

she was seized with a violent pain in the abdomen. Purgative medicine was administered by her medical attendant, which, with enemas, acted freely, much relieving the pain, and bringing away a quantity of scybalæ. Great tenderness, however, remained; and the patient was unable to lie on either side, particularly the left. The bowels continued in an unsatisfactory condition, requiring the constant use of enemata; and she suffered from excessive vomiting and flatulence. The abdomen continued to increase till it attained an enormous size; the stomach retained little else than brandy-and-water; she got no sleep without large doses of morphia.

On September 4th, after six hours' labour pain, a full-grown female infant was born. The abdomen still appearing very large, the gentleman in attendance suspected a twin case; but after remaining some hours, and carefully examining, he pronounced the enlargement to be an ovarian tumour. I received a telegram to this effect, and immediately left for her house. I found Mrs. H— in a very happy frame of mind, and quite free from pain, the birth of the child having relieved the enormous tension. On examination externally, I found a large hard swelling to the left of the umbilicus; and after long and careful search I distinguished the foetal tick, as well as the movements of a foetus. I communicated my opinion to the medical man, who however was not equally fortunate, and still adhered to his diagnosis. I distinctly traced the outline of the uterus on the right, but not satisfactorily on the left side. I thought we might here have a case similar to Madame Bovin's, and recommended the administration of ergot. The action of the drug I watched closely, and found that, though acting powerfully on the womb, the tumour was uninfluenced by it. Half an hour after it was given, I could find no further movements. On a vaginal examination, I found the womb had considerably ascended. I then formed the opinion that the case was one of coexisting intra- and extra-uterine pregnancy. The patient was greatly emaciated, but now seemed to gain flesh rapidly; there was but slight discharge from the vagina, and the breasts secreted no milk. Her recovery was steady and uninterrupted.

Dr. Oldham was consulted, and pronounced the swelling to be an ovarian tumour. This lady came on a visit to me soon after, and, as she was leaving the neighbourhood of London, I took her to Dr. Ramsbotham, who passed a uterine sound, and found the womb normal. From my description, he agreed with me as to the nature of the case. When leaving, I laid down certain rules of treatment, impressing the necessity of calling in medical aid should the bowels become at all irritable.

For three months her general health steadily improved. At the latter end of January, 1863, she was obliged to call in medical assistance. In the early part of February hectic set in, with distressing diarrhoea and profuse sweats; the pulse ranging from 120 to 160. Opium was the only drug which exercised any influence over the bowels; the mildest purgative caused such hypercatharsis and depression that large doses of stimuli became necessary to support her. On February 14th the gentleman in attendance detected fluctuation in the left iliac region. Concluding that it was fluid in the ovary, and the patient's condition being very unfavourable, with the perfect concurrence of the two gentlemen called in consultation he plunged a full-sized trocar into the swelling. No fluid flowed, and on withdrawing the trocar it was covered with fæces. The patient was kept on her back, and the puncture healed rapidly. The hectic immediately subsided, and all bad symptoms were for the following ten days much relieved. The bowels then became troublesome, tenesmus occurred, and emaciation was extreme. (The above account from January, 1863, I received from the surgeon in constant attendance.)

On the 10th of March I received a telegram requesting my presence. On examination, I found the abdomen much reduced in size; the prominent swelling had disappeared; and it was only after careful investigation that I could detect any hardness. From the subsidence of the tumour, and the account I received of the immense quantities of fæcal matter passed, I felt inclined to change my opinion to that formed by the gentleman then in attendance—namely, that the tumour was caused by a collection of fæcal matter in the intestines. Concluding that if such were the case, the tenesmus arose from an accumulation of hard fæces in the rectum, I introduced my finger, with much difficulty, owing to the extreme sensitiveness of the part; but the examination caused so much pain, almost amounting to agony, that I was compelled to desist. Not being able to obtain a speculum, and being obliged to return to town that evening, I urged on the patient the necessity of allowing it to be used. (Her long sufferings had made her rather intractable.) I sent one from town, and on the following

ON A CASE
OF
COEXISTING EXTRA- AND INTRA-UTERINE
PREGNANCY.

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Mrs. H—, a lady aged thirty-eight, the mother of five children, miscarried in August, 1861, and became again pregnant in the following October. From the time of conception she felt unusually unwell, and several times remarked that she thought something was wrong. Her bowels were very confined. While dressing on the morning of the 3rd of April, 1862,

day was again sent for. I found that, when using the speculum ani, a shred was seen hanging from the vagina; and on examining it, a bone of the foetal skull was seen at the orifice. Feeling certain, from the state of the patient, that unless speedy relief was afforded, twenty-four hours would probably fatally end the case, I determined at all hazards to extract the whole of the offending mass.

The patient being placed slightly under the influence of chloroform, I carefully introduced a large speculum into the vagina, and about midway came in contact with bone. I dilated the instrument and brought away one of the parietal bones, keeping the edges in contact with the sides of the speculum. A little higher up I met with the occipital; and then, having well syringed out the vagina, I carried the instrument up to the os, which I did not distinguish. I saw a fleshy mass presenting, and with a long bullet forceps pulled away the clavicles and scapulæ. Having got a firm hold of the sternum, I gradually brought forth a full grown male child, minus the head, much decomposed and saturated in fæces. The vagina was again well syringed out, large quantities of fæcal matter flowing from it. I left the patient, on the following day, much relieved and free from pain.

On examination with the speculum two days afterwards, I was informed, a large rent had been discovered to the right of the os. For some days all fæcal matter passed per vaginam about every half-hour; this, however, has gradually diminished, and at the present time (May 14th) all the dejections pass naturally; her strength is fast returning; her appetite is excellent; and her mind, which from long suffering became rather enfeebled, is fast regaining its tone. She has come a long railway journey without inconvenience, and is in all respects progressing most satisfactorily.

Thus has terminated favourably a case which I believe to be unprecedented, those on record having ended fatally in the early months of gestation. After such a long period of suffering, nature proved sufficient to repair an injury which from its position art could with difficulty accomplish, and the continuance of which would have made life a burden. When first the case was diagnosed as an ovarian tumour, I doubted the possibility of pregnancy going on to the full time with so large and irritable a growth of the ovary. Dr. Rigby, in his work, says that pregnancy to the full time of gestation cannot exist with either a large or rapidly growing ovarian tumour; with which I fully concur. Here we would have had not only a large but also a very irritable one. This led me in the first instance to examine very minutely. I am inclined to think that the ovum was arrested in the left Fallopian tube; that it ulcerated its way into the intestines; that the bones of the head became fixed against the upper part of the recto-vaginal septum, and there ulcerated a passage through. The body must have been in the intestine when I operated. With the great care used, I do not think that the parts were lacerated much more than that destroyed by the ulcerative process. The puncture, which at the time was looked upon as a grave error, acted beneficially, for the fœtus descended immediately after it; and from the escape of very fetid gas, together with what I could ascertain of the amount of urine passed that night (the patient not moving off her back), I think that the cyst was punctured, and that the fluid escaped by the bowels.

Tottenham, May, 1863.