SUCCESSFUL CASE
OF
GASTROTOMY IN EXTRA-UTERINE
PREGNANCY.

BY
LAWSON TAIT, F.R.C.S. ED. & ENG.,
SURGEON TO THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN AND
TO THE LYING-IN CHARITY; CONSULTING SURGEON TO THE WEST
BROMWICH HOSPITAL.

Received December, 1872—Read February 11th, 1873.

JANE N—, æt. 29, applied at the hospital on September 23rd, 1872, to ask advice on the question of her being pregnant. She had been married two years and had menstruated regularly until about twelve months before her first visit, her periods lasting for about seven days, being rather profuse and perfectly painless. The subsequent cessation of the menses was quite sudden. From the middle of March, 1872, until about the 20th of July, she felt very distinct movements. At the latter date she felt “poorly” for a week, and there was a slight sanguinolent discharge. From that time no movements were felt. Nothing more definite than this can be obtained as to the occurrence of a “false labour,” upon which so much stress has been laid by some writers for the diagnosis of extra-uterine gestation after the term.

On each side of the patient’s chin, and in a line with the canine teeth, a well-pronounced tuft of hair existed, and she had a very distinct moustache.

The whole of the lower third of the abdomen was occupied by a tumour which was more prominent on the left than on the right side; at four spots (two on the left and two on the right side) irregular movable nodules were to be felt. The patient stated that two months ago, that is, in July and after the movements ceased, she was much larger than at the time of examination, the diminution having been gradual. The measurements were, on Oct. 4th—

	Inches.
Umbilical girth	36
Xiphoid cart. to umbilicus	12½
Umbilicus to pubis	6
„ right anterior spine of ilium	7¼
„ left „ „	8

The uterus was rather larger than normal being three inches in internal measurement, soft, somewhat fixed, the cervix quite open, and the organ did not move with the tumour. Behind the uterus was a hard semilunar ridge, prominently felt in the rectum. Neither abdominal nor vaginal auscultation gave any sign.

The diagnosis of the case was easy and subsequently was found to be exact, to the effect that it was a case of retro-uterine gestation, and that the placenta was probably attached to the fundus uteri and left broad ligament.

I summoned a consultation of my colleagues on October 5th, and as they agreed to my proposal of removing the dead child by abdominal section, I performed the operation on November 2nd, the patient being under the influence of chloroform. I opened the peritoneal cavity as for ovariectomy, and found that the roof of the sac joined the parietal peritoneum about three inches above the pubis. I opened the sac, cautiously guarding against the flow of the contained fluid into the peritoneum by a sponge, and came upon an arm. Extending the incision upwards, I found the legs and brought them out, the trunk readily following. I had much difficulty in removing the head, for it was packed deeply into the pelvis, was very much distorted, and the skin and hair had become adherent to the floor of the cavity. Indeed,

a great deal of hair was left and had to be picked out subsequently during the gradual closing of the sac. The vaginal ridge I have spoken of was the edge of one of the parietal bones. I found that the placenta was attached to the posterior surfaces of the uterus and of the left broad ligament. I cut the cord, which was quite shrunk, about midway, and left the placental part hanging out of the wound. The placenta I left untouched. I sponged the cavity carefully out, and then by catgut ligature I stitched the cut edge of the sac all the way round to the peritoneal edge of the parietal wound, by a continuous tailor's stitch, in this way completely closing the peritoneal cavity. I then closed the upper half of the abdominal wound by deep silver sutures. The length of this wound was nearly seven inches, it having extended rather more than an inch above the umbilicus.

There was some sickness after the operation, which was checked by ice and champagne. I inserted a syphon deeply into the pelvic cavity, and by that means kept up for several days a discharge of offensively smelling fluid; subsequently I had the cavity syringed out every eight hours with a solution of sulphite of soda. About the 10th of November (the eighth day after the operation) healthy pus was discharged from the wound, and this continued with more or less admixture of placental *débris* during the slow contraction of the cavity. Occasional shreds of placenta appeared when the cavity was syringed out (night and morning), until November 29th, when I removed several large masses which were loosely attached to the left broad ligament, and also a quantity of hair. The pelvic cavity was completely closed early in December, and now (December 30th) the upper cavity is quite closed and nothing of the wound remains but a small sinus.

This is the second case in which I have operated, the first having been unsuccessful from the removal of the placenta. The success in my second case I attribute entirely to leaving the placenta, to closing the peritoneal cavity and leaving that of the abnormal sac open, having therein followed the successful practice of M. Koeberle of Strasbourg.

The struggle with hectic which the patient kept up will be

seen by the temperature chart (Plate IV); so that the operation is one after which the patient must be prepared to battle for life. On the whole, however, I certainly think it one which ought to be undertaken, before the child dies if possible, and always if the child be dead. The chances of the mother are quite as good as in ovariectomy, and, unlike those of the latter operation, can never be improved by delay. The removal of the fœtus before the absorption of the liquor amnii ought to be the rule; for there can be no doubt that the adhesions that may be contracted between the child and the cyst are formidable complications.

DESCRIPTION OF PLATE IV.

Diagram of temperature in a case of Gastrotomy performed by
Mr. Lawson Tait in November, 1872.

TEMPERATURE CHART. TEMPERATURE, CENTIGRADE SCALE. *Ranging from 95. to 107.6° Fahrenheit.*

Gastrotomy performed Nov. 7th 1872. Name Jane N. Age 24 Result. Recovery