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A CASE OF COEXISTING EXTRA AND INTRA UTERINE PREGNANCY PROCEEDING TO FULL TERM, RECOVERY.

A lady, aged 38, the mother of five children, miscarried in August and became again pregnant in the following October. From the time of conception she felt unusually uncomfortable and frequently remarked: "She was sure something was wrong." Her bowels were very constipated. While dressing on the morning of the 3rd of April, following, she was seized with a violent pain in the abdomen which she characterized as cramp. Aperients by the mouth with enemeta were administered by her medical attendant, and acted freely, evacuating a large quantity of scybalus matter. Great tenderness was felt over the whole abdomen and the patient was unable to lie on either side, particularly the left. She suffered from excessive vomiting and flatulence, the bowels never acting except under the influence of purgatives. The abdomen continued to increase until it attained an enormous size. The stomach retaining little else than small quantities of brandy and water, and persistent insomonia except under large doses of morphia, was a feature in the case. On September the 4th, after five hours of ordinary labor pains, a full grown female infant was born. The abdomen appearing still much enlarged, the gentleman in attendance suspected a twin case, but after remaining for some hours, and having made repeated careful examinations, he pronounced the enlargement to be caused by an ovarian tumor. I received a telegram requesting my presence. I found the lady in a very happy frame of mind and quite free from pain. On examination, externally I found a large, hard swelling to the left of the umbilicus, and and after long and careful search, I detected what I considered to be a distinct tick of the fœtal heart, as well as the movements of a fœtus. I communicated my opinion to the gentleman in attendance, but he was not equally fortunate in finding these positive signs and adhered to his original diagnosis. The outline of the uterus was distinctly traceable on the right side, but not so satisfactorily on the left. I thought it possible we might here have a similar case to that related by Madam Bovin, and recommended the administration of ergot. The action of this drug I carefully watched and found that though acting powerfully on the uterus the tumour or swelling was uninfluenced by it, and sometime after what I believed to be fœtal movements, ceased. On a further vaginal examination I found the womb had ascended and contracted to normal size and I then formed the opinion that the case was one of coexisting intra and extra-uterine pregnancy. The patient made a good recovery, there was but slight vaginal discharge and no secretion of milk. A leading obstetric practitioner was called in consultation by this lady's ordinary medical attendant and agreed with him as to the case being one of ovarian tumour. I was asked to reconsider my diagnosis, but notwithstanding the high authority opposed to me, I was unable to discredit the evidence of two of my senses acutely employed, and adhered to my opinion. For three months her general health steadily improved, at the latter end of January, she was obliged to call in medical aid, being then in the Isle of Wight, where her husband's regiment was quartered. In February severe hectic set in with distressing diarrhœa and profuse perspirations, pulse ranging from 120° to 160°. On Feb. 14, fluctuation was detected in the iliac region. Believing the ovarian diagnosis