Clinical Reports.

A CASE OF PREGNANCY, HYDRAMNIOS AND LARGE OVARIAN DERMOID.

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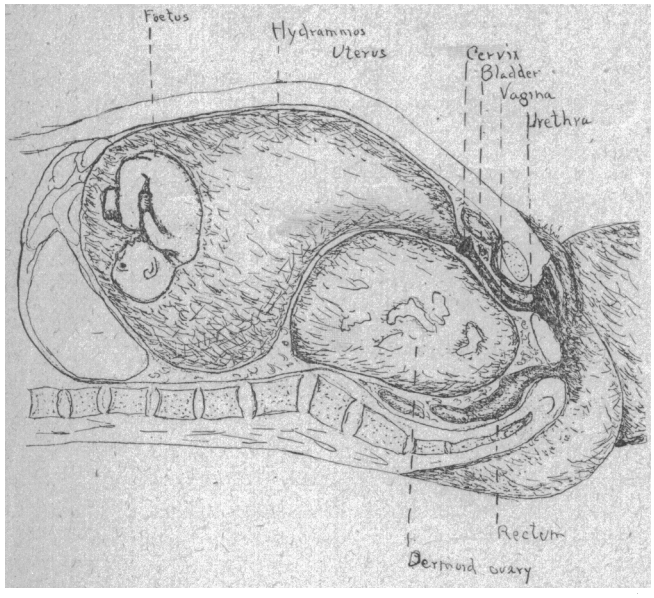
The occurrence of pregnancy complicated by an ovarian tumor while not unique is not of very frequent occurrence. A pregnancy with hydramnios is probably of slightly greater frequency but a pregnancy with hydramnios and a large dermoid cyst of the ovary developing downward so as to completely fill the true pelvis and lift the pregnant uterus entirely above the pelvic brim is, so far as I have been able to learn, unique. In all the literature at my disposal I can find no such case recorded.

History.—The patient, M. S., was seen with Drs. Ranchous and Fitch early in December, 1903. She was small, anemic, highly nervous, and her abdomen was enlarged to the size of pregnancy near term. She had not menstruated since July, 1903. Menstruated normally in June and just a "slight show" the first week in July. She had suffered little pain, but lately had had severe pressure symptoms, irregular pulse, dyspnea and great general depression.



Examination.—The abdomen was symmetrically enlarged, with distinct fluctuation and a dull percussion note.

The vagina was almost completely blocked by an irregularly hard and cystic tumor which occupied entire pelvis. Cervix carried up entirely above symphysis and pointing toward vagina. Body of uterus could not be made out, but where it should have been was a fluctuating cystic mass which extended in front of the pelvic tumor and up to the diaphragm. Cervix felt like an early pregnancy, but as body of uterus could not be made out and as breast symptoms were negative, the diagnosis was not clear. No fetal heart sounds and no placental bruit. The diagnosis between uterine pregnancy with hydramnios and a dermoid in the pelvis, and an old extrauterine pregnancy and a cyst of the ovary, could not be made.

A few days later she was admitted to the Lawrence Hospital and Dr. D. N. Kinsman saw her in consultation. He recognied the dermoid tumor and expressed doubt as to a pregnancy. At this time the pressure was so marked that a very slight movement, such as changing position in bed, would cause pulse to become very rapid, 130 to 140; when quiet it was 80.

Operation.—December 18. Abdominal walls thin and anemic; on opening peritoneum a tumor with very thin walls showing no muscular fibers, presented. This proved to be the hydramniotic pregnant uterus, with the fetus at upper part. As I could not get behind the uterus to bring up the pelvic tumor which could be plainly felt through broad ligament, I drew off over a half gallon of clear straw-colored fluid with a Tait's blunt trochar, and then delivered the uterus outside the wound. Not until this procedure had been completed could we determine that it was the uterus.

I could not even then bring up the pelvic tumor until I clamped and cut off the right broad ligament. The dermoid was then delivered and a rope clamp thrown around the entire pedicle to include the broad ligaments and the cervix. The operation was completed by a supra-vaginal hysterectomy and removal of the ovarian dermoid. Stump covered over and dropped as in an ordinary hysterectomy.

An uninterrupted recovery followed The drawing shows the relation of uterus and dermoid. The pregnancy was approximately five and a half months.

A CASE TO THE DISCREDIT OF ETHER.

EVAN O'NEIL KANE, M.D.
KANE, PA.

B. J., age 18, slender and delicate; kidneys, heart and lungs apparently sound. A month previously two trifling operations were performed under cocain anesthesia for removal of hypertrophies of the turbinated bones. For the present operation, tonsillectomy, ether was used. The patient showed neither nervousness nor anxiety and appeared to take the anesthetic nicely, falling into a quiet sleep. Anesthesia had proceeded for about five minutes when the respirations apparently ceased and cyanosis rapidly supervened. The mouth was opened and the tongue drawn forward; but this made no difference, the difficulty appearing to be due to paralysis of respiration; pulse could still be felt at the wrist. Inversion, artificial respiration, oxygen and other ordinary methods of restoration were resorted to without avail, the cyanosis deepening rapidly. Forcible dilatation of the anal sphincter was then resorted to and whether on this account or not a feeble attempt at respiration followed, after which, by the aid of artificial respiration, etc., complete restoration was gradually effected and the operation was thereafter performed without anesthesia.

In this case the patient, though delicate, appeared entirely sound. The accident occurred before anesthesia was complete; there was no stage of excitement, no spasm nor other disturbance; the patient merely stopped breathing, as in an ugly case of chloroform narcosis, except that the heart's action was not primarily affected. Squibbs' ether was employed through an Ellis inhaler.

This is another example, teaching that patients are never safe during anesthesia, even by the safest anesthetic.

New Instrument.

A NEW TREATMENT CASE AND STERILIZER.

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I have devised a case which will particularly appeal to the eye, ear, nose and throat specialist.

The following claims are made for it:

First—When closed it is small and looks well, much like any physician's case.

Second—There is no waste space in it, even the lid being utilized.

Third—As originally designed and as illustrated below, its contents are as follows: 4 glass stoppered half-ounce tincture bottles, 7 glass stoppered half-ounce salt mouth bottles, 4 screw cap quarter-ounce ointment jars, 5 dropping bottles of half-ounce capacity, with bulbs of cellulose, a material that is not affected by medicaments, and therefore to be preferred to the old soft rubber which must frequently be renewed: 4 drop-