

## A RARE FORM OF EXTRAUTERINE PREGNANCY.

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On February 28, 1901, Dr. Goldsborough was called in by Dr. I. N. Tannar of Vienna, Maryland, to see what the doctor supposed to be a case of obscure pregnancy. The patient had 1 child 9 years ago. In April, 1900, she missed her period and since then presented the usual signs of pregnancy; nausea, enlarged breasts, increase in size of the abdominal girth. In August, while lifting some boxes, something suddenly gave way in her left side. This occasioned severe pain and she had to remain in bed until November 1. About the middle of September there was a bloody uterine discharge, and accompanying it was considerable pain and nausea. Subsequently, she had several similar discharges which may have been menstrual periods. During the month of November she was able to be out of bed, but had to return in December. Throughout the entire illness she has had a good appetite, has been fairly well nourished. When seen her temperature was  $101.5^{\circ}$ ; her pulse 140. Immediate removal to the Cambridge Hospital was advised, and on the following day she was driven 23 miles.

On examining the patient under anesthesia the abdomen is seen to be very prominent. There is, however, no bulging in the flanks. The umbilicus is converted into a tumor fully 5 cm. long by 3 cm. broad (Fig. 1). The skin over this appears to be much thinned out and at one point has given way. From this abraded area a chocolate colored fluid is escaping. This is exceedingly offensive. Around the umbilicus the tissue is markedly indurated and pits on pressure. On vaginal examination the cervix is found to be intact, but it is impossible to outline the uterus. Nothing can be detected laterally. After cleansing the abdomen as far as possible, an incision was made just below the sternum and continued down almost to the pubes. The abdominal cavity proper was not exposed; that is to say, none of the abdominal contents came into view. Filling the cavity was a large quantity of chocolate-colored fluid; a