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Original Communications.

A CASE OF EXTRA-UTERINE PREGNANCY.

By E. WARREN SAWYER, M.D. (Harv.), of Denver, Colorado.

A FEW weeks since, Dr. Justice, of this city, submitted, for examination, a specimen of matter aspirated by him from an abdominal tumor—a supposed ovarian cyst. He stated that the tumor was of three years' duration, that he had decided upon an operation, and asked my assistance on the following day.

The patient lived at Boulder City, thirty miles from this place, among the foot-hills of the Rocky Mountains.

Grossly, the specimen looked like pus, but with the microscope not a characteristic pus corpuscle could be seen; only fat globules, of various sizes, and granular matter. With liquor potassæ, it behaved like pus, and rapidly gelatinized. Subsequently to the termination of this case, I learned the following details:—

Mrs. G., aged 37 years; married twice; two children by first marriage, three by the second; youngest child 5 years old. Has always enjoyed perfect health. Catamenia ceased March 28, 1871. Dates her pregnancy from that time. Had all the usual symptoms of pregnancy till the third month, when "colicky pains" began, slight at first, increasing in severity, and not ceasing throughout her gestation; at no time was she free from colic. During the fourth month, she swooned from the severity of this pain, and was confined three days to her bed. Felt the motions of the child, at the usual time, stronger than she experienced in her previous pregnancies.

On the 30th of December, 1871, was taken, at night, with regular labor-pains, the seat of which she referred to her left side.

I learned, from her medical attendant, that there was no dilatation of the os uteri, at that time, though the short neck was very soft; and, high up in the pelvis, the head of the child was felt. Her pains continued throughout two days, at the end of which, all signs of labor had subsided. Motions of the child were still strongly felt.

Three days afterward, her breasts became full and painful; large quantities of milk were pumped out with relief to her.

Twelve days after the first attempt at labor, regular pains again set in, which continued for a day, at the end of which, all motion ceased, after a most violent action of the child. Milk again appeared in her breasts, but gave no trouble.

There was no discharge of blood during either attempt at delivery, though, in both, the nurse declared there was a discharge of meconium; that she had seen meconium in previous confinements, and was able to determine this.

Vol. XCI. No. 20

She left her bed after a day, and felt very comfortable. Her large figure was preserved till the following March, when a vaginal discharge of blood began, after which she found herself growing smaller. Hæmorrhage persisted for the next three months, slight at times, but weakening her, and confining her to her bed nearly one half the time. After a tonic treatment, wasting ceased, and from this period till June of the present year, her menses returned with the strictest regularity, and she called herself well.

As evidence of the immunity from discomfort which she enjoyed, during this long time, I have only to state that she assumed the entire charge of her large family, and indulged often in dancing at balls, of which she was passionately fond.

In June last, her catamenia did not appear, and she thought herself again in the family way. During the following month, a violent hæmorrhage occurred, continuing for forty-eight hours, during which it was thought she aborted. Soon afterward, she had a violent chill, and began to grow large. Chills recurred frequently and irregularly, followed by fever, till her death.

When I first saw her, August 17th, her face presented an emaciated appearance, with a bright red spot upon each cheek. Pulse 96, soft and compressible. Temperature normal. The dyspnoea was most evident. The abdominal enlargement was uniform, and as great as that of a woman at full term. Fluctuation was evident to the left of the median line in front, but not on the right side. My finger in the vagina could feel no cervix uteri, and the os could be felt only as a slight depression at the summit of a very long vagina. The sound could not be made to enter the uterus, though many curves of the instrument were tried.

Dr. Justice being still of the opinion that we had to do with an ovarian cyst, decided upon an operation, which was done jointly by Dr. Justice and myself. The anæsthetic (equal parts, by weight, of chloroform and ether) was administered by Dr. Dodge, of Boulder. An incision, some four inches in length, was made through the abdominal walls, in the median line, mid-way between the umbilicus and symphysis pubis. A large, reddish-purple globe now sprang into view. A hand, passed into the abdominal cavity, discovered this tumor attached to the entire circumference of the brim of the pelvis; the uterus was not felt; upon extending the incision downward, this organ was seen in the median line, more than twice its normal length, and bent abruptly over the upper border of the symphysis. The flexion of the uterus forward explained our inability to pass the uterine sound.

The tumor seemed to spring uniformly from the posterior surface of the uterus.

The intestines were pushed up by the cyst, and the omentum and small intestines were firmly adherent to its upper and posterior surface. No trace of either ovary or Fallopian tube was seen.

The needle of Potain's aspirator was plunged into the anterior wall of the cyst, and a little matter drawn; a large trocar was substituted, which drained away some two quarts of matter; some of which escaped into the abdominal cavity. A child could now be felt within the cyst. It was thought advisable to proceed, and an incision some four inches in length, was made through the anterior wall of the cyst, through

which a well-formed, female child, with umbilical cord intact, and the remains of a placenta were removed, with some three pints of matter. The cystic and abdominal cavities were now carefully sponged out; afterwards, one end of a skein, of some twenty threads, of ligature silk was passed from the cyst through the *cul-de-sac* of Douglass, out of the vagina. There was some troublesome escape of dark blood from the patulous vessels of the cut surfaces of the cyst, which was only arrested by passing a ligature with a needle beneath the mouths of the vessels; these latter looked quite like the uterine sinuses.

The wounds were now closed with deep (iron) and superficial (silk) sutures; the abdomen was well covered with cotton batting.

An enema of brandy was given twice during the operation, which consumed about one hour.

The patient did not rally, and died twenty hours afterward.

The foetus was well preserved, very white and hairless; in fact, it had the appearance of a foetus preserved for a long time in alcohol. Its weight was seven and one-half pounds. In extending the flexed forearm, the cuticle was cracked transversely at the bend of the elbow, showing the adipose tissue beneath very yellow and hard, like adipocere. The odor from the matter and child was slightly nauseous, but no odor of putrescence was noticed.

ON ERYSIPELAS.

By J. C. GLEASON, M.D., of Rockland, Mass.

Read before the Plymouth District Medical Society, October 14, 1874.

THE appearance, during the spring and earlier summer months, of an unusually large proportion of cases of erysipelas in my practice, occurring, as I believe, epidemically, led me to observe what I could of the nature, course and proper management of this disease.

Erysipelas is described by most modern writer under two forms.

I. *Sporadic, or Idiopathic*, which arises from internal causes alone, and which usually attacks the integument of the face, though no part of the surface of the body is exempt from it. The skin alone, or more commonly, the skin and areolar tissue are involved, the affected part becoming of a deep red color, hot, painful and swollen. The disease was known in early times, in Scotland, as "the rose;" in England and in this country as "St. Anthony's fire."

II. *Traumatic Erysipelas*, that which follows a wound, and may occur in any part, as an unhealthy, low inflammation, tending to spread in all directions.

Both these varieties are usually announced by marked constitutional symptoms—chills or chilliness, pain in the back and limbs, nausea, and sometimes vomiting. Soon, the tongue becomes coated, and shortly, if not at first, typhoid symptoms are developed, delirium and ataxia.

As to the distinction which has been made between simple and phlegmonous erysipelas, so called, it may be well questioned whether some writers have not confounded phlegmonous inflammation, which often develops itself beneath an erysipelatous surface as a complication, and which frequently terminates in suppuration, with true erysipelas, which never, of itself, suppurates, unless we except some