

II.

Two Cases of Intra-ligamentary Pregnancy which went to Full Term.

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CASE I. E. H., age 31, 7-para, was admitted to the Samaritan Hospital, Newcastle-on-Tyne, October 17th, 1905, under the care of Mr. W. G. Richardson. She complained of abdominal swelling and pain, also of painful and difficult micturition.

About eleven months previously she had commenced to suffer from copious bleeding, which continued for four months; then the discharge ceased, and for the seven months previous to her admission she had had amenorrhœa, during which time she had considered herself pregnant. After three months' amenorrhœa she had noticed two tumours in her abdomen, one on the right side and one on the left, unlike anything she had seen in her previous pregnancies. Vomiting had always before been a prominent feature of her pregnancies, but in this instance she did not suffer from any vomiting, nor did she feel any foetal movements. These facts led her to believe that there was something wrong, but she did not consider it necessary to consult a doctor until five days before she was admitted to hospital, when she had severe pains, like labour pains, with retention of urine.

On inspection of the abdomen, two tumours were visible, the larger reaching from the pelvis to a little above the umbilicus, and mostly on the left side, the smaller rising to the breadth of three fingers above the pubes and situated to the right of the middle line. The larger tumour was hard and tender, the smaller was hard but not tender. The flanks were both resonant, especially the right flank. Above the smaller tumour and to its left side was felt a distinct hard mass, resembling a foetal limb. The uterine souffle was well heard below and to the left of the umbilicus. No foetal heart sounds were heard. The pelvis was found filled with a hard mass, which displaced the posterior vaginal wall downwards and forwards. Through the posterior vaginal wall was felt the posterior fontanelle. The cervix was displaced forwards and to the right, and could only just be reached by the finger on vaginal examination.

Operation, October 19th, 1905, by Mr. W. G. Richardson. The abdomen was opened in the middle line between the pubes and the

umbilicus, and the tumours were found as above described, the fundus uteri being to the right and in front. The omentum was found adherent to the top of the larger tumour on its right side, close to the fundus uteri. On removing it, the tumour was found to have ruptured at this point, and the breech of the foetus was visible. There was no adhesion of the omentum to any part of the foetus except the breech, where there was a finger-like process of omentum completely closing the anus and urethra, and attached to the margins of the perineum and scrotum. The opening was enlarged, the foetus withdrawn, the cord ligatured and divided. The placenta was attached to the upper anterior surface of the sac, and was not interfered with. The abdomen was closed.

After-history. The temperature fluctuated between 99°F. and 101°F. for four days, and between 98°F. and 100°F. for a fortnight, after which it became normal and remained so. The pulse rate never exceeded 100 beats per minute. The patient made an excellent recovery, and eight months later was in excellent health, the uterus being normal in size and position, and the placenta and gestation sac having diminished to a small tumour on the left side of the uterus, equal in size to a golf ball.

CASE II. S. A. H., 2-para, age 25, was admitted to the Samaritan Hospital, Newcastle-on-Tyne, on September 19th, 1906. She was married at 21 years of age; her first child was born prematurely (7th month) when she was 22, and her second child (full term) when she was 23. Following this she had four months' amenorrhœa, and then menstruated regularly and normally until January 1906. From January to August 1st, 1906, she suffered from a brownish or reddish discharge, which appeared more or less every day during that period. In May she consulted a doctor for the discharge, and he told her that she was pregnant. A few days later she felt foetal movements, and she continued to feel them until early in July, when she had a serious cardiac attack, with severe pain in the epigastrium and pain down the left side. After this attack she never felt foetal movements, but pain continued off and on down the left side until August 1st. During the last week in July she passed a "fleshy piece" about equal in length to and twice the thickness of a finger, together with several clots. From August 1st the patient felt perfectly well in every way; the pains totally disappeared, and she only complained of the abdominal swelling. On August 28th she had a natural period.

The abdomen was found to be enlarged to about the size of a seven months' gestation. There was no pain or tenderness on palpation,

and no foetal heart sounds were heard. There was a hard tumour about the size of a closed fist in the right iliac fossa. No foetal parts could be felt.

Per vaginam, the fingers, after passing in about an inch, came in contact with a hard mass, filling up the pelvis. The cervix was displaced upwards, forwards, and to the right, and was patulous.

Operation, September 20th, 1906. I opened the abdomen in the middle line, between the umbilicus and the pubes. In appearance the tumour was exactly like a pregnant uterus. It was covered with peritoneum, and between it and the peritoneum a coil of intestine passed across the upper part of the tumour in front. The sac wall was thick and muscular, and on opening it a considerable quantity of black-green fluid escaped. I lifted the foetus out by the breech, and cut and ligatured the funis. The foetus had evidently been dead a considerable time, and was macerated. Thinking that it might be possible to remove the sac, I commenced to do so, but the hæmorrhage was so profuse that I soon decided to leave the sac and the placenta *in situ*. The abdominal cavity and the gestation sac were thoroughly washed out with normal saline solution, the wound in the sac was carefully sutured, and the abdomen closed. The foetus weighed 7 lbs. 6 oz.

After-history. The patient's temperature rose during the next few days. On the second day it was 102°F., the next day it was normal, but it rose again to 101°F., and continued to fluctuate between 98°F. and 101°F. for fourteen days. During this time the abdomen became almost as large as before the operation, but it was resonant on percussion. On the 18th day after the operation I opened the tumour through the vaginal fornix, and a quantity of purulent material escaped, together with a large quantity of air. The vagina and sac were douched every alternate day for a fortnight, when the temperature fell to normal, and the patient thenceforward made a good recovery, and on November 10th reported herself in good health. The uterus was found practically in the normal position, and the tumour had almost completely disappeared.