tendency to enlarge by successive hæmorrhages, operation cannot be safely delayed, and in these cases the incision should be through the abdominal wall, in order that the bleeding point may be seized and controlled.

Clinical Department.

A CASE OF TUBAL PREGNANCY.¹

BY FANNY BERLIN, M.D.

Mrs. W. H. B., age twenty-nine; married five years; one child four years' old. Mrs. B. has not been in good health since birth of child. Before and after marriage she suffered greatly from dysmenorrhœa; since birth of child she has been quite free from it. But she has been troubled with leucorrhœal discharge, owing to a cervical endometritis, which, in its turn, was due to a badly lacerated cervix and retroversion of the uterus.

On the 25th of September, 1891, her husband requested me to see his wife, who, he said, after having felt apparently quite well, while going to the bathroom, was suddenly seized with a severe attack of pain in the right abdomen. The pain was so intense that it made her quite sick at her stomach and very faint. As she had eaten a great many grapes the previous evening and swallowed the seeds, she thought that "they must have lodged in her vermiform appendix and produced the intense colic."

When I arrived at her bedside at about 10 A. M., I found her lying on her back with thighs flexed on the abdomen, looking quite pale and distressed and complaining of great soreness in the abdomen. Her temperature was 99° F; pulse 84, rather weak. The abdomen was very tender to palpation over the entire surface, especially so in the ileo-cæcal region, and quite tympanitic on percussion. Examination *per vaginam* was negative. I gave her a hypodermic injection of one-quarter of a grain of morphia and one-hundredth of a grain of atropine, and ordered hot poultices to the abdomen, to be changed every two hours. I saw her again at 5 P. M., and found her so much relieved that the hot poultices were discontinued, and rest and liquid diet ordered.

September 26th. Found her quite comfortable. An enema of soap-suds and turpentine brought away a great quantity of flatus and fecal matter. Temperature and pulse were normal.

September 28th. Still complains of pains in ileo-cæcal region. Bowels had not moved since the enema was given. Half an ounce of castor oil was ordered.

September 30th. Tenderness to pressure in ileo-cæcal region is less, but she still complains of same pain.

October 3d. Found her much better. The soreness had nearly all gone, and she had had almost no pain. She said her monthly period was due on that day. She was allowed to sit up in bed, and to get up the next day if she continued to improve.

On the 6th of October she surprised me by walking into my office. She had come in the electric cars from one of the suburbs of Boston. Said she felt quite well, but worried over the non-appearance of her monthly period, which was due on the 3d of October. I made

a vaginal examination, but found nothing abnormal except the old condition, namely, retroversion of the uterus and laceration of the cervix.

I did not see nor hear from her again until the afternoon of the 20th of October, when I was summoned by telephone to come "immediately." I arrived there at 2 P. M., and heard the following report: On the 12th inst. she had a slight show of blood, which continued until the 17th, when she flowed very freely; and on the evening of the 17th she passed "a funny looking clot, like a piece of raw chicken." This was not saved. The flowing continued, and on the evening of the 19th she fainted upon going up stairs; and on the 20th, at 11.30 A. M., she was taken suddenly with excruciating pains in the lower part of the abdomen, perineum and vulva. She fainted, and later vomited freely.

When I saw her she was extremely pallid; pulse 60, weak. Her looks suggested to me the occurrence of internal hæmorrhage. Examination, *per vaginam*, showed the following: exquisite tenderness of vulva, lower and upper part of vagina. In posterior cul-de-sac an irregular mass, the shape and size of which at that time, owing to the extreme sensitiveness of the parts, could not well be outlined. She was still in a great deal of pain, which necessitated the administration of a quarter of a grain of morphia hypodermatically. I also gave one ounce of brandy by the rectum; and, enjoining absolute rest, I left her for the night, after having told the family that I thought an internal hæmorrhage had taken place, probably in consequence of a ruptured tubal pregnancy; that an operation would most likely have to be done, but as she then seemed in a comparatively fair condition, immediate interference did not seem indicated.

October 21st. A. M.: Slept very little; was in pain, and used two one-grain of opium suppositories. Temperature 99.6°, pulse 90. Local examination shows the same as yesterday. P. M.: Temperature 100°, pulse 104. Is in a good deal of pain. Vagina seems more crowded by the mass, and extreme tenderness prevails. Morphia (one-quarter of a grain) hypodermatically.

October 22d. A. M.: There is less tenderness externally, but the tumor seems to crowd down more into the vagina, and fluctuation can be detected. Temperature 99.6°, pulse 90. Ordered Hunyadi water (two ounces). P. M.: Is again in pain. Temperature 99.8°, pulse 90. Had two movements of the bowels. Morphia (one-quarter of a grain) hypodermatically.

October 23d. A. M.: Passed a comfortable night; not much pain; temperature 99.2°, pulse 84. At 2 P. M. I was again summoned in great haste; and when I got there I found her deeply collapsed — face extremely pallid, extremities cold, sighing respiration, and barely able to speak. Temperature 97°, pulse extremely weak. The attack had come on without any apparent exertion on her part. Of course, I knew that a fresh hæmorrhage had taken place, and that waiting much longer was hazardous. I told the family that an operation would have to be done, and asked for a consultation; to which request they gave their consent. At about 4 P. M., Dr. Maurice H. Richardson kindly saw the case with me. He concurred in my diagnosis of internal hæmorrhage, and also advised an operation. The patient had by this time rallied considerably from the shock; and we decided to postpone the operation until the following morning.

October 24th, at 9 A. M., the patient and the surroundings have been made as aseptic as was possible

¹ Read before the Section for Obstetrics and Diseases of Women of the Suffolk District Medical Society, December 28, 1892.

in a private house, I opened the abdomen, assisted by Drs. M. H. Richardson and Grace Walcott, Dr. Lena Ingraham administering the ether. The peritoneal cavity was found considerably filled with fluid and clotted blood. In the small pelvis, on the right side, was found a mass, the size of an egg, closely attached to the upper part of the uterus and including the uterine end of the tube and right ovary; the terminal end of the tube was free. The mass was tied close to the uterus and cut away. The left appendages were examined, found normal, and left *in situ*. The abdominal cavity was then thoroughly washed out with warm water, and the wound closed with silkworm-gut stitches. The patient stood the operation well, and made a rapid and very good recovery.

The report of the examination of the specimen made by Dr. F. B. Mallory, is as follows: Terminal portion of Fallopian tube about one and one-fourth inches long; ovary somewhat flattened, stained with blood on one side; also a mass of clotted blood, size of an egg. Microscopic examination of clotted blood showed chorionic villi and bits of placental membrane present. Corpus luteum in ovary. Fallopian tube normal. Attachment of placenta not determined. Diagnosis, extra-uterine pregnancy. Three points of interest suggest themselves in connection with this case:

(1) The probable time of conception and the rupture of the tube and internal hæmorrhage.

(2) The possibility of an earlier diagnosis.

(3) The treatment in the case under consideration.

With regard to the first point, I believe that conception must have taken place very soon after the menstrual period in September; in fact, the patient rejects all possibility after this date. Consequently, the first symptoms of interruption of pregnancy were on the 25th of September, or in the third week of conception. This is unusually early, as according to Tait ("Diseases of the Ovaries"), the usual time of rupture is between the second and third month of gestation. Bland Sutton, however ("Surgical Diseases of the Ovaries and Fallopian Tubes"), gives the date of rupture or abortion in tubal pregnancy as at any date from the third to the twelfth week. I do not believe that there was any great internal hæmorrhage until the 19th of October, or six weeks from the last menstrual period, the first symptoms of disturbance being principally the pain.

Ought I to have made my diagnosis earlier, namely, on September 25th? I suppose one more experienced in diagnosing cases of extra-uterine pregnancy might have done so. But the absence of local symptoms on repeated examinations *per vaginam*, the seat of the pain in ileo-cæcal region, the very constipated habit of the patient, and, last but not least, the fact that the omission of a monthly period could not then properly be considered, made the case look to me then as one of a mild attack of appendicitis. At the next attack I saw my error, and it was fortunately not too late.

As to the treatment: I do not think I should have treated the case differently had I made an earlier diagnosis. There was no indication for actual interference until there was reason to believe from the collapsed state of the patient and local appearance of a semi-fluctuating tumor in the posterior vault of the vagina that an internal hæmorrhage was going on. There was, moreover, no tendency towards the effused blood being absorbed, but, on the contrary, a great tendency toward repetition of the hæmorrhage. Under such

circumstances it is my firm conviction that nothing except opening the abdomen and tying the bleeding blood-vessels would have saved my patient's life.

CASE OF EXTRA-UTERINE PREGNANCY.¹

BY GRACE WOLCOTT, M.D.

Mrs. M. P., colored, forty years of age, was seen in January, 1891. She had had three children, the last one three years previously.

She complained of pain in the pelvis and amenorrhœa for three months, having had one profuse period which did not correspond to the menstrual epoch before that time. Upon examination a mass was found in the pelvis, posterior to, and above the uterus, which was thought to be a fibroid at first, but upon subsequent examination the chances of its being an extra-uterine pregnancy were discussed. The breasts contained no colostrum, and no fœtal pulse was to be heard.

The patient's general condition was poor and was growing worse. She suffered considerable pain and was unable to work.

The possible necessity of an operation was explained to her, but she was extremely timid and declined to consider it. She was put upon general treatment to improve her condition if possible.

She was seen ten weeks later, at her home, when examination showed the abdomen corresponding to the seventh month, but having a different feel from a normal pregnancy. There were diffused pulsations not synchronous with the maternal pulse. Fœtal parts, or what simulated them, were made out. The breasts contained colostrum.

The patient's condition was much worse than before. She was greatly emaciated, the digestion very poor, pulse rapid and weak, respiration rapid. The heart and lungs were normal.

Again the necessity of operation was explained to her.

After seeing her several times and relieving the urgency of her condition, I stopped my visits, as they promised to send for me at any time should she be worse. In the meantime I made arrangements for a hasty operation as soon as the emergency should arise. Hearing nothing I called two weeks after my last visit and was told that she died very suddenly one week previously. The physician who was called in said she died of "heart failure."

This case seemed to me like the one which was reported to this Section by Dr. Cushing, in which I assisted at the operation. I had the opportunity of examining his case and knew its clinical history, and in many points they are alike.

From what I could learn of the patient's condition shortly before death, it seemed to me probable that the sac had ruptured, and that either shock or hæmorrhage was the real cause of death.

A JACK OF ALL TRADES, as described in an old English paper: "At a village in the Wilds of Kent, over a door is this inscription: 'Burdon, surgeon, carpenter, man midwife, and schoolmaster; likewise fine pens, and teeth drawn by the maker; also a curious assortment of blacking balls.'"

¹ Read before the Section for Obstetrics and Diseases of Women of the Suffolk District Medical Society, December 28, 1893.