

REPORT OF THREE CASES OF ADVANCED EXTRA-UTERINE PREGNANCY.

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THE following are the only three cases of advanced extra-uterine gestation that I have encountered during 20 years' hospital practice in the colony of Trinidad, and, curiously enough, they have come under my observation within the comparatively short period of two and a half years.

CASE 1.—A fairly well-nourished young woman, aged 25 years, was admitted into the Colonial Hospital, Port of Spain, Trinidad, on June 18th, 1911, with the following history. She had had one child, born six years previously; her menses had been regular until April, 1910, when she was suddenly seized with abdominal pain, vomiting, giddiness, and faintness; she recovered from this condition and amenorrhœa followed. In September of the same year she became conscious of foetal movements, but these ceased in November. The menstrual periods again appeared in January, 1911, and she continued to be regular until her admission to hospital five months later. On admission a large tumour was felt in the abdomen somewhat to the right side, but very freely movable from side to side and reaching above the umbilicus; on account of the consistency and great mobility of the growth a sub-peritoneal fibromyoma of the uterus was diagnosed. On opening the abdomen on June 26th the tumour was found attached by a pedicle to the right broad ligament; it offered no difficulty whatever to its removal *en masse*, and when cut open extruded a dead foetus in the seventh month; the sac and its contents weighed 3 lb. 10 oz. The patient had apparently carried the foetus for 14 months. She made an uninterrupted recovery and was discharged well on July 24th.

CASE 2.—A rather thin young woman, aged 20 years, was admitted to hospital on Oct. 14th, 1913, on the recommendation of her medical attendant, who suspected an ovarian growth. On admission the patient stated that she had only one child, born two years ago. Her menstrual periods were normal and regular until October, 1912, when they were suppressed and remained in abeyance. She felt foetal movements from February to June, 1913, and when they ceased the abdomen gradually decreased in size. Examination revealed the presence of an abdominal tumour extending from the pelvis to well beyond the umbilicus; no foetal heart sounds were heard; the uterus was slightly enlarged and there was milk in the breasts. On Oct. 29th, 1913, abdominal section was performed and a large thick sac containing a dead foetus of apparently seven months' growth was discovered. After separating the adhesions between the tumour and the peritoneum lining the anterior abdominal wall the sac and its contents, found entire, were removed with the right broad ligament, which formed a broad and thick attachment; a portion of the large omentum which had contracted adhesions to it was also excised; much general oozing followed, but this was controlled; the abdominal cavity was irrigated with sterile normal salt solution, and two pints of the solution were left in with 30 drops of adrenalin. The sac and its contents weighed 4 lb. 12 oz. The patient in this case had apparently carried the foetus for about four or five months after its death. She made a good recovery, and was discharged 25 days after the operation.

CASE 3.—An emaciated and debilitated young woman, aged 26 years, was admitted to hospital on Jan. 28th, 1914, with the history of having had a miscarriage seven years previously, followed two years later by the birth of a living child. She was quite regular until May, 1913, when the menses failed to appear. She complained of pain in the abdomen, fever, and vomiting in August, but did not appear to have experienced any labour-like pains. The abdominal pain continued off and on until January, 1914, when it became so severe that she had to seek medical aid. From September, 1913, to Jan. 21st, 1914, she felt the movements of the foetus. On admission two distinct tumours were felt in the abdomen—one hard and central, reaching about

3½ inches above the umbilicus, and the other elastic and situated in the right iliac region; there was a distinct sulcus between them. On palpating the former the outlines of a foetus were distinguished. No foetal heart sounds were heard on auscultation. The body of the uterus could not be defined, but the sound showed its cavity to be 2½ inches in length. The breasts contained milk. Her temperature on admission was normal and the urine albuminous; there was also a dark bloody vaginal discharge which lasted two days. On Feb. 27th laparotomy was performed and a full-grown dead female foetus was found lying free in the peritoneal cavity with a thin transparent membrane over its vertex like a tight-fitting skull cap, through which the hair on the scalp was visible. Here and there over the body and limbs were small portions of apparently the same membrane—probably the remains of the amnion. The child was extracted after tying the cord, which was traced down to the placenta—a remarkably large fleshy mass—in the floor and right side of the pelvis; the right broad ligament to which it was attached was also extirpated with an adherent portion of the great omentum. The uterus was examined and found to be of normal size. The intestines, omentum, and parietal peritoneum were covered with a thick, yellowish material not unlike vernix caseosa. After removing with some difficulty this sebaceous-looking material with swabs the abdominal cavity was washed out with warm sterile normal salt solution, two pints of which were left in with 30 drops of adrenalin before closing the abdominal wound. The operation was followed by a certain amount of shock, but the patient quickly rallied and gave no further cause for anxiety. Her convalescence, however, was slow; for several days after the operation the rapidity of the pulse without any abdominal symptoms or rise of temperature was a notable feature in this case. The same condition was observed in Case 2. She was discharged on March 22nd much improved in her general health; albumin had completely disappeared from her urine. The foetus weighed 5 lb. 15 oz., and the placental mass 2 lb.

It is interesting to note that the condition occurred in young women and appeared to have originated on the right side in each case.

Trinidad.

A CASE OF NON-PARASITIC CYST OF THE LIVER.

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THE patient, a well-nourished girl, aged 16 years, was admitted to King's College Hospital, on account of jaundice and the presence of an abdominal swelling. The condition had first made itself evident a year previously, with painless jaundice, which lasted for ten days. At this time her medical attendant noted the presence of an epigastric swelling. Both swelling and jaundice disappeared, to reappear six months later in a similar attack of the same duration. A third attack, with onset three weeks before admission to hospital, was rather more severe than its forerunners, being associated with more intense jaundice and considerable pain in the abdominal swelling. There were no other points of interest in the history—no symptoms referable to the alimentary or urinary systems.

On admission an icterus of the olive type was observed, the sclera and mucous membranes being deeply tinged. Examination of the abdomen revealed the presence of a globular swelling occupying the epigastrium, and encroaching into the umbilical and right hypogastric regions. It was soft, fluctuating, and not tender. The upper limits disappeared under the costal arch, but a definite lower edge could be felt above the umbilicus, moving on respiration. The whole swelling was dull on percussion, this dulness running into that of the liver. No hydatid thrill was obtainable. On