

THREE CASES OF EXTRA-UTERINE PREGNANCY.

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CASE I.—*Extra-uterine Pregnancy, Profuse Intra-peritoneal Hæmorrhage at third week—Operation—Subcutaneous Transfusion of Salt Solution—Recovery.*

Mrs. B., aet. 30, married, no children : splendid physique. She always enjoyed good health, except about a year ago, when she had a miscarriage, followed by some sepsis, giving chill, high fever, vomiting, abdominal pain and distension. Uterus was curetted and she made a good recovery. Menstruation has been regular since then till last period, which should have occurred three weeks ago. During past week she has had some uneasiness and pain in lower abdomen ; also slight bronchitis.

While dressing on the morning of November 22nd she felt severe pain in abdomen and had desire to defæcate. Going to closet did not relieve pain, which grew worse and was accompanied by faintness and vomiting. When I saw her an hour later she was in great distress, was pale and vomiting. Pulse 80 and regular, temperature 98°.

The abdominal walls were very tense. There seemed slight dulness in right inguinal region. Examination by the vagina was unsatisfactory, so great was the pain, but there was evident fulness and great sensitiveness to right of and posterior to uterus. Bowels had been regular in all respects. The diagnosis lay between a ruptured extra-uterine foetation and a ruptured abscess of tube, as the sudden and violent onset, the evident and great distress and the marked shock seemed to preclude everything else when taken in connection with previous history and condition. Gave hypodermic of morphia to relieve pain and shock. Two hours later she was extremely pallid. No pulse could be found at wrist, vomiting and pain continued,