an empty stomach, or, if taken immediately after a meal, in from twenty to thirty-seven minutes.

This concludes a brief description of the ordinary technique of examination which is used at present, though variations and additions will constantly suggest themselves in the study of individual cases.

A CASE OF OVARIOTOMY COMPLICATED BY PREGNANCY.¹

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IN the diagnosis of abdominal tumors in women of child-bearing age, the possibility of the existence of a gravid uterus should never be forgotten. It has happened sooner or later in the experience of the most expert operators and experienced diagnosticians that a pregnant uterus has been opened by mistake. In some cases it is extremely difficult to exclude pregnancy, especially when the abdominal tumor is of moderate size. In many the history and surroundings have been such that the idea of gestation has not been prominent enough to receive serious consideration. It is well to bear in mind that a pregnancy may exist without any of the ordinary signs beyond enlargement of the abdomen. The tumor itself may resemble a cyst so closely as to deceive the most expert fingers. When, in addition to a negative history and a physical examination strongly suggestive of a cyst, is added the fact that foetal heart-sounds cannot be heard, it is not strange that mistakes have been and will continue to be made.

The difficulty of exactness in diagnosis is not over when the abdomen has been opened. It is clearly impossible to get an extensive examination of a large tumor through the small median incision usually made. One must judge by the color, consistence, fluctuation and other physical appearances, as determined by an inspection and palpation of a small portion of the tumor. In a case of hysterectomy reported some years ago² it was impossible for me to say whether the tumor contained fluid or not till the introduction of the trocar. In a solid tumor this method of diagnosis presents no serious objections; but if the case is one of pregnancy, the dangers are obvious.

In the following case these questions arose, and gave rise to a good deal of embarrassment, not untended by danger to the patient, which were happily averted. It is quite probable that there would have been no difficulty in diagnosis had the patient been able to speak English.

Annie K., age thirty, a Pole. Entered the Massachusetts General Hospital July 6, 1889. Speaks little or no English. Married eleven years. Seven children; youngest child sixteen months. Family history negative. She stated that two years ago she noticed a tumor in the right hypochondrium, which has increased steadily ever since. Has had much pain, which has increased and been worse the last few months. Catamenia regular, and not excessive, except that for four months before her last child was born she flowed. Catamenia now due in about a week. Patient well-developed and nourished. In the right upper quadrant of the abdomen there is a mass the size of a child's head, which is elastic and distinctly fluctuating. Dull over tumor, but tympanitic between it and the border of the liver.

¹ Read before the Boston Society for Medical Improvement, October 14, 1889.

² See Boston Med. and Surg. Journal, September 8, 1887.

Tympanitic also to the right of the mass and between it and the pubes. The tumor extends beyond the median line. In the left inferior quadrant there is another and similar mass, with a resonant sulcus between the two. Umbilicus not prominent. Lower mass fluctuating, and both freely movable. Resonance not materially altered by change of position. At a vaginal examination made at a consultation of the staff the cervix was found drawn back, fundus forward. The mass in the left was thought to rise from the pelvis, and seemed to be independent of the uterus.

July 9th. By incision in the linea alba, below the umbilicus, the lower tumor was exposed. It was found to have a smooth reddish surface, such as is found in ovarian cysts recently inflamed, there was distinct fluctuation; though it had a rather doughy feel. It did not look like the usual ovarian cyst and from this fact it attracted particular attention. Having determined, however, that it was probably a cyst, of the left ovary, as was thought by several of those who had previously examined it, I tried to introduce the large trocar, for the purpose of evacuating it. The point entered the mass with great difficulty, so that I withdrew it. There was a spurt of blood from the puncture which was very severe. This was controlled temporarily by the superficial application of a clamp. On enlarging the wound enough to make a thorough examination by drawing out the whole tumor I found it to be a symmetrical enlargement of the uterus. Even then I did not think of a pregnancy, for beyond its symmetry there was nothing to suggest it. The question was raised, however, and I replaced the uterus temporarily, meanwhile removing an ovarian cyst of the right ovary, which was filled with a thick gelatinous gray-colored fluid, and had a very long pedicle. The removal of this tumor gave us a better chance to examine the other. It was impossible to make out definitely what the enlargement of the uterus meant at this time. It was thought best, however, not to remove it. The puncture was sewed up with two catgut sutures and the whole replaced.

The temperature never reached 99° after the operation, and she was discharged well in three weeks, though suffering from an attack of diarrhoea at the time she was taken home. There was never any evidence of pregnancy, and nothing resulted from the necessarily rough manipulations of the uterus during the operations. When she was made to understand the question, she said that she expected another baby in about four months.

In reviewing this case it is difficult to see how the mistake could have been avoided, basing our opinion upon all the facts obtained. There would have been no doubt had she been able to express herself. The absence of the usual signs of pregnancy, with the physical examination made at the time of the consultation, and the displacements of the parts by the complicating tumor, made the diagnosis very uncertain. It is, nevertheless, quite remarkable that no mention should have been made of a possible pregnancy before the operation, and quite as much so that there should have been so much trouble in making out the cause of the uterine enlargement at the time the tumor was exposed.

NOTE. — November 10th. I have just learned that this patient has been under observation at the Out-Patient Department of the Lying-In-Hospital, and that she was, at last accounts, very near the completion of her term, and that everything was going on well.