A CASE OF VICARIOUS MENSTRUATION FROM AN OVARIOTOMY SCAR.

BY

THEODORE A. McGRAW, M.D.,

Detroit, Mich.

A CASE has just come under my observation which may have some interest in connection with Lawson Tait's theory of menstruation.

On September 12th, 1876, I removed a monolocular cyst of the right ovary from a girl aged twelve years. She had until then

never menstruated, but began to have her courses in the following winter. In the latter part of September, 1883, I received from her the following letter:

AU SABLE, September 20th, 1883.

DEAR SIR:—I can think of no better way of introducing myself to you than to say that I am the little girl whom you attended at Birmingham in the Centennial year, though of course changed in these seven years to a girl of nineteen. You will remember that a tumor was removed by you. The wound on the stomach seemed entirely recovered until about two years ago, when it became inflamed at times, and finally in the last year assumed a sensitive look. When my courses take place every month it bleeds more or less, and looks frequently as if ready to crack open in one place. Can this be prevented, or is it a natural course? I have laid aside corsets for some time, fearing the steels in front might irritate the inflamed part of the wound. My health seems perfect, so that I am in hopes that it may be something less serious than it seems, or something that can be explained away.

"Yours, etc., ———."

A subsequent letter read as follows: "I was first unwell, I think, the following winter after the tumor was removed, when about thirteen years old. The wound never troubled me until about two years afterward, my menstruation having become fully established before. At that time the hemorrhage commenced and for a period of two or three months I was unwell every week. At the time I walked a good deal, and fancied that caused it, for on coming home from Ypsilanti, where I had been studying, I soon grew regular in my courses; the hemorrhages continued from that time on monthly, but were never so severe as in the last few months. To sneeze or cough at the time of menstruation causes violent pain in the wound, or around it, and sometimes causes the hemorrhage to be more severe than usual.

"Sincerely yours, etc., ———."

I wrote to Miss G. to come to the city and have the trouble investigated. She did so, and arrived at my office about the 17th of October.

She was then just recovering from menstruation, and I had an opportunity to see the wound under those circumstances. I may say here that I had used a clamp in operating, and that the wound had healed without any drawback. I found a scar midway between the navel and os pubis about an inch long. At the lower end of the scar was a point about as large as the end of an uncut lead pencil, from which a drop of blood was oozing. This place seemed covered by a small membranous cap of epidermal cells from under which the blood appeared. The lower part of the scar looked red and sensitive, but the upper part was as scars usually are. The patient, however, informed me that the whole scar often grew, at these times, red and inflamed.

On considering the matter, I thought of several hypotheses

by which the hemorrhages might be accounted for. It might be a case,

First. Of simple vicarious menstruation, the general vascular tension finding relief at that point instead of the lungs, stomach, nose, or other organs.

Second. Accepting Lawson Tait's theory of the part played by the Fallopian tubes in causing menstruation, there might have been left through the scar a minute orifice communicating with the remains of the right Fallopian tube, through which the blood oozed.

Third. The scar, though imperforate, might get its nutriment from the ovarian or uterine arteries, in which case it might participate in the general congestion of the parts supplied by those vessels.

Fourth. The traction exerted on the scar by the turgid and heavy uterus at the monthly periods might cause irritation and hemorrhage.

My advice was to have the scar excised and the raw surfaces thoroughly brought together by sutures.

This was accordingly done on October 21st, when I cut out the lower half of the cicatrix to a depth of fully half an inch. The wound was closed by silver sutures, but did not heal by first intention. It was fully a month before the process of healing by granulation was completed. The excised scar was given to Dr. F. W. Brown, who kindly prepared it for microscopical investigation. I desired especially to learn whether there was any trace of mucous membrane or muscular fibre, in short any remains of the Fallopian tube to be found in the specimen.

Dr. Brown informed me that he could, after the most careful investigation, discover nothing but cicatricial tissue. It is now six months since the operation, and notwithstanding the occurrence of regular menstruation there has been no recurrence of hemorrhage from the scar.

The question whether this was an ordinary case of vicarious menstruation is one not easy to answer.

If menstruation is the especial function of the Fallopian tubes, it would seem that menstrual hemorrhages ought to have been observed more frequently from such scars as have been formed by the clamping of a Fallopian tube in an abdominal wound. I have not, however, been able in the literature at my command to find any such instances recorded—perhaps the editor or some of the readers of this JOURNAL may be able to refer me to such records.