LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY: REMOVAL OF MACERATED FŒTUS OF EIGHT MONTHS.¹

BY J. COLLINS WARREN, M.D.

I HAVE selected the following case as one likely to be of some interest to obstetricians and gynecologists than the ordinary run of abdominal cases.

B. M., twenty-seven years old, entered the hospital December 21, 1891, with an abdominal tumor of nearly a year's growth. She was an emaciated but not unhealthy-looking person. Her first child was born five years before. Two years later she had two miscarriages, the second occurring after an interval of six months. Since that time the catamenia had been perfectly regular up to January 17, 1890, when they appeared for the last time for eight months.

In February she noticed a small tumor forming in the right iliac fossa, which at the end of the fifth month had reached about the size of a fist, and could be felt plainly under the abdominal walls. For this she consulted a physician, who thought she was pregnant, but also had a tumor. During January, February and March she had suffered somewhat from nausea. In June the breasts became swollen and contained milk, which continued to form to a certain extent until after the operation. Movements were felt in the tumor from the fifth month until the middle of September. During this month the catamenia reappeared in an irregular manner covering a period of four weeks. There was no excessive flowing and no pain. The tumor had enlarged up to that time, but subsequently decreased somewhat in size. At no time were there any signs of labor. Since the reappearance of the catamenia they had been regular up to the time of the patient's entrance into the hospital.

On examination the patient was found to be emaciated, which condition seemed to make prominent a tumor occupying the hypogastric region and reaching above the umbilicus, situated on the median line and feeling firm and nodular to the touch and somewhat movable. Dulness existed over the whole area of the tumor. There was no fluctuation. No murmur was detected on auscultation. There was a faint pigmentation on the median line between the umbilicus and pubes, but no discoloration of the areolæ.

A vaginal examination showed that the uterus was situated on the left side of the tumor and was displaced somewhat upwards by it. The cervix was somewhat softened and patulous, so that the finger-tip could be introduced. The probe entered three and a half inches and could be felt through the abdominal wall in the left inguinal region. The tumor could be felt distinctly at the side of the uterus, situated deeply in the pelvis. The temperature was somewhat elevated and continued so, and the pulse was feeble. The patient was therefore kept in bed and given nourishing diet until January 6, 1892, when the operation was performed. Although the question of extra-uterine pregnancy had been considered, the weight of opinion seemed in favor of the diagnosis of uterine fibroid.

An incision was made on the median line and was afterwards enlarged so as to extend from two inches above the umbilicus to the pubes. On opening the peritoneal cavity, a tumor was seen presenting the external appearances of a fibroid with a coil of intestine

closely adherent to its upper left surface. On palpation a sense of fluctuation was detected and the aspirator-needle was introduced, without, however, obtaining fluid. An attempt was now made to separate the intestine from the tumor. During an effort to lift a thick adhesion from the surface, the finger slipped through the walls of the tumor into a cavity, and immediately a quantity of brownish, dirty but odorless fluid escaped. The fœtal head was the first found presenting at this point, which was near the fundus of the cavity. The opening was enlarged, and a partially macerated fœtus was found surrounded by a small quantity of grumous fluid. On lifting out the fœtus, the cord was found to be attached to the placenta, which was readily detached from the walls of the cavity. There was no hæmorrhage. The toilet of the peritoneum was carefully made, and a glass drainage-tube was inserted behind the sac, the walls of which were stitched to the edge of the wound, as the sac extended deeply into the pelvis and seemed everywhere adherent. The cavity was then carefully wiped and washed out, and a second glass drainage-tube was inserted and surrounded with iodoform gauze. An aseptic dressing and swathe were then applied.

The following is a description of the specimen, by Dr. W. F. Whitney:

"The fœtus was in general well formed; the length 33 centimetres; the weight was 850 grammes. The nails covered the finger-ends, and the head was covered with thin, light hair. The epidermis was macerated, and hung in flakes from the surface of the body. There was very little fat tissue, and the breast-bone was sunken in, giving the appearance of an absence of the sternum, but dissection showed it to be present. It had evidently been pressed in through lateral force, and to such an extent as to leave its impress on the anterior side of the heart, which was quite flat instead of normally rounded. There was a small, well-formed placenta, attached by a short, thin cord. Nowhere was there any formation that would give a clue as to the original seat of the placenta."

The patient made an uninterrupted recovery; but the wound healed slowly, and on April 27th, when she was discharged, a small sinus existed into which a fine probe could be introduced about two and one-half inches. When seen a few days before this meeting, the sinus had healed, and the patient appeared to be in her usual state of health.

The appearance and situation of the sac suggested a tubal pregnancy, with extension of the sac downwards between the layers of the broad ligaments. The cavity was filled with macerated membranes; but as the wall in places was quite thin, no attempt was made to dissect them off.

A MEDICAL PILGRIMAGE.—The fraternity of St. Cosmo, consisting of pious practitioners in different parts of France, under the leadership of Dr. Ferran, have recently made a pilgrimage to the Votive Church at Montmartre. One of the chapels is consecrated to the African saints Cosmo and Damianus, the patrons of medical practitioners. These saints suffered martyrdom under the Emperor Diocletian in the beginning of the fourth century. Their bodies are buried at Luzzarche, to which place the medical men of Paris in the fourteenth and fifteenth centuries, made an annual pilgrimage. This custom has recently been revived by a few doctors desirous of continuing old traditions.

¹ Read, by invitation, before the Obstetrical Society of Boston, June 11, 1892.