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RUPTURED TUBAL FŒTATION—A CASE SUCCESSFULLY TREATED BY ABDOM- INAL SECTION—WITH REMARKS.*

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cologist to the Montreal General Hospital; one of the
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The remarkable advances of obstetric medicine in the last decade have been evidenced as much perhaps, if not more, in everything connected with the subject of extra-uterine gestation than in any other direction. The transactions of every important meeting of obstetricians and gynæcologists is enriched by one or more papers on the subject, generally with reports of cases; followed usually by a vigorous discussion which shows usually some divergence of opinion by able men as to the best course to pursue in the treatment.

The last annual meeting of the American Gynæcological Association, held in September, 1887, and the February (1888) meetings of the British Gynæcological Society as well as the Section on Obstetrics of the American Medical Association at its meeting last month, each discussed the subject. Dr. Herman, of London, has recently published in the *Lancet* for May 26th and June 2nd, 1888, an exceedingly able and thoughtful paper on the early treatment of extra-uterine pregnancy.

The fearfully tragic nature of the illness and too frequently of the death of women so affected when left to nature, and the brilliant success of the modern surgical treatment of this condition amply account for such wide-spread interest. Under these circumstances I venture to believe that the recital of a recent case in my own experience may

be of some interest and value as a contribution to the literature of the subject. The, to me, unexpected presence of my friend, Dr. Johnstone, of Danville, Kentucky, who has recently written very ably on the subject, will, I am sure, enrich the discussion of my paper.

Mrs. —, æt. 29, was married in July, 1887, and had a miscarriage at between two and three months the following October. In this she was attended by my friend, Dr. Arthur Browne, of Montreal, and she recovered easily enough. Her first following menstrual period was on the 2nd December, and was normal. She remained well during the rest of the month except that she presented some of the signs of pregnancy, slightly marked. Early in January a slight bloody discharge appeared and lasted two weeks; it was not like her ordinary menstruation. About the middle of January she was seized with intense pelvic pain and a most alarming condition of collapse, lasting for two days. During a good part of this time Dr. Browne feared she would die. She, however, slowly rallied and partially recovered, when, a fortnight later, during the first days of February, there were alarming recurrences of the pain and other symptoms. Under these circumstances Dr. Browne came to ask me to see the case with him, and told me that he believed he had a case of extra-uterine fœtation.

I found the woman suffering very severely from pelvic and abdominal pain, imperfectly controlled by full doses of morphia. There was marked distension and frequent vomiting, and the pulse was rapid and very weak. On vaginal examination, there was a tolerably free bloody vaginal discharge. The uterus was markedly softened, bulky, and fixed, and to the right of, and behind it, there lay a painful and firm mass of some kind or other.

The results of the history given are by Dr. Browne, and my examination of the patient was fully concurrent in the diagnosis of ruptured tubal fœtation previously made by him and Dr. George Ross, who had also be consulted. This being our diagnosis, what was to be done? We discussed the propriety of using electricity, or of performing abdominal section. Electricity, we considered, to be precluded by the evident hæmorrhage and peritonitis. At our second visit the patient was decidedly worse, and in great danger, and then we decided to open the abdomen. This was ac-

*Read before the 8th Annual Meeting of the Ontario Medical Association at Toronto, June 1888.