly seized with extreme pain, and, as happened in the other case, this was followed by more or less nausea and vomiting and a feeling of faintness.

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