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. Proœmium.

METROPOLITAN HOSPITAL.

A CASE OF RUPTURED EXTRA-UTERINE FETATION;
LAPAROTOMY; NECROPSY; REMARKS.

(Under the care of Dr. W. J. GOW and Mr. ANTHONY BOWLEY)

THIS was apparently a primary case of tubal pregnancy, which had burst and formed a secondary attachment to the broad ligament and pelvic peritoneum, thus becoming secondarily an abdominal pregnancy. The date of rupture of the primary tubal pregnancy corresponds presumably to the attack of pain three months before admission; the foetus must then have been in its fourth or fifth week. The sudden pain and collapse of two days' standing correspond to the rupture of the secondary abdominal pregnancy, and this agrees with the apparent length of time the foetus had been dead. The history of pain eighteen months ago is probably that of the perimetritis which was found post mortem. The operation was undertaken of necessity at a very unfavourable stage, the patient being in a condition of collapse in consequence of the sudden rupture and hæmorrhage, but it was the treatment most likely to save the patient. For the notes of the case we are indebted to the house surgeon.

E. C—, aged thirty-seven, was admitted on Feb. 3rd with the following history. She had had one child fourteen years ago. Since then she had had no pregnancies, and menstruation had been regular up to three months ago. Eighteen months before admission she suffered from pelvic pain, which apparently passed off in a few weeks. Three months before admission she had several attacks of pain in the right iliac region, accompanied by constipation and suppression of menses. From this date she noticed a swelling at the seat of pain, and also thought her abdomen was increasing in size; this, together with the amenorrhœa, made her suspect that she was pregnant. About two weeks before admission she lost some bright blood, and two days before admission she had a sudden attack of severe pain in the right iliac region, with collapse, soon followed by vomiting, swelling of the abdomen, and absolute constipation. On admission the patient was collapsed and anæmic. She was constantly retching and was unable to retain food. Pulse 120, regular, but rather small; respiration 20; temperature subnormal. The abdomen was considerably distended and tympanitic except in the flanks, where there was impaired resonance. There was no fluid thrill. An indistinct mass was felt in the right iliac fossa. Per vaginam the os uteri was felt to be soft, and admitted the tip of the finger. The uterus was anteverted and displaced to the left side; the uterine sound entered three inches. Occupying the right upper half of the pelvic cavity a mass could be felt somewhat irregular in outline and about the size of a foetal head. Bimanual examination was difficult owing to the rigidity of the abdominal wall. A smaller mass was felt in the left posterior quarter of the pelvis (ovary and tube). About 5 P.M. on the same day Mr. Bowlby performed laparotomy. On opening the peritoneum about two pints of dark-coloured blood escaped, and about a pint more was sponged out of the pelvis, together with many large clots. On exploring the pelvis the case was seen to be one of extra-uterine foetation, and a large mass consisting of placenta and blood-clots was found behind the right broad ligament. This mass was partly covered by a membrane-like peritoneum, and through a large rent in this blood and clots were escaping into the abdominal cavity. The mass of placenta and clots was at once removed, and the cavity plugged with sponges. The

removal caused but little bleeding. A second mass of blood clot with foetal membranes and part of the torn umbilical cord was removed from behind the uterus and the left broad ligament. Finally, a foetus was found free in the peritoneal cavity close to the left kidney. The age of the foetus was about the end of the fourth month or beginning of the fifth, and it had apparently been dead about two days. All blood-clots and blood being sponged out as far as possible till the cavity was dry, part of the foetal sac was sewn to the abdominal wound; but as the sac was extensively torn it could not be completely shut off from the peritoneal cavity. A drainage-tube leading to the foetal sac was placed at the lower end of the wound. As it was thought advisable to finish the operation as soon as possible no washing out of the peritoneal cavity was attempted. Shortly after the operation there was some escape of blood from the drainage-tube. The patient progressed fairly well for sixteen hours afterwards, when she became rather suddenly collapsed, and died in about two hours. No further escape of blood from the tube occurred.

At the necropsy the following condition was found. The uterus was slightly enlarged and contained a loose decidua. There was old perimetritis on the left side by which the end of the left Fallopian tube was completely occluded and the ovary drawn down towards the uterus. The end of the right Fallopian tube was dilated and formed part of the foetal sac. The main part of the sac was fixed behind the right broad ligament and attached to the posterior surface of the ovary, and also to a loop of the small intestine. The right ovary contained a true corpus luteum. The pelvic cavity contained about half a pint of blood, and several clots, some of considerable size, were found in the pelvis and abdomen. The foetal sac had apparently ruptured along its whole upper surface, allowing the foetus to escape into the abdominal cavity. The intestines were distended with gas, but there was no general peritonitis.

LONDON LOCK HOSPITAL.

CASE OF PHAGEDÆNA, WITH LOSS OF ENTIRE PENIS.

IT is not uncommon to meet with cases of sloughing of a considerable part of the penis as a result of the action of phagedænic sores, but it is rare to meet with a destruction of the organ to an extent here described. It was apparently due to a chancre concealed beneath the prepuce, which became rapidly phagedænic. The inflammatory swelling, the tension of the tight prepuce and retention of septic discharge, added to the patient's age, personal neglect, and recent debauch, seem sufficient explanation of its occurrence and extent. It is some weeks since the sore was first noticed, and no signs of constitutional syphilis have yet appeared. The fact that no hæmorrhage occurred on the separation of the organ can be explained on the supposition that thrombosis had taken place in the chief vessels of the stump, which were thus safely occluded after the one attack of hæmorrhage. For the notes of this case we are indebted to Mr. John C. Barrs, house surgeon.

G. B—, a carman aged sixty-eight, came to the out-patient department of the Lock Hospital on Aug. 29th, stating that three days previously he had made up his mind to consult a surgeon about a "venereal disorder" he had contracted; and was on his way to do so, when, feeling a desire to micturate, he discovered that his penis had dropped off. He had passed urine twenty minutes before through a hole in the side of the organ, and was quite unconscious of his loss until he tried to pass it again. His history was that five weeks previously he had exposed himself to the risk of contagion. Three days afterwards he felt a sore under the prepuce, which was swollen and red, and much discharge issued from underneath. The redness extended until it involved the whole penis, and in four or five days more it turned black. He micturated through a hole about half way down the organ. There was no pain. Seven days before applying to the hospital he had a profuse hæmorrhage from the penis, which he managed to arrest by tight binding. It was four days after the bleeding that the organ was lost. No bleeding occurred at that time, but his right leg was streaked with a grumous discharge. On first glancing at the region on admission, it appeared that the penis had been swept clean off, flush with the pubes, which was actually