

## ABDOMINAL PREGNANCY: CASE REPORT

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On April 19, 1919, I was called to see a colored woman living eight miles in the country. I found a young married woman twenty-one years old with a history of having had her menstrual flow December 1, 1918, which amounted to flooding for seven days. Then she flowed a little for two days. She came unwell again December 24, which was the last time. She flooded badly for four days at this time.

She had no further trouble until January 18, 1919. On that date she made a trip to Birmingham, Ala., and was taken ill with vertigo, which

the abdomen. She would not try to move, as all efforts to do so caused great pain. The abdominal muscles were rigid. All change of position had to be done by the attendants. I administered  $\frac{1}{4}$  grain of morphin, which gave some relief.

I was called to see her again July 26 and found her in a worse condition than when seen in April. I visited her again the next day, July 27, and as her condition was getting worse, I advised her husband to bring her to town.

July 28 I had Dr. C. L. Salter visit her with me and we made a careful examination. We found what we thought to be a fibroid tumor in the pelvis, with a pregnant uterus high up in the abdomen. Thinking it doubtful that she could give birth to a child at term on account of the tumor, as well as on account of the bad condition she was in, it was decided to induce labor. Accordingly, on August 2, under gen-



Photograph of uterus, membranes and placenta attached to opening in fundus. The probe passes through from the opening in fundus out at the amputated end.

continued five weeks. She remained in Birmingham for two days. She described the sensation as a "drunk" feeling.

On my first visit, April 19, I found the patient suffering with cramping pains all over



Child at three months and one week old, and his mother.

eral anesthesia, I dilated the cervix and packed it with gauze and allowed it to remain two days without any results whatever. On August 4 I repeated the dilatation and packing, going up farther into the cavity of the uterus. There was considerable shock following this procedure, but still no evidence of labor.

On August 5 the patient's condition was so serious that I advised an immediate operation in an effort to save her life. Consent was readily given and I arranged a place to operate under a large sweet gum tree in one corner of the yard. (The colored hospital was closed at the time.)

An incision was made in the median line from the symphysis to the umbilicus. A large cyst-like tumor was found lying well up above the umbilicus and transversely under the diaphragm. This proved to be the membranes con-

taining a living male child. The membrane was quickly opened and the child delivered.

Before opening the sack there was no fluid in the abdominal cavity. On examining the uterus a most interesting condition was found. It was about the size of a large orange with a large opening in the fundus. The membranes were attached all around the opening at the top of the uterus and had the appearance of having been growing on this surface for months, as the membranes were continuous from the outer surface of the uterus. The placenta was attached all around the opening in the fundus. The accompanying photograph shows plainly the condition that existed.

A supravaginal hysterectomy was done, removing one tube and ovary. The abdomen was drained and the patient returned to her room and placed in bed in condition of extreme shock. She was put in bed with the foot of the bed elevated and saline solution was given per rec-

tum. The pulse was too rapid to count and very feeble. She reacted in a few hours and the next morning her pulse was 120 and temperature 99° F. She ran an irregular temperature for two weeks, after which she gained strength rapidly and was able to sit up September 1, 1919.

I do not find in the literature a case similar to this. The case most like this was reported in the *Journal of the American Medical Association* June 7, 1919, by Dr. Edward Bishkew. The child in his case was not saved. My case was evidently a case of uterine pregnancy at the beginning.

Most of the cases of abdominal pregnancies are primarily tubal and on rupture are turned loose into the abdomen.