RESEARCHES AND OBSERVATIONS ON PELVIC HAEMATOCELE

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ON

PELVIC

HÆMATOCELE.

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INTRODUCTION.

At a meeting of the New York Academy of Medicine held on the fifth of February last, I had the honor to read a paper on Pelvic Hæmatocele, which has recently been published by order of that body; but as my remarks on that occasion, though characterized by a distinguished member as an "excellent resumé of the subject,"* were accompanied by a somewhat lengthy report of the invasion, progress, treatment, and termination, of a most interesting case of this singular affection, I felt myself compelled to dismiss with a passing notice, some points of sufficient importance to warrant further consideration.

Moreover, since that time, I have enjoyed opportunities for additional investigation, by careful dissections of the organs and tissues involved, as well as by experiments—original so far as I know—which would seem to go far towards settling disputed questions touching differential diagnoses more especially.

My design on the present occasion is simply to supply to a certain extent such deficiencies, and to make known the nature of these experiments and the conclusions to which they tend: and as the "subject, with a few notable exceptions, might be said to be as yet undiscussed,"† my remarks, thus amended, may contribute in some degree towards filling up a hiatus in American medical literature, which, for the honor of our progressive science, should no longer exist. I propose, therefore, in addition to the

* Dr. Watson's remarks on my paper. † Ibid.

original paper, with one or two unimportant alterations, to present a few facts and arguments confirmatory of opinions which I have heretofore entertained, and to some extent expressed.

HISTORY OF PELVIC HÆMATOCELE.

Whether intra-pelvian hæmatocele was understood, or even recognised as a distinct disease in the days of Hippocrates and Galen, or the Greek and Roman physicians during some centuries subsequently, matters but little in a practical point of view, and a discussion of the question would more properly belong to an extended treatise on this subject. There can be no doubt, however, but that this, as well as many other "diseases well known to the ancients, and fully described in their writings, have been lost from sight and observation for many ages; so that when detected again in our day, they appear in the light of entirely new discoveries."*

Without stopping, therefore, to analyse the observations of Ruysch or his contemporaries, it may suffice to remark that ABOUT THIRTY YEARS ago, Professor Recamier, on making an incision into the posterior vaginal wall, for the purpose of evacuating the contents of a supposed abscess, discovered that instead of pus, a copious discharge of black disorganized blood followed. Some years subsequently M. Velpeau,† and perhaps one or two others, reported cases of a similar character; but up to 1850, our knowledge of the pathological lesions preceding and accompanying this peculiar kind of tumor was very limited.

The escape of blood into the recto-uterine cul-de-sac of the peritonæum is a fact that has been so long, and often, clearly demonstrated as to leave no room for doubt; but I think it is safe to assert, that up to twelve years ago, the annals of Medicine

* Clinical Lectures, by Professor Simpson—Subject, "Pelvic Cellulitis."

† Mémoire sur les Cavités closes.

and Surgery did not present more than half-a-dozen well authenticated cases of encysted Pelvic Hæmatocele. Indeed, as regards British and American medical literature, we might have looked in vain for the slightest allusion to its existence; and even yet, some of our standard works on the diseases of females deny the subject a single chapter.

Dr. Tilt* of London (perhaps from the fact of his having been a pupil of Recamier) was the first author in Great Britain to enlighten the profession by an interesting paper on this affection, read before the Medical Society of London in 1853.†

Dr. West soon afterwards devoted the greater part of a lecture to its consideration, and Professor Simpson has lately‡ favored his pupils and the profession with some valuable practical views on the subject. In this citation, it is gratifying to be able to state, that so early as 1855 a case presented itself in the Clinic of Professor Bedford of New York, who illustrated the correctness of his diagnosis by penetrating the tumor. This is a highly interesting case, and may be found pretty fully reported in that author's valuable Treatise on the Diseases of Women. Within the last few years cases have occasionally appeared in the medical journals of this country, but for the most part only the more prominent features in each have been referred to.

To French physicians, therefore, almost exclusively, and to Professor Nélaton in particular, are we indebted for our present, though limited, knowledge of its pathology; for no sooner were the enthusiasm and energies of that illustrious surgeon enlisted in this new field of inquiry, than the medical literature of the country abounded with discussions, essays, and cases; each contributor discovering symptoms and lesions in support of a particular theory.

* Dr. Tilt, in his most excellent "treatise on the diseases of women, and ovarian inflammation," devotes a separate chapter to this disease.

† London Lancet, vol. I, 1853, p. 164.

‡ Medical Times & Gazette (Aug. 1859).

Some contended that the extravasation took place *into* the peritonæal cavity, almost exclusively, and there by its presence quickly excited inflammation in the serous membrane, by which process it soon became encysted; while others, whose opinions are equally entitled to consideration, acknowledge two forms of hæmatocele, viz. the *intra*-peritonæal, as when the hæmorrhage comes from the fallopian tube or serous covering of the ovary itself, and the *sub*-peritonæal, denoting that the extravasation was into the cellular tissue, and generally from veins within the folds of the broad ligament.

To review at length all the various theories and opinions put forth since the publication of M. Viguès' thesis in 1850* to the present time, would be a task as fruitless as it would be foreign to the purport of this paper, which is merely to offer some practical remarks touching the causes, nature, and treatment of this singular affection, suggested, mainly, by practical observation of cases occurring in my practice, one of them, in particular, being of a somewhat remarkable and highly interesting character.

But one Monograph of any pretensions that I am aware of, in any language, has yet appeared; and as this able treatise is from the pen of Dr. Voisin, a worthy pupil of M. Nélaton, statements from such a source are of the utmost importance. I will, therefore, take the liberty of making some of the opinions of this author, and those of other observers therein alluded to, the subject of a few passing remarks.

A learned reviewer,† speaking of M. Voisin's work, very properly says, "it must be looked upon as a monograph simply on the intra-peritonæal form of pelvic hæmatocele, and on this variety of the affection much interesting information is afforded."

In acknowledging but this one form of hæmatocele, that author goes so far as to say, that a bloody tumor in any other situation outside the recto-uterine cul-de-sac, is not the result of men

* "Sur les Tumeurs Sanguines de l'Excavation Pelvienne chez la Femme."

† British and Foreign Med. Ch. Rev., July, 1860, page 81.

strual disorder, does not necessarily occur at a catamenial period, but must be the consequence of some injury, and should, therefore, be designated as *thrombus*. This is truly "a distinction without a difference," except in so far as the fate of the patient is concerned, and entirely opposed to the opinions of Richet, Scanzoni, Nonat, Prost, and other high authorities, worthy of more consideration than seems to have been accorded by Voisin. Moreover, a careful perusal of the cases collected by this author, must convince any impartial reader that many of them offer examples of that very form of hæmatocele which he seems to ignore.

An argument is adduced in favor of the intra-peritonæal theory, which I suspect many will fail to consider either conclusive or satisfactory, and were it not that he seems to rely on it as a strong negative proof of the correctness of his deductions, I should not allude to it here.

He says, in commenting upon M. Prost's description of a particular case* where the post-mortem appearances demonstrated that the extravasation of blood was sub-peritonæal, and "filled up the cellular tissue behind the uterus," that "anatomists deny the existence of cellular tissue in this locality." Not only does this style of reasoning appear far from conclusive, but I apprehend few would be impressed with the correctness of a theory requiring such questionable support; because, whether that which M. Prost called cellular tissue, was really such, or some of the products of peri-uterine inflammation, or, indeed, whether we admit or deny the presence of such tissue in this particular location, there is one fact which we have no right to question, and that is, that the contents of the cyst were external to the peritonæum.

The intra-peritonæal theory would seem to be strongly sus-

* The following are M. Prost's own words as quoted by Voisin, page 214: "Elle a son siége dans le tissue cellulaire existant à la face postérieure de l'utérus."

tained by post-mortem appearances in most of the cases noticed; but this is no more than might be looked for when we reflect how much more alarming and fatal this particular form of the malady must be. It is obvious, therefore, that the pathological changes observed in cases of death resulting from this cause, lose their value in a statistical point of view; were it otherwise, I fear, neither surgical interference nor the "vis medicatrix naturæ," so much relied upon by Prof. Nélaton and others, could account for the happy terminations noticed in many of the cases recorded by Voisin himself.

Definition.

The tumor to which the term hæmatocele, or hæmatoma, has been correctly applied, may be defined *an extravasation of blood into or beneath the pelvic peritonæum;* and on account of the space in which this form of tumor has been, for the most part, noticed, it has generally been described as "recto-uterine," "retro-uterine," or "peri-uterine." *But, as the extravasated fluid does not invariably select either of the locations thus indicated,* the more correct, and at the same time comprehensive term, of *Pelvic hæmatocele* should, I think, be used, as it includes every form of this affection, whether intra or sub-peritonæal, diffused or encysted. The following case, which has come under my own observation, may more clearly elucidate what I mean.

Case I.—A lady, aged 21, of robust habit and good constitution, was married at the age of 16, and has given birth to three children. In her first labor she had convulsions, and was delivered of a well formed, but dead child, by forceps. She soon recovered, however, without any unfavorable symptom other than might be anticipated in such a case; her second confinement was natural in every respect, but on the third day she was taken with chills and symptoms of metro-peritonitis, from which she also quickly recovered, and enjoyed excellent health up to her third labor. Her convalescence on this occasion was uninterrupted, except that she