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.

bottom of her back. On examination I found that the uterus was absent above the pubes and was totally inverted, lying completely external to the vulva, with the placenta adherent throughout its circumference to what would be the anterior wall of the uterine cavity. The uterus was in a state of firm tonic contraction. The midwife in attendance had not tried in any way to prematurely bring away the placenta, and the cord did not bear any signs of being dragged upon. There was scarcely any hæmorrhage throughout. I peeled off the placenta and with some difficulty reduced the inversion, following out the plan recommended by Dr. Playfair in his "Manual of Midwifery." The patient experienced some relief after this operation was concluded. As the shock was fast gaining ground brandy and hot-water bottles to her feet were ordered, and she was again seen after an interval of four hours. She was then in a collapsed condition, quite unconscious, and tossed her arms about restlessly, and notwithstanding all efforts to revive her she died about seven hours after the birth of the child. It is rather interesting to find such a condition occur spontaneously.

Hanley.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

STANLEY HOSPITAL, LIVERPOOL.

TWO CASES OF DIPHTHERIA IN WHICH CURETTING OF THE TRACHEA WAS EMPLOYED AFTER TRACHEOTOMY.

(Under the care of Mr. JOHN BARK.)

THE two cases reported below are of great interest, as they show a successful result after an amount of obstruction which would probably, under the usual treatment, have led to a fatal termination. In both the cases the tracheotomy gave great relief, but after an interval the downward growth of the diphtheritic membrane had caused a severe recurrence of the dyspnoea. The ordinary methods employed for such a condition, such as the use of feathers and spraying with solution of bicarbonate of sodium, though sometimes decidedly of value, often fail us; the firm membrane cannot be moved in the least, and the dyspnoea steadily increases. Under these circumstances curetting offers a chance of success and deserves a trial. The method has previously been employed in at least one case in America. Dr. C. L. Scudder of Boston,¹ acting on a suggestion of Dr. W. G. Wheeler of Chelsea, Mass., scraped the trachea with a dull wire curette to remove some tenacious diphtheritic membrane; the patient, a boy aged four years, had become very cyanotic two days after tracheotomy; the operation was only performed once and the child recovered. In Mr. Lawson Dick's cases the operation was performed much more frequently, in one case twelve times and in the other six. It will be of great interest to learn if any permanent injury has been done to the trachea by the scraping. The diphtheritic antitoxin seems to have been of great assistance in softening the membrane. For the notes of the cases we are indebted to Mr. J. Lawson Dick, senior house surgeon.

CASE 1.—The patient, a thin, rather delicate boy aged six years, was admitted to the hospital on March 16th, 1896. On admission there was very evident laryngeal obstruction, as shown by the cyanosis and well-marked recession of the chest wall. Shortly after admission tracheotomy was performed. The operation was completed without difficulty and gave instant relief, and for about twenty-four hours afterwards the breathing was comfortable; but towards the end of that time it again became much embarrassed, and it was evident that unless effective measures were taken at once the child would speedily succumb. The tracheotomy tube was

removed and endeavours were made to remove the obstruction in the ordinary way by means of feathers soaked in bicarbonate of soda solution, but without avail. As the child's condition was rapidly becoming desperate Mr. Lawson Dick extended the tracheal incision downwards as far as possible by means of scissors and proceeded to scrape the trachea and bronchi. The chief instruments used were a small Volkmann's spoon with a long handle and a small fenestrated curette with a long flexible handle, which, while it could be bent in any direction, was yet strong enough to maintain itself in the direction given. The head was moderately extended over pillows placed under the shoulders, and a good light being brought to bear on the wound the edges of the tracheal opening were widely retracted. In this way, by bending the curette in the desired direction, it could be passed along the whole extent of the trachea into first one bronchus and then the other, and both bronchi and trachea could be thoroughly and systematically scraped. The result was eminently satisfactory. A firm, tenacious plug of membrane about the size of the little finger was brought up, giving instant relief. All remained well for about four hours, when the breathing again became distressed, and on renewal of the curetting several flakes of tough membrane were again removed. This state of affairs lasted for over two days, the child's condition demanding the curetting on an average every four or five hours and more frequently during the night than during the day. Each time definite firm membrane was removed, instantly relieving the obstruction. No anæsthetic was used, and indeed the patient's exhausted condition contra-indicated its use. The curetting, though repeated about twelve times in all, caused wonderfully little distress, and indeed the child seemed to submit willingly to the necessary manipulations for the sake of the relief which was given. On the fourth day after admission to hospital the membrane became much softened, a result possibly to be attributed to the antitoxin employed, and could be coughed up by the patient with comparative ease. From this point onwards the boy made a rapid recovery, the only complication being a profuse morbilliform rash over the whole anterior surface with a sudden rise of temperature on the twelfth day, disappearing, however, within twenty-four hours.

CASE 2.—A little girl aged four years was admitted to hospital almost *in extremis* on April 25th of this year. Immediate tracheotomy was performed. On making the skin incision in the neck the respiration suddenly ceased. The operation was rapidly completed, but for fully six minutes—during which time, of course, artificial respiration was kept up—there was no natural respiratory effort. At the end of this time respiration was re-established, and the child in this case also had an interval of comfortable breathing lasting about eighteen hours. At this time cyanosis, inspiratory recession, and great exhaustion again became marked. The tube being removed exactly similar treatment was employed as in the first case and with a similar happy result, two firm flakes of membrane being removed. After the curetting extensive surgical emphysema appeared, beginning in the neck and face and rapidly extending to the chest and abdomen. Five hours afterwards the curetting had to be repeated, and again four times within the next twenty-four hours, so that in this case the curetting was employed six times in all. At the end of this time the membrane became soft and pultaceous and was easily coughed up. The child made a somewhat slow but ultimately complete recovery. The emphysema disappeared in about ten days and the child was discharged from hospital on May 17th.

Remarks by Mr. LAWSON DICK.—As a rule, after the performance of tracheotomy for diphtheria, if the obstruction to breathing reappears and is due, as it not infrequently is, to an extension of the membrane beyond the site of the opening in the trachea, the outlook is justly considered very hopeless. Of late years much stress has been laid by Parker and others on the good results which frequently follow the energetic treatment of this condition by means of the suction apparatus and the feather soaked in bicarbonate of soda solution. Parker, indeed, advises that the clearing of the trachea and larynx with the feather should be carried out at the time of operation as a routine practice. If dyspnoea supervenes after the operation the same treatment, though sometimes successful, is undoubtedly much less hopeful. There remains, however, no inconsiderable proportion of cases in which, either owing to the toughness and firm adhesion of the membrane or to the readiness with which it is re-formed, these means are wholly inadequate. The above

¹ Boston Medical and Surgical Journal, 1893, p. 465.