23. The pain in the head is so severe as occasionally to produce delirium. Give opii gr. j. ipecac. gr. ij. hyd. submur. gr. iij. every six hours.

24. Since yesterday there has been a sudden change of disease from the head to the lungs. She has no pain in the head, but is affected with a constant cough with dyspnoea and no expectoration. The bowels are constipated. Give an ounce of castor oil, and the following compound every six hours, hyd. submur. gr. iij. antim tart. gr. $\frac{1}{2}$ potass and nit. gr. iij.

25. The discharges from the bowels begin to assume a dysenteric appearance. The antimonial powders are to be continued.

26. The cough and dyspnoea are abating. The pul. antim. to be continued. A grain of opium to be given when indicated by pain.

27. The cough and dyspnoea removed. The dejections frequent and attended with pain. The medicines to be continued.

28. The disease of the bowels is perceptibly abating. The mouth is a little sore.

29. Direct her to take daily of an infusion of columbo.

Beverly, May, 1825.

Case of Ovarian Pregnancy. Communicated by G. BARKHAUSEN, Med. Dr. of Bremen.

[Communicated for the New England Journal of Medicine and Surgery.]

MRS. M. 34 years of age, of a delicate frame and inclining to hysteria, had, in her youth, the small-pox, which left her face much pitted, and she happily surmounted all other complaints, which commonly occur in that age; she had in due time, and afterwards regularly, her menses, and enjoyed generally, up to the age of 24, when she was married, a good state of health. Her marriage was a happy one; she became the mother of four living children, and suffered four times an abortion in the fifth month. During and in absence of her pregnancies, she now suffered frequently from spasmodic affections of the abdomen, and rheumatic pains in the head; however, during her pregnancies she was free from vomiting and many other sufferings not uncommon to said state. In December 1822, she suffered from a slight pleuritis, which, by means of topical bleedings, neutral salts, &c. was removed.

From the beginning of April 1823, the lady rated her ninth pregnancy; the menses did not appear, and she now likewise suffered, as commonly was the case during her pregnancies, more from rheumatic and spasmodic pains, than in absence of the same. However, the first five months of this pregnancy were in nothing distinguished from former pregnancies. In the beginning of August next, she perceived the first movements of the child. I no longer recollect in which part of her belly; but I know that, in regard to this, she perceived no difference from her former pregnancies. Soon after to her presumptive and already increased spasmodic complaints of the abdomen, a cold was added, with pains in the thighs and fever, on which account she at first kept her bed in the hope of obtaining relief from perspiration. This, however, not being the case, I was applied to on the 13th of August, 1823. She now complained of pains resembling colic, which at first occupied the region of the stomach, and afterwards that of the uterus, and which, by external pressure, were increased. The uterus appeared to have the degree of expansion, answering to this period of her pregnancy. The pulse was accelerated, and beat about 120 times a minute; the tongue was yellowish-covered and humid, the skin moist, the urine very unnatural, the body at first costive, and afterwards much inclining to diarrhœa.

It would lead me too far, were I to give the complete journal of the now begun sufferings of the patient, and I therefore permit myself only to observe, that the symptoms mentioned soon increased to a threatening degree, and seemed to render it even more certain, that the gravid uterus was attacked by an inflammatory affection, probably of a rheumatic nature, since the symptoms of fever, and principally the pains in the region of the uterus were incessantly on the increase, and resisted all internal and external remedies. Once it also appeared, as if it would come to an abortion; but upon an internal examination, the collum and os uteri shewed no sign of an approximation of the same. Only towards the end of the month, and still more in the following (September) the sufferings of the patient were a little less.

She remained, however, continually feverish; the abdomen in the region of the uterus painful and particularly sensible to the touch; the belly gradually distended, as in all common pregnancies, and the patient felt continually the motion of the child.

Alternately coughing, diarrhœa, and spasmodic affections of the stomach and abdomen appeared, which on the whole were

little relieved by medicine. The patient grew considerably leaner; she could take but little nourishing food, and was unable to quit the bed. In consequence of the extraordinary atony and laxness of all parts, the patient in the first days of October, whilst raising herself in bed, had a prolapsus uteri, which, however, without medical assistance, retreated immediately. According to her own description, the part projected had been of the size of a child's head. The same accident returned twice towards the end of November, but was, however, each time, by the patient herself, remedied.

Her present state was now in general, at least in comparison to her prior sufferings, a supportable one; still the continued febrile action, the violent pains of the abdomen, which now principally directed themselves to the left hypochondrium, the dry cough, the increasing emaciation and weakness remained. The patient now imagined, that she observed the motions of the whole child's body, and not merely those of single members, which gave her great uneasiness.

In the beginning of January 1824, when the patient, according to her calculations, expected her delivery and the end of her sufferings, no changes appeared which warranted the hope of this favourable issue. It was not until the night of the 21st of January, that pains indicative of her being in labour appeared, but were however without any influence on the not entirely vanished collum, nor on the hardly opened os uteri. The child's parts upon an internal examination were not distinctly felt, as little as upon an external examination, which the swelling of the abdomen nearly prevented. In the mean time it became ever more apparent, that the patient would not be delivered in the usual way. The inflammatory affections of the abdomen recurred once more with such violence, as to render a strong antiphlogistic plan of treatment necessary. The pains resembling those of labour returned now almost daily; however, the internal examination shewed not the least change.

On the 26th January, the patient felt the last motions of the child; her emaciation reached now the highest degree; a tormenting cough, aphthæ of the mouth, and probably of the whole tractus intestinalis; incessant pains, resembling those of labour and of colic in the tympanitic, swelled, and to the touch highly sensible abdomen, forced incessant complaints, and loud wailings from the poor sufferer.

She now complained, principally, of the left hypochondrium; she could better bear to sit upright in bed, than to lie down, and from time to time the dysentery reappeared.

On the 5th February, the labouring pains arrived at the highest degree, and brought the patient nearly to despondency. Remedies were of no avail. The internal examination shewed now, likewise, no change; and it became but too certain, that the patient could not be delivered; wherefore it was resolved upon in a medical consultation held, to make the Cæsarian section as soon as the patient should have expired, in order to save the child, if it should happen to be still alive. That, owing to the uncertainty of the diagnostic alone during the lifetime of the patient of this operation never could be the question, is sufficiently evident. Soon after, to the other sufferings of the patient, was added an almost incessant vomiting of a greenish bilious matter, which, by opium, was only alleviated, but not cured.

On the morning of the 10th of February, the patient informed me with a delighted countenance, that many hours ago the vomiting and pains of the abdomen had ceased, and that she felt uncommonly easy. The pulse had got considerably weaker; I suspected that gangrene of some one of the organs of the abdomen had taken place, and flattered myself that the poor sufferer would at least expire free from pain. But this did not prove to be the case. Already, at noon, the most violent pains of the abdomen, incessant vomiting, coughing, and all of other former torments reappeared. She was too weak for loudly lamenting, and only soft whining was heard, till at last, on the 12th of February, in the evening, an easy death put an end to her inexpressible sufferings.

Immediately after, having convinced ourselves of the actual death of the patient, Mr Surgeon W. and myself, proceeded to the operation. The corpse was in the highest degree emaciated, and still felt all over warm. The abdomen, which, during the last months, had continually been tympanitically swelled, had now entirely sunk, and was divided in two halves by a fold, which ran from one hypochondrium to the other, across the navel. In the lower one was the fruit, and the upper one appeared to contain the bowels. Through the extremely thin coverings of the abdomen, we now felt the child's parts so distinctly, that we no longer suppressed the idea already conceived during the last period of the patient's life, viz. that of an extra-uterine pregnancy. But we proceeded to the matter in hand. The coverings of the abdomen did not exceed a line and a half in thickness. Being opened in the linea alba from the navel to the symphysis ossium pubis, a good deal of bloody matter came out. At the same time an oval body presented itself to us, loose in front, however grown together with the

peritoneum in the fundus, on both sides and below in the cavit^{as} pelvis, which had the appearance and the thickness of a large air filled ox bladder, and which must contain the fœtus.

But what was this receptacle? Was it an abnormous one? Was it merely the thickened membranes of the ovum externally of the uterus, or was it the uterus partaking of the general state of emaciation, thinned to this degree, and in consequence of the preceding process of inflammation with its surrounding parts here and there grown together? These questions we were compelled to leave for the moment undecided, in order to get as quick as possible at the child. We therefore opened this problematic receptacle by a longitudinal incision sufficiently to take the child out. It was lying across, with the head in the right, with the feet in the left side, and with the face turned to the mother's back. The hands were lying on the breast of the child. It was unusually large, well nourished, in all parts completely formed, of the female sex, and evidently long ago already dead, since putrefaction was not to be mistaken from the bad smell of the corpse, from the muddy liquor amnii, and from the cutis which every where severed itself from the body. The funiculus umbilicalis was of the usual length, but very thick; the placenta adhered to the fundus of the receptacle, but to the basis towards the right side. We left the placenta as it was, cut the funiculus umbilicalis and cleansed the belly and receptacle cavity from the putrid matter which it contained, in order to examine all parts in their positions with leisure. To this end and next in order to ascertain, whether the receptacle which we had before us, was really the uterus or an abnormous one, we tried to enter with the forefinger through the vagina into the but little opened os uteri externum, in which we succeeded, the os uteri internum, however, did not allow the finger to pass. In order to determine, whether, perhaps, the placenta had grown on the inner os uterinum and by inflammatory action adhered to it was the cause of this impediment, we separated in the first instance the former with our fingers from the place, where it adhered in the pelvis minor, which was effected pretty easily, taking for our guide the only existing membrane of the ovum, probably the chorion. The placenta consisted of two entirely divided oblong pieces, very nearly of the same size, from each of which bloodvessels rose, and which, both taken together, formed about the size of a common placenta. Not even now could we succeed in carrying the finger from the vagina through the os uteri internum, and to effect this we were obliged to use some force. The finger now entered into a small hole scarce

ly large enough to receive it, and closed on all sides, the proper cavum uterinum, and we perfectly now convinced ourselves, that the child had been enclosed in an unusual receptacle. In order to ascertain its nature still more minutely, we separated its adhesions with the peritoneum in the fundus, on both sides and in the cavum pelvis, principally from the fundus vesicæ urinariæ and from the proper uterus, which proved that the right ovarium had formed this pseudo-uterus. It was on the spot, which, immediately after the belly incision, we got sight of, and where we had opened it, thinnest; every where else, however, it was much thicker, and principally towards the basis it appeared clearly to contain muscular fibres. It had placed itself from the right side towards the middle of the belly on the fundus uteri. In the left hypochondrium, a large quantity of fluid had collected in a cavity between it and the peritoneum, which had the look and smell of liquor amnii. A similar, but more putrid and extremely offensively smelling fluid had collected in sundry cavities communicating with each other between the pseudo-uterus and the peritoneum in the cavum pelvis. The right tuba fallopii, and all the ligaments of the uterus of that side, had, with the extended ovarium, grown together and partly formed the basis of the receptacle, partly the pedicle, by which it was affixed to the uterus. On the left side all parts were in their usual state. The real uterus was not much larger than the egg of a duck; its substance of a whitish colour and about from four to five lines in thickness, its cavity corresponding to its circumference, but not internally covered with the membrana decidua.

Respecting the other contents of the cavum abdominis, we observed nothing deviating from the common state. The bowels, as in a case of common pregnancy, were lying above the receptacle.

Note.—Dr Barkhausen informs us, in a letter which accompanied the above interesting case, that his paper was translated from the German, by a friend not of the medical profession. As we did not receive the original with it, we have thought it better to print it from the manuscript, with only a very few and unimportant alterations.—ED.

Case of Puerperal Convulsions, occasioned by undigested food. By Dr ENOCH PEIRCE.

[Communicated for the New England Journal of Medicine and Surgery.]

IN the morning of August 11th was called in haste to Mrs B., who had, apparently, been in perfect health until that morning.