SMITH (A.L.)

# Five Cases of Pyosalpingitis

BY

A. LAPTHORN SMITH,
B.A., M.D., M.R.C.S. Eng.
Gynecologist to the Montreal Dispensary; Surgeon to the Women's Hospital; Fellow of the American Gynecological Society

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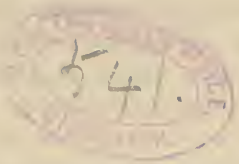

FIVE CASES OF

# PYOSALPINGITIS.[1]

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Case I.—On February 16th, 1894, Mrs. M., aged 37, presented herself at my office at the request of a member of this Society. She was a medium-sized but thin woman, with a very dark, almost bronzed complexion, such as we commonly see in those who have for a long time been poisoned either with retained feces or retained pus. She had also the prematurely wrinkled face and anxious expression of one who had suffered acutely for a long time. She gave me the following history of her life, beginning with menstruation at the age of 17. As a girl her periods had appeared every three weeks and had lasted eight days, and were always profuse. She was married about the same time, and during the course of the next few years had four children, the last child being born thirteen years ago. She had one miscarriage eleven years ago, since which she has never been well. From her physician I learned that her husband gave her gonorrhea about the same time, but of this she was never aware. Eight years ago she stopped menstruating for seven months, and two years ago she stopped menstruating for four and a half months. Since then she has been menstruating every three weeks for three days and suffering great pain. Last month, however, the period was a week late and only lasted one day. For many years her bowels were moved only once in eight days; but latterly, by the aid of medicine, they have been moved every three days. She states that she passes water fifty times in twenty-four hours, more often at night. She has had

[1] Read before the Medico-Chirurgical Society of Montreal, May 11th, 1894.

several attacks of "inflammation of the bowels," as she called it —properly speaking, pelvic peritonitis. The last attack occurred six months before seeing me, and was so severe that she was not expected to recover. Since eleven years she has hardly ever been a day free from severe pain in her right side and down her leg.

On examination the perineum was found to be slightly lacerated, the vagina bathed in pus, and the cervix badly lacerated. The uterus was in normal position, but the tubes and ovaries could be felt as a mass, the size of an orange, glued together and completely filling the cul-de-sac of Douglas. The diagnosis of pus tubes and ovaries was at once made, the condition of affairs was fully explained to her, and she was strongly advised to submit to abdominal section and a Schröder's operation at the same sitting. After fully understanding the relative gravity of the two operations, she refused to have the appendages removed, but insisted upon having the lacerated cervix repaired first. This was contrary to my rule, which is to remove diseased appendages before or at the same sitting as that at which the cervix is repaired. On February 21st I performed Schröder's operation, taking the greatest possible care not to disturb the appendages, and succeeded so well that there was not the slightest rise of temperature or acceleration of the pulse until the twelfth day, when I allowed her to get up. She had only been up for an hour when her temperature suddenly dropped, and then as suddenly rose to 103° and her pulse ran up to 140, accompanied by a rigor. The abdomen swelled and the patient vomited a great deal. I was perfectly aware that the pus tubes were leaking, and I felt pretty sure that their removal would put an end to the peritonitis; but I had to wait a few hours for the consent of the family, and during that time the abdomen became so much distended that I foresaw that I would have the greatest difficulty in getting the bowels back should they escape during the operation, and that afterward I should probably lose the patient from intestinal obstruction. I therefore decided to wait until the acuteness of the attack was over. By the aid of quinine and plenty of asafetida and salines by the rectum and afterward by the mouth, the abdomen became soft and flattened down, and the patient was carefully prepared for celiotomy. This was performed on March 16th, when a pair of enormously distended tubes and ovaries were removed with considerable difficulty. The

masses were tied close to the uterus and cut off, but just as they were being placed on the tray thick yellow pus began to pour out of the cut ends of the tubes, so as to cover the bottom of the dish. The ends of the stumps were thoroughly cleaned with bichloride, the abdomen was well washed with water as hot as could be borne, a drainage tube passed to the bottom of Douglas' cul-de-sac, and the abdomen closed with silkworm-gut stitches so close as four to the inch. The drainage tube was left in two days, being frequently pumped out. What was remarkable was this: although the patient's sufferings during the attack of pelvic peritonitis caused her to scream for hours together, so that she could be heard in the next house, she was hardly ever heard to complain after so painful an operation as this must have been of tearing out these adherent and distended pus tubes. As a matter of fact, the patient herself declared that the pain after the operation was as nothing compared with the agony she had endured with each of her attacks of pelvic peritonitis. She also stated, the very day after the operation, that she was entirely free from the pain she had had for so many years, although the cut in the abdomen was still very painful. Her convalescence was uneventful, the bladder trouble disappearing of itself, and she was up in four weeks and walked down-stairs in five weeks to go home, since which I have seen her nursing a sick daughter and going about the house with considerable activity.

*Description of Specimens.*—The tubes and ovaries of both sides presented much the same appearance, the right being rather larger than the left. The two pairs were adherent to each other, but were separated with some difficulty before being brought to the surface. On examining the right tube it is impossible to say which is the tube and which is the ovary, unless after careful dissection, for the tube is so distended, distorted, and twisted on itself, and so glued to the ovary by repeated inflammatory attacks, that the tube and ovary appear as one shapeless mass. The tubes were distended with thick but fluid pus, the abdominal or fimbriated end being sealed up so that the fimbriæ cannot be seen. The uterine end is much thinner, and was apparently blocked up before being cut. After it was cut, however, pus began to pour out until the pus sacs had almost entirely emptied themselves, so that they now appear about one-half the size they were when first removed. When placed in water the extent of the adhesions can best be seen from the fringe of

frayed adhesions torn by my finger while separating the masses from Douglas' cul-de-sac where they were glued. These adhesions were the result of repeated attacks of pelvic peritonitis, while the flakes of lymph correspond with her recent attack. A cross-section of the tubes near the uterine end shows to the naked eye that, while the calibre of the tube is very much diminished, the walls are enormously thickened, the muscular layers apparently being replaced by white fibrous tissue. About an inch from the uterus the tube has expanded and the walls are much thinner, although still thick enough to stand a great deal of forcible manipulation without rupturing. The glandular and epithelial structures have been destroyed by gonococci. The mesosalpinx or folds of broad ligament are very much thickened by the deposit of inflammatory exudation from the tube.

Case II.—The next specimens were removed from a Mrs. A., 29 years of age, who gave the following history: Menstruation began at the age of 14, and was normal until her marriage at the age of 19. She had no children, but she had a miscarriage at five months nearly ten years ago, since which her periods have come on every two or three weeks and have lasted four days, accompanied by very severe pain. I saw her during several periods, and the pain was so severe that ordinary doses of anodynes had no effect whatever in relieving her. Coitus had been impossible, the few times it was attempted causing her to cry for some hours afterward. Her bowels are generally moved once in five days. On examination the uterus was found in normal position and size, but in Douglas' cul-de-sac there were felt two hard, round masses, very sensitive to the touch, which were thought to be enlarged tubes and ovaries matted together. As she was very anxious to have children and very loath to part with her ovaries, I took her into my hospital on February 5th to see what a few weeks' rest in bed with systematic douching and catharsis would do for her. In addition the vaginal vault was painted with iodine once a week. While in hospital she had a menstrual period, during which she suffered only half as much pain, and she was considerably improved otherwise. She was allowed to go home, but returned much emaciated on April 17th, stating that since I had last seen her she had steadily grown worse, until now life, she said, had become unbearable. She was now quite anxious to have the appendages removed. After a couple of days of careful preparation celiotomy was performed

on April 19th, when the specimens which I show you were removed with a great deal of difficulty, the adhesions being very dense. A drainage tube was inserted, after flushing out the abdomen with very hot water, and the tube was left in for only one day. Both this and the last case were allowed a hypodermic of a quarter-grain of morphine the first night after the operation, which gave them great relief and did not seem to do them any harm. This patient also stated that the pain which she had suffered almost constantly all these years had entirely disappeared two days after the operation, and that the pain of the operation was as nothing compared with the pain of a menstrual period. She has made a rapid recovery, and is now sitting up in bed and will be allowed up to-morrow, the twenty-first day. This patient was seen two months later in good condition, doing her own housework.

These tubes contained only a very little pus, but they were even thicker than the tubes just shown.

Case III.—The next specimens were removed from a Mrs. M., 26 years of age. She had been under my care for several years for menorrhagia and dysmenorrhea. She had begun to menstruate at the age of 17, the flow always having been painful and profuse. She was married at the age of 23, but had never been pregnant. Bowels had always been confined. Coitus was painful. On examining the pelvis the uterus was found to be sharply anteflexed. The tube and ovary on the left side appeared normal in size but painful to the touch. The right tube was felt to be decidedly enlarged. She stated that she suffered with every period, but at every second period the pain was terrible. I saw her on several of these occasions, and, after trying many other things, I had to give her morphine as a temporary expedient, but insisted on more rational treatment. Thinking that the anteflexion might be the cause of her suffering, I performed rapid dilatation, with the result that the next three periods were about half as painful. At the end of six months she was as bad as ever, and I dilated again with the same result. I therefore determined to remove the appendages, for which she was quite anxious, as she dreaded for weeks beforehand the arrival of every second period. Celiotomy was performed at her own home on March 22d, 1894, the right tube being detached with great difficulty, the left coming out easily. She had a remarkable convalescence. I had

the greatest difficulty in keeping her in bed a reasonable length of time. I went at an unexpected hour on the tenth day and found her rocking herself in a chair before the fire. After a severe scolding I could only keep her in bed fourteen days. I did not remove the stitches for a month. No drainage tube was used in this case, as the adhesions did not bleed very much.

On examining the specimens one tube is found to be very little larger than normal and possessing a beautifully fimbriated pavilion. The other, on the contrary, is completely sealed up, the pavilion being withdrawn into the interior of the tube. There was a little pus in the tube, but the mesosalpinx was not much thickened.

Why did this patient suffer so much more every second month? Was it because alternately each ovary produced a ripe egg, so that when the open tube had to swallow the egg the only pain felt was that caused by the squeezing of it and the menstrual blood through the stenosed cervical canal, while when the egg ripened on the side in which the tube was blocked and bound down the additional pain was caused by the frantic efforts of the tube to pass the egg on to the uterus? This seems to be the most probable explanation.

Case IV.—These very large tubes and ovaries were removed from a Mrs. F., an emaciated and sallow-looking woman, 35 years of age, who gave me the following history:

She began to menstruate at the age of 13, always profuse but otherwise normal. She was married at 23, but never had any children. Two weeks after her marriage she was taken with pelvic peritonitis and very nearly died. She was five weeks in bed, and it was three months before she could get about. That was eleven years ago, and ever since that time she has had attacks of pelvic peritonitis, about four times a year or oftener, which confined her to bed for about a week each time. During most of that time her periods have come on every two weeks and lasted a week. Her bowels were moved every four to eight days, and defecation caused her great suffering, as did also coitus, during which she generally fainted with pain. The bladder was all right. On examination the uterus was found in normal position, but the cul-de-sac of Douglas was filled with an irregular-shaped mass the size of a small orange. A diagnosis of pus tubes was made and their removal strongly advised. She entered my private hospital on April 11th, and celiotomy

was performed on the 13th, when the appendages were removed. The operation occupied nearly an hour, owing to the density of the adhesions; but the appendages were eventually removed, the abdomen flushed out with hot water, and a drainage tube was inserted. The incision was closed with silkworm-gut stitches, four to the inch. The tube was pumped out under strict aseptic precautions, at first every half-hour and afterward at longer intervals, about four ounces of serum being removed altogether, until it was taken out at the end of thirty-six hours. This patient did not require any morphine, also stating that the pain which she had suffered for more than eleven years was entirely gone since the operation. She made a nice recovery, getting up at the end of two weeks and going home on the twenty-first day, on which date the stitches were removed.

Case V.—Mrs. K., aged 24 years, mother of one child 3 years old. Began to menstruate at 14, normal until marriage. Never well since birth of her child, and made a slow recovery. Had a miscarriage four months ago, and bled steadily afterward for one month, keeping her in bed, and for which she was treated by her family physician without avail. For this reason I was called. The uterus was found not lacerated, but large and retroverted, and the tubes and ovaries large, hard, and tender behind the uterus. Lest there might be either retained placenta or fungous endometritis, the uterus was curetted very thoroughly and Churchill's iodine was applied to its cavity. There was no retained placenta, but the endometrium was very fungous or velvety, bleeding readily. The organ was packed with sublimated gauze, which was left in for two days. The bleeding ceased, but she still complained of pelvic pain and dysmenorrhea for the next two months or more. But she was so much better after the curetting that she did not send for me until three days ago, when an urgent message was received to come at once, her husband stating that something had burst in her inside and that she had fallen on the floor unconscious. Knowing the condition of her appendages, ruptured pus tubes were suspected, and she was ordered at once to come to my private hospital, preparations being made for a celiotomy. She appeared to be in a condition of shock, the pain having diminished, but her pulse was fast and thready. As soon as she could be prepared her abdomen was opened, and at the first cut through the peritoneum

an ounce of thin yellow pus flowed out. This was sponged out and with a good deal of effort the tubes and ovaries were removed. The pelvic peritoneum was full of freshly organized lymph, and there was a hole in the tube from which the pus had poured. While tearing out the left ovary a cavity was burst, from which an organized blood clot the size of an almond escaped. It remained attached by means of a little cord, and could be replaced in its bed in the ovary. It was preserved for future examination. The tubes an inch from the uterus were thickened to the size of the thumb, and at that point were almost solid fibrous tissue, of a very brittle consistence, however. The walls of the tube were much thinner at the fimbriated ends and formed veritable abscesses. The abdomen was washed out with unusual care and drainage tube inserted, from which about eight ounces of lymph were drawn. This patient also made a good recovery, being up in two weeks and going home in three weeks. She also stated that her pain was completely removed since the operation.

*Remarks.*—These five cases are almost exactly alike, and are very little different from twenty others on whom I have operated, and about forty others who have been under my care, on and off, during the last ten years, but who still possess their diseased appendages. Some have not been operated on because they improved, under various forms of treatment, so much that I could not convince myself that an operation was urgent; others, I am certain, are in urgent need of operation, but I cannot convince them of its necessity. But I have no doubt that sooner or later the majority of them will submit to celiotomy for the removal of organs which are useless for the performance of their functions and which are a constant menace to their life and health. Believing, as I do, that there are a great many unnecessary abdominal sections, I am nevertheless assured, by the consideration of the cases of pus tubes in which I have operated, that I have erred on the side of conservatism. Nearly all of these women have reproached me for not having urged them more forcibly to submit to operation at once; and I may also add that my fingers in the abdomen discovered a condition of affairs much more serious than I had been led to believe was the case by the fingers in the vagina, so that, while still anxious to save as many ovaries as possible, I shall be more inclined to urge the removal of all appendages which are grossly enlarged and ten-

der and bound down. What makes me still a little slow to urge an operation when the case first comes under my care is the undoubted fact that at least half a dozen of the above-mentioned cases, who have had appendages diseased enough to cause them one or more attacks of pelvic peritonitis, have after treatment remained free from discomfort or inconvenience for several years, so that I shall continue to deem it my duty to give them the benefit of local and general treatment before deciding that removal of the appendages is inevitable. My caution is not due to my considering that the operation is a very dangerous one; on the contrary, my experience has led me to believe that the removal of pus tubes is one of the safest, although sometimes one of the most difficult, of abdominal operations, for in this condition the peritoneum seems to be more tolerant than usual of very forcible manipulations. My hesitation to operate is altogether due to the discomforts which very frequently follow the removal of the ovaries, not the least of which is the altered relations between husband and wife, partly based on imagination, but also partly based on fact.

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