

316 FEWSMITH: *Accidental Retention of a Catheter*ACCIDENTAL RETENTION OF A CATHETER IN THE SAC OF AN
OVARIAN TUMOR FOR ONE YEAR; REMOVAL AND RECOVERY.

BY

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PATIENT presented herself to me on Sept. 26th, 1878, with the following history, given with the greatest clearness, intelligence, and apparent accuracy. She was of German descent and 24 years old. Family history very good. She first menstruated at 12-13 years of age, and was always very regular, though at each epoch she suffered great pain. July, 1870, when 17 years old, she married and went to Switzerland, where she was confined in October, 1871. She was in the Alps, amid snow and ice, with no physician and was in labor six days (!), struggling at times in the agony so that it required several persons to hold her. Labor over, she stayed quietly in bed for nine days, nursed her child two weeks, weaned it, and menstruated six weeks after its birth. From this time on to 1876, she was very regular in menstruation, though it was always painful and followed by much leucorrhœa. Shortly after her confinement she began to have great pain in right side and hip. There was some abdominal enlargement, but she says her friends told her she was always large there and when pregnant she was enormously distended. In 1873 she returned to Newark, and was much benefited by the voyage. She went to California and her husband died near the end of 1873. Early in 1874, she was taken with severe pain in back and abdomen and in bed for five months, treated for "inflammation of the womb." No vaginal examination was made. In 1875, she had another attack of the same kind. She now noticed that she became very large at menstrual epochs, but was smaller in the intervals. Up to this time the pain was severe only at menstrual epochs and these were still perfectly regular. In 1876, she had a severe hemorrhage from the uterus and, for the first time, was locally examined by Dr. Seelye, of San Francisco, who told her she had something growing on the womb and treated her for three months by local cauterizations. She at this time began to take morphine. In August, 1876, she married again and went to Virginia City. The day after marriage she was taken with intense pain in the region of the kidneys. She fainted and was in bed for a week. She states as positive that since the first night with her

husband she has had absolutely no sexual connection with him—he being frightened at her sickness the next day—so that that one night is the only coitus which has taken place since 1873. From this time on she was pretty well until the spring of 1877, when she missed her menstrual epoch. She called in Dr. H., of San Francisco, and he found a hard tumor, size of a man's fist, in the median line, over symphysis pubis—thought it a case of retention of urine, catheterized and got no water. Diagnosed fibroid of uterus. Patient refused further treatment and went to several other physicians in San Francisco, whose opinions varied between inflammation of the bladder, ovarian or uterine tumor. She had no difficulty in passing water, but it was dark-red. Finally Dr. S., of Sacramento, was called in on account of pain at what should have been a menstrual epoch. His examination—with probe—caused her great pain. She was unable to get up after it. Inflammation set in. Pain became continuous and intense and the abdominal tumor grew very rapidly. Dr. G. G. Tyrrell was then called, and treated her for some time for abscess of the womb (according to her statement), giving her at the same time large doses of morphine. The tumor becoming very large, Dr. Tyrrell, in consultation with Dr. Nelson and others, aspirated and drew off a gallon of clear, reddish fluid. This was in August, 1877. In three weeks the tumor refilled, and the doctor tapped again, getting only about a pint of bloody fluid. After this she was very sick, had intense pain and was kept for six weeks almost entirely under the influence of morphine, taking as high as 13 grs. (?) per diem. About six weeks after, the tumor was again tapped with no result. After consultation it was decided to operate through the vagina, and in October, 1877, an incision was made into the tumor through the vagina and a large basin full of pus drawn off. The next day a catheter was put in as a drain and the sac washed out. Patient says that then for a day or two the doctors *tried to dilate the opening and finally said they had lost it*. The discharge of pus continued. She stayed in bed till Christmas, then was up and about, though very weak, till March, 1878, when she was taken with pain in the side and kidneys, forced to increase her morphine again and to stay in bed till carried on board the steamer for New York, where she arrived April, 1878. The voyage improved her, and she cut down her morphine to 2 grs. a day. She continued quite comfortable till the middle of September, when she began to have intense, lancinating pains in the right groin and right iliac region. The discharge also increased. For this she came to me on September 26th, 1878. Giving her anodynes and warm local applications, I postponed an examination until

October 1st. Then, passing the finger into the vagina, I felt, on the right side of the cervix, a peculiar, stiff, sharp point, seeming like a twisted wire. I seized it and made gentle traction till it reached the vulva, when I made it out to be an old elastic catheter. Slight traction removed it entirely, and it proved to be a whole English catheter, size 8, curled in a double S shape. It was not accompanied by much discharge. From its appearance it must have been retained a long time. The patient was too evidently astonished at seeing it to have put it there herself, and she had been out of doctors' hands for a year. I questioned her closely about the operation, and she said unhesitatingly that that was what the doctors must have been looking for during four days in succession. The uterus was in pretty good position and the cervix about normal. There was great tenderness over the whole right periuterine region, and also in the right iliac region, so that I postponed a more careful examination. Treatment was based on the idea of a suppurating sac having been kept in action by the presence of a foreign body, and I hoped that now this was removed the sac might become obliterated. I gave warm, antiseptic injections, warm applications to abdomen and as small a quantity of morphine as possible. Patient had a chill, and, for some nights, copious sweats, but these were overcome by quinine and acid. sulph. aromat.

To settle my doubts as to the catheter, I wrote to Dr. Tyrrell, of Sacramento, and the following is a quotation from his kind reply: "The case was one of ovarian tumor, nearly centrally situated in abdomen, extremely painful, and from its tenseness diagnosed by other physicians as a fibroid of the uterus. To clear up this point, I aspirated it and drew off a basinful of straw-colored albuminous fluid, presenting under the microscope the so-called characteristic cells of Drysdale. The tumor soon refilled, and I again aspirated and drew off about a quart of sero-sanguinolent fluid. On its refilling for the third time, I concluded to make an opening in Douglas' cul-de-sac and, if possible, remove the growth that way, or at least see what could be done. Accordingly, I punctured with a large trocar and drew off a basinful of pus. My colleague, Dr. Nelson, proposed that we pass in a catheter and leave it to drain. He did so pass one through the trocar, when the ivory tip came off, and the catheter was pushed into the sac, or rather slipped in when the trocar was withdrawn. All efforts to recover it were in vain, and we were forced to give up the search, in hopes that Nature would send it once more to the surface." Then follow accounts of the search on the succeeding days, corroborating the patient's story in every particular. The operation was performed October

2d or 3d, 1877, and the catheter removed Oct. 1st, '78, having thus been retained in the woman for one year less two days. It probably remained during that time in the sac of the ovarian tumor, as it made its way out nearly at the point of entrance.

On October 15th, '78, the patient had a slight discharge of blood with sensations of menstruation, the first sign of such a thing since '76 or early in '77. At that time examination showed diminished tenderness, both on pressure on the abdominal walls and from the vagina. A hard lump, about the size of a fist, was to be felt just above the symphysis. It seemed to me most like a distended and thickened bladder, but patient's water was passing normally.

October 28th, I found the lump nearly gone. Patient states that when she omits her morphine, it returns and she has great dysuria. A catheter passed into bladder finds urethral and vesical walls very irritable, but no further lesion—urine concentrated—nothing abnormal. The tenderness almost gone, the discharge very slight. What there is seems to come from a point posterior to a sort of band of tissue which runs from a thickened portion of the cervix (anterior lip, right side) across to the vaginal wall, but I can find no opening.

November 6th, while straining at stool, patient felt a gush of something and passed from the vagina about half a cupful of pus with dark lumps in it.

To pass over further notes, the patient from that time on has continued to improve, has entirely ceased from the opium habit, has menstruated regularly, has no trouble in urination, is growing plump and rosy. She says she feels better than ever before. She had a hard fight with the morphine, and suffered once from what I feared would be a general peritonitis. The discharge ceased entirely about December 20th. I believe the tumor to be entirely removed, the sac obliterated, and the case cured, and question whether it may not furnish a valuable hint for treatment in other cases.
