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CASE OF ABDOMINAL PREGNANCY AT FULL TERM: UTERUS BICORNIS UNICOLLIS; OPERATION; RECOVERY.

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Physician to the Woman's Hospital, Toronto.

Mrs. H., aged 30 years; married ten years; mother of two children. Had one miscarriage between first and second pregnancies. Five years have elapsed since last pregnant. On Sept. 26, 1886, she became ill with sudden pain in the stomach. Her physician was sent for. Lost considerable blood per vaginam, for about a week, when it ceased. A swelling was felt on right side, about size of a large orange, in the iliac region. A great deal of pain was experienced. Her physician was in constant attendance for two months, during which time she was confined to bed. When she got up, was quite "large with child," as she put it. The lump, she thought, had gone away. The legs swelled from knees to thighs. The right side continued larger than the left. Life was felt chiefly on left side. Breasts hot and large; milk came in them, and they frequently "caked." She felt life first at end of November, 1886, and felt it until April 15th, or two weeks before the operation.

On March 14, 1887, there was a very slight discharge with very little color, but some watery fluid followed this. Pains came on and the friends thought that the baby would be born before the physician could be obtained. The

doctor arrived and remained for a time. He was in attendance every day or two, for these supposed false pains, until April 15th. He often said, "those are something like pains," and returned a few hours later to find pains gone and no further progress made.

On April 15, the pains were severe all day. The doctor was in attendance that night. The pains ceased then, and never returned. There has been, however, a soreness across the stomach since. Milk then left the breasts.

On April 28, the os, being dilated with the finger, pieces of placental debris were removed from an empty uterus, and abdominal pregnancy diagnosed. The cervix was comparatively small. Finger could not reach fundus. The child's head could be felt in pelvis, and the cervix could be traced up to body of uterus, which was felt comparatively small and contracted, and pressed backwards and to left side. Patient was supposed to be two weeks over full time. Urine normal. Removed to Woman's Hospital.

April 29. Vomited; diarrhoea present.

April 30. Temp. 101°, pulse 130; feels very faint; constant feeling of soreness.

May 1. Enema, followed by large movement of bowels. Consultation held. Examination under ether, with instruments ready to proceed if thought advisable. Drs. Temple, Cameron, J. Ross, sen., and myself examined her and decided to proceed. Dr. Nevitt gave ether. A second opening was found during vaginal examination into another uterine cavity, to right side, proving the uterus to be a "uterus bicornis uncollis." All favored the diagnosis of abdominal