CASE
OF
TUMOUR IN THE PELVIS,
IMPEDING PARTURITION.

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COMMUNICATED BY DR. MERRIMAN.

READ JUNE 23RD, 1840.

ON January 19th 1840, at 7 A.M. Mr. N. was called to Mrs. Colston, aged 28, in labour with her fifth child. Her previous labours had been remarkably quick, indeed so rapid, that upon one or two occasions, the child was born before the arrival of the surgeon. When Mr. N. saw her, he found that labour pains had commenced twelve hours previously, and on examination, he detected a tumour projecting into the vagina, impressing him with the idea that the rectum was full of fæces. The os uteri was felt above the tumour nearly dilated, and the head of the child presenting, her pains occurred at regular intervals, and were tolerably strong; he ordered her to take a dose of castor oil

immediately. At 1. P.M., the oil had operated well, and on making examination, the tumour was found to be pushed lower down : an enema was now administered, which acted very speedily : introducing his finger into the rectum, Mr. N. found the tumour was situated between the rectum and vagina, and on further examination, it was felt to contain fluid, and to the left side, there seemed to be a firm body, impressing the examiner with the idea that it resembled in feel, the upper extremity of a foetus.

The pains were now very strong, and the patient had but slight intervals of ease. Mr. N. having requested my opinion of the case, I attended, and found the tumour as large as a foetal head, occupying so much of the pelvic cavity, that the finger could with difficulty be passed between the tumour and the symphysis pubis, and on examining her rectum, the coccyx could not be passed ; her pains were very violent and frequent. I advised the evacuation of the fluid contents of the tumour, thinking that if this were done, sufficient room would be obtained for the birth of the child, without diminishing the head. Having guarded a common lancet, I made an opening into the tumour, through the vagina, when upwards of a pint of an oily fluid immediately escaped, the sides of the tumour collapsed, the pains continued, the head rapidly advanced, and in two hours from the time of operation, she was delivered of a living male child, which was soon followed by the secundines. On placing the hand on the abdomen, after

delivery, the uterus was found perfectly contracted, while to the left side the firm tumour which formed part of the contents of the sac could be felt. The evacuated fluid, when cold, greatly resembled dripping.

After her confinement, no remarkable symptoms occurred until the 20th day after delivery, when she complained of a considerable degree of forcing, when she passed her motions ; these symptoms led Mr. N. to examine her *per vaginam*, when the tumour was again detected between the rectum and vagina, and exceedingly tense.

According to my friend Dr. G. O. Rees' analysis, the substance contained a considerable quantity of cholestérine.

NOTE by Dr. MERRIMAN.

I requested Mr. Lever to permit me to lay this rather unusual case before the Society, not only because it is in itself curious and instructive, but because it very much illustrates the subject of ovarian tumours obstructing parturition, upon which I communicated a paper to the Society in the year 1819, which was honoured by publication in the 10th volume of its Transactions.

It especially bears great resemblance to the 5th case of my collection, from the circumstance of the fluid evacuated being oleaginous, and resembling when cold, dripping, or imperfectly-formed

butter. Mr. Lever's case demonstrates strongly, how advantageous it is in difficult labours for the patient to have already passed through the process of parturition. In Mrs. Colston's case, all the parts were ready prepared to perform their respective functions, and as soon as the impediment created by the tumour was removed, nature soon overcame all other difficulties. In my case, the woman was 35 years of age, it was a first pregnancy, and very little disposition or power existed in the parturient adjuvants to perform their duty.

In two other particulars Mr. Lever's case was more advantageously managed ; artificial assistance was sooner employed, and the operation was, I believe, better fitted to ensure success : the tumour was opened through the vagina, and with a lancet, which I presume gave a greater facility to a more complete evacuation of its contents. In my case the tumour was punctured through the rectum, with a trocar, but the contents of the tumour were not readily evacuated, nor was the operation through the rectum successful in another case that fell under my observation. Upon the whole, the case communicated by Mr. Lever may be considered as favouring the opinion of Mr. Park, (*Medico-Chirurgical Transactions*, vol. ii.) that an incision into the tumour from the vagina is the proper mode of treating encysted tumours in the pelvis, obstructing parturition.