## A CASE IN WHICH A SECOND TUBAL GESTATION IN ONE PATIENT WAS DIAGNOSED AND REMOVED BEFORE RUPTURE.

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I am indebted to Mr. A. H. Thompson for notes of the case. A. McG., aged 31, was admitted into the London Hospital under my care on May 13th, 1890.

In January, 1887, the patient was in the London Hospital under my care, and underwent abdominal section for a ruptured tubal gestation. At that operation the right tube was removed. The case is reported in the *Lancet* of June 2nd, 1888, p. 1069; it is Case I of those there related. In December, 1888, she was again in the hospital, suffering from enteric fever, but was otherwise well till the present time. She menstruated for the last time in February, and having since often felt sick, she thought she was pregnant. She was very low spirited, and this circumstance led to her seeking advice. On May 10th, she had slight vaginal hæmorrhage. She had had no pain except that produced by the vomiting.

She was admitted into the hospital on May 13th, 1890. On vaginal examination, the uterus was found in the normal position, and quite movable. To the left of and behind the uterus was a swelling about as large as the uterus, and moving with it. The patient was fat and not anæmic, and there were no signs of disease elsewhere.

This clinical history and the physical signs pointed to a pregnancy in the left tube. Its removal by operation was, therefore, advised, and performed on May 17th. The abdomen was opened by an incision in the line of the former one. When exposed, the left tube was seen as a purplish-red, elongated, ovoid swelling, lying by the side of the uterus, and having its long axis parallel with that of the uterus. It was connected to the uterus by soft, easily broken-down adhesions. These were easily separated, the broad ligament transfixed and tied, and the tube removed entire along with the ovary. Under the compression used in its removal, blood spirted from a little hole not larger than a pin puncture. The peritoneal cavity was washed out with water. Some recent clot was found at the bottom of Douglas's pouch, but as the tube was entire, this may have come from separated adhesions or from the wound. No drainage tube was used.

There was no serious interruption to recovery. The patient vomited a good deal during the three days following the operation, and it is noteworthy that the same trouble occurred after the first operation. The patient got up on June 1st, and was discharged quite well on June 17th.

The tube removed measured $2\frac{1}{2}$ inches long by $1\frac{1}{2}$ inch across at its widest part. When cut open, a fœtus about $\frac{1}{3}$ of an inch long was found within it. Its interior was mammillated, just like the interior surface of an apoplectic ovum. Its wall, on section, was $\frac{3}{8}$ of an inch thick, and to the naked eye resembled the thrombosed placenta of extrauterine gestation some time after the death of the child.

This case is interesting in more than one way: 1. It is one of the very few, if not the only case, diagnosed and cured by operation before rupture. It is, the first, so far as I can learn, in this country. Mr. J. W. Taylor[1] diagnosed a case before rupture, but, according to Mr. Lawson Tait, who operated, rupture had taken place before the operation. Cases have been operated on before rupture by Hawley, Jones, and Price,[2] and Orthmann,[3] but in none of them had a correct diagnosis been made. In this case diagnosis preceded operation and operation preceded rupture.

2. It is an instance of the occurrence of ectopic gestation first in one tube, then in the other. Mr. Lawson Tait[4] has recorded a case (which he speaks of as an "almost incredibly strange instance") in which, after one tubal gestation had been cured by operation after rupture,[5] a subsequent one proved fatal. I have elsewhere published one in which the occurrence of tubal pregnancy on one side, ending in spontaneous recovery, was inferred from the clinical history, and a subsequent tubal pregnancy on the opposite side was cured by operation. Veit[6] says that out of twelve cases in which he had removed tubal pregnancies, in three a similar condition recurred in the opposite tube. Tubal disease is so often bilateral that I think it probable that similar cases may hereafter be found to be commoner than appears to be at present supposed.

3. The duration of pregnancy indicated by the clinical history was about three months. The size of the embryo showed that it had died at about the end of the first month. The size of the gestation sac corresponded to that of a normal pregnancy at the beginning of the third month. Hæmorrhage had taken place into the chorion, and the coagulated blood made the interior of the sac precisely resemble the interior of the apoplectic ova so numerous in museums. There is clinical evidence that an extrauterine placenta may be absorbed; and I think it possible, though by no means certain, that if no operation had been done in this case, recovery might have taken place by absorption of the products of gestation. On the other hand, Mr. Bland Sutton[7] has reported a case in which changes like those in this tube were followed by rupture. And as we cannot, at this early stage of pregnancy, make sure that the embryo is dead, operation in such cases is clearly the safest course.

[1] British Medical Journal, vol. i, 1890, p. 1043.
[2] *New York Med. Journal*, vol. i, 1888, p. 649.
[3] *Zeit. für Geb. und Gyn.*, Band xvii, S. 319.
[4] British Medical Journal, vol. i, 1888, p. 1001.
[5] British Medical Journal, vol. i, 1888, p. 1152.
[6] *Zeit. für Geb. und Gyn.*, Band xvii, S. 335.
[7] British Medical Journal, vol. ii, 1889, p. 1095.

## RENEWAL OF MENSTRUATION AND SUBSEQUENT PREGNANCY AFTER REMOVAL OF BOTH OVARIES.

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B. W., aged 23, was brought to me by Dr. Kennedy, Parliamentary Road, Glasgow, on May 4th, 1888. Patient began to menstruate at $13\frac{1}{2}$, and was regular (three or four days, quantity moderate, pain day before and on first day, occasional clots) until three years and a half ago, when she began to be irregular. From this time the quantity became less and less, and the length of time between the periods became greater until September 14th, 1887, since which date she has not menstruated. The pain during these three years and a half has continuously increased in strength and duration until now, when, she says, "I am never free from it." It extends from both ovarian regions round to the top of the sacrum, and is always worst in the left ovarian region. For some time past the patient has been "spitting blood every day;" at times merely a trace, but occasionally as much as "three tablespoonfuls" of bright red blood. Constant leucorrhœa; bowels loose; micturition normal. Patient is a warehouse girl, and has to support a younger brother and sister; but latterly has not been able to work regularly. She is pale and ill-looking, and very thin.

On examination I found both ovaries enlarged and very tender. I recommended immediate removal of both ovaries, as she had already undergone a long course of treatment, in spite of which she had been rapidly getting worse. As some of patient's friends objected to surgical interference, medicinal treatment was again tried, and other advice sought and acted upon.

In January, 1889, patient came back, saying that she was quite unfit for work, and that she would rather die than live in such constant pain and misery. Her friends were now willing to have anything I might think necessary done, and agreed with Dr. Kennedy and myself as to the utter futility of further treatment by medicines.

On January 26th I removed both ovaries in the Training Home for Nurses, Renfrew Street. Dr. W. L. Reid was good enough to assist me, and Dr. S. C. Harris gave chloroform. The left ovary was much enlarged, and was cystic. The right ovary was also considerably enlarged, with the capsule much thickened, affording evidence of long-continued ovaritis.

My patient made an uninterrupted recovery. Her temperature never rose above normal, and her pulse was only once above 80, namely, on the evening of the day after operation, when it reached 90. She rapidly improved in health and appearance; the pain entirely ceased, as did also the "spitting up" of blood; and she soon got plump and well-looking.

On April 25th she began to menstruate (four days, quantity moderate, no pain). Normal and painless menstruation for a like