Vaginal Hernia and Uterine Fibroids, with Delusions of Pregnancy.

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VAGINAL HERNIA AND UTERINE FIBROIDS, WITH DELUSIONS OF PREGNANCY.

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The following case is not only unusual and curious, but adds another to the many instances where delusions have some physical basis, or are formed and maintained by peripheral irritation.

J. S., colored woman, married, age about thirty, was admitted to the Willard Asylum April 11, 1884, as a case of chronic mania of several years' standing, with violent tendencies. When admitted she was garrulous and noisy; said she was the Almighty's wife's daughter; physical health good. For four years subsequently, she had periods of extreme excitement and violence lasting a few days, paroxysmal, but not periodical, three or four times a year. In March, 1888, she had a severe and prolonged disturbance, when she constantly endeavored to seclude herself in her room and barricaded her door. Following this attack it was noticed, that at her menstrual periods she would become disturbed and seclude herself and remove her clothing.

The attendants reported her as masturbating. This tendency was progressive, so that, recently, during the catamenia, she would take every opportunity to introduce her finger and even her whole hand in her vagina. She has said that she wanted to "take away the baby," "it must come away." Her delusions became more active and exalted and she called herself a queen; she was painted black and her natural color was white; was violent when opposed and sometimes when approached. Erotic tendencies and onania particularly manifested during the menstrual period.

June 11, 1889. Menstruation began on the 9th inst. Yesterday she made the same efforts she had at former periods and further complained that something "was down her." This morning an examination proved the vagina filled with a soft tumor, and protruding from it a soft cylindrical tumor about eight inches in length, cupped at its pendant extremity and slightly torn. Accompaning it posteriorly, a loop of uncovered intestine protruded. She struggled against its reduction, and was ætherized, when efforts were made to reduce the hernia. It appeared to be constricted at the vaginal rupture which was in the anterior wall of the vagina. It was partly reduced and the

whole mass was replaced in the vagina with the exception of the cylindrical tumor, which was ligated and six inches of it amputated. It was necrosed and no hemorrhage followed the amputation. Efforts at reduction were checked by the depression occasioned by shock. The patient's condition was serious when the tumor was discovered. After anæsthesia passed away, and by stimulation the patient regained a fairly comfortable condition. The mental excitement continued unabated and she needed constant watching to prevent her from tearing the parts down again. There was no rise of temperature during the day; pulse 120; respiration 26 at noon, and night condition not materially changed.

June 12th, 1889. Temperature reached 100 deg. in the evening; no tympanites. Passed urine of sp. gr. 1022 showing traces of albumen, mucus, pus and blood. Stump of tumor dressed with iodoform; no tumefaction of tumor remaining in the vagina; continued vital depression and mental excitement; morphia hypodermically and stimulants continued. Could not retain food or drink taken in the stomach.

On the 13th, 14th and 15 there was little change in her condition. Her temperature reached 101 3-5 deg. on the 13th but returned in a short time to below 100 deg. She had some tympanites on the 15th. The vital depression continued, so that at no time was she considered in condition to survive an operation.

June 16th. Collapse approaching. Urine passed at noon through catheter contained blood, pus and albumen. Stump of tumor sloughed off in shreds. Abdomen tympanitic and distended, and marked symptoms of strangulation of bowel. She died at 4 P. M.

Autopsy eighteen hours after death. Symphysis pubis was removed and the parts beneath exposed. A localized purulent peritonitis had formed a pocket posterior to the symphysis, and there were peritonitic adhesions throughout a circumscribed area. A section of transverse colon, about eight inches in length, with a thickened and matted mass of omentum lay on the posterior vaginal wall, and the epiplocele protruded through the vulva. A director was passed from the abdominal cavity along the course of the hernia, into the vagina and the constriction relieved by dissecting along the director, beginning at the left of the meatus, extending through the bladder. The hernia was then fully exposed as a loop of the transverse colon, with hypertrophied omentum, the whole showing evidence of strangulation caused by

the recto-vesical fold, the bladder and the enlarged uterus. The posterior wall of the bladder was ulcerated along the line of the hernia, which had the appearance of passing through the bladder. The mucous surface of the bladder was covered with patches of croupous membrane. The uterus was covered with about twelve small fibroids, pediculated and sessile. The left ovary was cystic. Vaginal walls were very thick.

The appearance of the omentum that was amputated was that of loose connective tissue filled with blood clot. It tore very easily and had no stability *in situ*. The duration of the hernia is only conjecture, but it seems plausible to suppose that the epiplocele had existed for some time and gave rise to the delusions in connection with the enlarged uterine body, that she was pregnant. The irritation of the omentum in the vagina may have been the chief cause of the onania. The working and pulling at the epiplocele stretched it and would account for its peculiar cup-shaped extremity and cylindrical form.

With this handle within easy reach in the vagina, it is reasonable to suppose that in the excitement at her menstrual period she made unusual efforts to extract the foreign body, and that by traction she brought down the bowel into the vagina and caused the strangulation.