OVARIAN PREGNANCY; OPERATION (SAC CONTAINING FŒTUS AND PLACENTA REMOVED INTACT); RECOVERY; EXPERIMENT WITH ROENTGEN RAYS.

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THE patient was aged thirty-nine years and had been married twelve years; she had had one child, who was born eleven years ago. She began to menstruate at the age of sixteen years, and since the birth of the child the discharge, which usually lasted five days, had recurred regularly every month until December, 1894. In that month and in January and February, 1895, there was complete amenorrhœa. On March 10th, 1895, a substance was passed which appears to have been deciduous membrane. The expulsion of this membrane was effected with but little pain and was accompanied by a very small quantity indeed of blood-coloured discharge. With the exception of this slight discharge of blood on March 10th there was complete amenorrhœa in March, April, May, June, and July. On Aug. 26th there was a copious discharge of blood, which persisted for about twelve hours only. Fourteen days later—i.e., about Sept. 9th—there was during one day a slight discharge of blood. In October and November there was again complete amenorrhœa. On Dec. 25th the menstrual discharge made its appearance and continued to flow for two and a half days, and thereafter it re-appeared regularly every four weeks until May 14th, 1896, when abdominal section was performed. In January and February, 1895, she had complained a good deal of abdominal pain, but thereafter she experienced but little discomfort and had been able to get about as usual, sometimes walking even three and four miles in one day. The following are the physical signs I noted on April 18th, 1896. The abdomen was prominent and was occupied by a swelling which was located more towards the right than the left side. This swelling, which was almost solid, extended upwards from the pubes for eight and a half inches, and measured transversely at the umbilical level eight and a half inches. Here and there nodular projections were felt on its right upper half. The girth at the umbilical level was twenty-nine and three-quarter inches. Auscultation detected no sounds over the tumour. Neither breast was full, but colostrum was obtained readily from both. On vaginal examination the cervix was found to be located somewhat towards the right side of the pelvis; it was not soft and the os was not open. The body of the uterus lay behind and was independent of the abdominal tumour. Feeling confident that the case was one of ectopic gestation and that the foetus was full grown, Dr. E. Bromet, one of the house physicians at the Hospital for Women, Soho-square, very kindly made the necessary arrangements whereby I was enabled, through the courtesy of his friend Mr. Willoughby Smith, to try the diagnostic value of the Roentgen rays in the case. I regret, however, to say that although the plate was exposed to the "x" rays for thirty minutes under what appeared to be the most favourable circumstances possible no skiagraph was obtained. On May 14th, 1896, the abdominal cavity was opened. The omentum and small gut were extensively and firmly adherent to the tumour. After freeing these structures the tumour, which originated in the right half of the pelvis, was found to possess a well-defined pedicle. The pedicle was ligatured after the manner of dealing with an ordinary ovarian cyst, and the sac containing foetus and placenta was removed intact. The left ovary was apparently healthy. The tumour, which was the right ovary, was found to be a closed sac containing a full-grown foetus with its cord and placenta. The foetus was covered with inspissated sebaceous material, but there was no fluid in the tumour. No breach in the right Fallopian tube could be detected either at the time of operation or afterwards. An excellent skiagraph of the foetus was obtained after it was removed from its sac. The menstrual discharge, which had ceased seven days before, re-appeared forty-eight hours after the operation and was accompanied at the onset by sickness and a temporary rise of pulse, but apart from this slight disturbance the patient made an uninterrupted recovery and

was allowed to go to the seaside on the twenty-fifth day after operation.

Some authorities deny the possibility of the occurrence of ovarian gestation in the human female, and yet in some of the ovo-viviparous osseous fishes it occurs as a natural phenomenon. In these fishes the stroma in which the ova are developed does not extend to the posterior portion of the ovarian sac, and it is in this part of the ovary that gestation takes place. Speaking of the sharks and rays, Owen says of these fishes¹ "there is reason to suppose that impregnation takes place in the ovarium or the continuous part of the oviduct, for the eggs become enveloped in the dense albuminous secretion of the nidamental glands after having passed that part, which covering would prevent the subsequent influence of the spermatozoa." In nature freaks which we are unable to explain may be observed every day. I have seen the corpus luteum corresponding to an ectopic gestation located in the left ovary, whilst the fecundated ovum was itself lodged in the right Fallopian tube.

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Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PHOSPHORUS POISONING.

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ON July 3rd, 1896, a female was tried on a charge of murder and acquitted at the County Louth Assizes. The case, which possesses some interest, is briefly as follows. The prisoner's child, a male aged eight months, was seen by a neighbour at 9.30 A.M. on May 6th, and he was then apparently in his usual good health. About 2 P.M. on the same day the child was found "dead and cold." At the post-mortem examination a lucifer match was found in the œsophagus and five lucifer matches in the stomach. The prosecution gave evidence tending to incriminate the mother and contended that the matches must have been forced down the child's throat. There were some inflamed spots on the stomach, which viscus contained only a very small quantity of semi-liquid stuff, chiefly mucus. The wood only of the matches remained, the phosphorus and other chemicals having been dissolved, apparently by the liquids of the stomach. It was not probable that apnoea, produced by the match in the œsophagus, caused death, as the face showed no lividity and the child had evidently vomited. The cause of death seemed clearly to be the small amount of phosphorus contained on five matches. Free phosphorus was readily detected in the stomach itself. The child appears to have died an hour or two after swallowing the matches. Blyth² quotes results of analysis of matches showing that they contain per 100 from 0.012 to 0.055 gramme of phosphorus. The five matches might therefore have contained from only 0.6 milligramme to 2.75 milligrammes of phosphorus.

Dublin.

A CASE OF INVERSIO UTERI.

By G. FOWLER, L.R.C.P. EDIN.

THE following case may be of some interest to the readers of THE LANCET, considering that the condition occurs so rarely.

I was summoned a short time ago early in the morning to a midwifery case, the message being "the after-birth would not come away." On arriving at the house I found the child had been born and separated from the mother an hour previously to my arrival, but the placenta had not come away. The patient was a delicate young primipara and rather anæmic. There was some amount of nervous shock present, the skin being rather cold and clammy. Nausea or vomiting was not present. She complained of severe dragging pain at the

¹ Owen: Comparative Anatomy and Physiology of Vertebrates, vol. i., p. 601.

² Poisons, their Effects and Detection, third edition, p. 214.