

special time. She followed my advice, and all went on well, so that I calculated she ought to have been confined on July 22nd, which would have been 280 days exactly from the early morning of October 16th, reckoning it, therefore, as one day.

Now comes one of the remarkable circumstances of this unusually remarkable case. At this very date there was an abundant secretion of milk, which ran away so freely that both breasts had to be most carefully protected day and night.

She continued to increase in size till August 3rd, when labour apparently commenced. She had strong regular pains, and everything betokened a speedy delivery. But this proved a false alarm, though the pains lasted, off and on, for three days, when they gradually subsided, and on August 6th they ceased entirely. Here, again, is a remarkable event in this peculiar case. She continued to get about and to increase in size until September 5th, when the child, an unusually large one, was born, after a perfectly normal labour, very early in the morning, about 2 A.M.

This gives 323 days; much the longest period, I think, on record. Dr Montgomery relates a case of 291 days well vouched for; but, as far as I can ascertain, this case is without a parallel.

Another remarkable feature about this is, the lady was a triplet, the eldest of three girls,—the second being still alive unmarried; the third, equally large and well formed as the other two, died shortly after birth.

VII. *Dr J. C. Webster* communicated the following NOTES OF A CASE OF EXTRA-UTERINE GESTATION, by *Dr Fred. Mann* :—

Mrs W., æt. 36 years, married twelve years ago, residing in Ashton-under-Lyne; v.-para, including this last pregnancy; youngest four years old; no miscarriages. Patient considers herself a healthy person as far as her sexual history is concerned. First seen by me on August 7th, 1892, on which day she had a great deal of pain in the abdomen, with severe vomiting. On inspecting the abdomen there was a swelling on the right side in the iliac region. Several possibilities occurred to my mind, the predominant ones being typhlitis or obstruction. The vomiting and pain were relieved by an effervescent draught of hydrocyanic acid and a morphia suppository. The next day she stated that the tumour had been there for about a couple of months, that it was growing rapidly bigger, that she had had pain several times on that side, that she had missed four periods, and that the date of the last menstruation was about the beginning of April 1892. She also stated that about the middle of June 1892 she had what she calls a "fainting fit." She did not think it necessary to send for a doctor, as she had suffered in a similar manner before—meaning faints—though this time she had to remain in bed a couple of days, after which she went about her household duties as usual. On examining her P. V. I found a tense fluctuating tumour on the right side, which

was painful on pressure, and apparently connected with the uterus. The uterus was pushed over to the left side, somewhat enlarged, and erect. The cervix was neither hard nor soft like that of pregnancy, though pulsations could be felt in the vagina. I came to the conclusion it was an ectopic gestation. On the 9th she had labour-like pains, and showed me a "clot" which she had passed. On examining, it was the decidua; thus making the diagnosis doubly sure that here we had an ectopic gestation of about four months' duration. Having obtained her consent to operate, I did so the next day, the 10th August, with the assistance of Mr Aspinal and the district nurse. I chose the vaginal operation.

Chloroform being administered and the patient put in the lithotomy position by means of a Clover's crutch, I made an incision about an inch and a half long, laterally, into the vaginal wall. The bleeding was brisk, but easily arrested by torsion of all the vessels. No ligatures were used at all. Separating the cellular tissue I came upon what I took to be peritoneum, but it turned out to be the sac of the foetus. Opening into this there was a rush of a dirty substance, prune juice in colour, along with foetal bones. I passed my index finger into the sac, separated and removed the placenta. The reason of my removing the placenta was that after I had separated a small portion of it little or no bleeding occurred.

The cavity was washed out with a one per cent. solution of carbolic. I also ascertained that my operation had been entirely extra-peritoneal, not being able to get my finger into the peritoneal cavity. The cavity was packed with iodoform gauze for forty-eight hours, after which I administered a two per cent. carbolic douche every day, and passed my finger daily into the cavity to keep the vaginal mucous membrane from healing. The recovery was uninterrupted; the temperature never above normal. The cavity was completely closed in four weeks' time. The placenta, foetal structures, and decidua were sent to Dr Webster for examination.

I should also state that the patient is again pregnant for the sixth time, the pregnancy being of about three months' duration.

#### MEETING VIII.—JUNE 29, 1893.

Professor A. R. SIMPSON, *President, in the Chair.*

#### THE ETIOLOGY OF ECTOPIC GESTATION.

By J. C. WEBSTER, M.D., F.R.C.P.E., Assistant to the Professor of Midwifery and Diseases of Women in the University of Edinburgh.

UNTIL recently the occurrence of Tubal Gestation has been attributed to the following conditions:—

1. *Those mechanically interfering with the passage of the ovum to*