V.

Fatal Septic Cystitis with Rupture of the Bladder following Retroversion of the Gravid Uterus.*

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From Notes by Dr. Shaw.

A.G., married, æt. 28, a housewife, was admitted to St. Mary's Hospital, Manchester, April 10th, 1905, with a history of severe abdominal pain and incontinence of urine; she had not menstruated for five months. On the 5th of April she had had retention of urine for 24 hours; on the day following, urine commenced to dribble away and it continued to do so until her admission.

On admission the patient was acutely ill, and complained of great abdominal pain; urine was dribbling from the urethra, but she was unable to empty her bladder voluntarily. The abdomen was distended by a cystic swelling reaching from the pubes to three inches above the umbilicus; this swelling was dull on percussion, and evidently consisted of the greatly distended bladder.

A catheter was passed and 80 fluid ounces of very foul urine, almost black with blood, were drawn off. The uterus could then be felt bimanually to be equal in size to a five months' pregnancy; it was retroverted and incarcerated in the pelvis. The patient was put to bed and ordered a milk diet, a catheter being passed every four hours, and the bladder being irrigated with boracic acid and warm water. After the urine was withdrawn an attempt was made to replace the retroverted uterus, but it was so fixed that the fundus could be only slightly raised. The cervix, however, was brought so far down in the vagina as to make the displacement approximate more in character to a retroflexion, thus to a large extent removing the pressure produced by the displaced cervix.

On April 13th the patient had septic peritonitis, became convulsed, and died in a comatose condition.

Post mortem examination showed the uterus to be retroflexed and incarcerated in the pelvis; it contained a fœtus of about five months.

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The mucous membrane of the bladder was soft and sloughy and had the appearance of putrilage. In the posterior wall of the bladder was an irregular circular opening about three inches in diameter, caused by sloughing. The peritoneum was acutely inflamed.

The points of interest in the case are — first, the size of the aperture in the bladder; secondly, the extreme fixity of the posterior wall of the uterus in the pelvis due to inflammatory adhesions the result of local pressure; and, thirdly, the marked evidences of backward pressure in the kidneys and ureters.