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RECORD OF A CASE OF EXTRA-UTERINE PREGNANCY SUCCESSFULLY TREATED BY LAPAROTOMY AND INTESTINAL RESECTION.*

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Mrs. S., æt. 28, residing at Comiston Mains, admitted into ward xxiii., Royal Infirmary, on 19th May, 1883, complaining of abdominal pain and swelling, œdema of left leg, and great exhaustion. Recommended by Dr. Graham, of Currie.

History of present attack.—Patient ceased to menstruate in October; up to that month she was perfectly regular. Shortly afterwards she felt great pain in the lower part of the abdomen, on two distinct occasions, both of which lasted for a week. She obtained some medicine from her doctor which relieved the pain. In December she was much troubled with vomiting and sickness, beginning in the morning and continuing during the day. This was found to have no relation to the ingestion of food. The vomiting continued until about four weeks ago, when it suddenly ceased, and has not returned. The patient says she distinctly felt foetal movement until a month ago. She is not quite sure when she first noticed it, but is quite positive as to its having been unmistakably present. In February her breasts began to swell, and continued to do so markedly. Milk could be squeezed out of them until a month before admission. Since then the breasts have become small and hard, the nipples however remaining large and prominent. Four weeks ago she was working very hard at home and thinks that she overstrained herself; she then had pains like labour-pains, and noticed that her

abdomen was beginning to swell, and felt a deep-seated pain in the lower part of it, which became so bad that she had to take to her bed. As the swelling increased she had great difficulty and pain in passing water. About a week before admission she noticed a sanguineous discharge from the vagina. A few days previously her left leg became swollen, beginning at the ankle and gradually extending upwards to the hips. Her family and previous history are good.

State on admission.—Patient pale, anxious-looking, and emaciated. The dropsy referred to in the left leg still present. Temperature varying from normal in the morning to 103° - 104° in the evenings.

Genito-urinary system.—*Sexual history.*—Patient began to menstruate at 15 years. The quantity at each period was profuse, and duration seven days. Sometimes slight dysmenorrhœa. She had one child six years ago.

Physical examination.—Abdomen generally distended; resonant all over, except just above the symphysis pubis, and toward the right flank, where it is relatively dull. Left flank is quite clear. Measurement round umbilicus, $33\frac{3}{4}$ inches.

Per Vaginam.—Vagina is short; the uterus is depressed, the vaginal portion being soft and enlarged, like that of a pregnant uterus. There is a tender fulness in the pouch of Douglas. In the right and left fornices, on deep pressure, a rounded mass can be also felt. The sound enters five inches, and communicates a feeling of increased resistance as it passes over the endometrium.

Per Rectum.—A large semi-elastic mass projects into the pouch of Douglas, flattening the rectal wall, and giving rise to great pain when touched.

Alimentary system.—The patient's tongue is red and fiery-looking. The appetite is poor. There has been considerable diarrhœa of late. The breath smells strongly of "newly-mown hay."

Circulatory system.—Palpation and percussion resonant; a soft murmur accompanies the first sound in the mitral area. Pulse rapid, rather compressible, and collapsing readily.

Respiratory system.—Normal.

Urinary system.—Urine reddish-color, slightly acid, specific gravity 1014, and contains a trace of albumen. Strict rest was ordered and milk diet. Symptoms to be met by astringents, opiates, &c., as they should arise.

*Read before the Edinburgh Obstetrical Society, 12th Dec., 1883.