Progress of Case.—On the 29th, the second day of admission and the third of observation (he was detained the first day, 27th), the temperature was found to be normal and the pain in the side was much better. Urine: the same amount of albumin present, the quantity of urine passed in the previous twenty-four hours being 28 ounces. The same treatment was continued.

On the 30th, the fourth day of observation, the temperature was normal, and pain in the side quite gone. The urine showed the same amount of albumin as on the preceding days; 32 ounces were passed in the preceding twenty-four hours.

I now put him on calcium chloride, 5 grains, t.d.s. (the lactate was not procurable). The next morning, the 31st, the albumin was much less, and the evening specimen did not show the slightest trace; 52 ounces of urine were passed in the last twenty-four hours.

During his stay in hospital his urine has been tested twice daily, both by boiling and with nitric acid in the cold, and, till the administration of calcium chloride, the amount of albumin present was the same at each test, and considerable in quantity.

I venture to think this an interesting case of functional albuminuria: (a) because of the absence of any sign of nephritis, there being no edema anywhere or puffiness under the eyes, and no headache, vomiting or retinitis; in addition, the absolute clearness of the urine, no casts or shreds of any kind being present; (b) his healthy past history; and (c) the rapidity with which the albumin disappeared on the administration of calcium chloride.

September 2nd.—Patient's urine still absolutely free from albumin.

I hope to make some further investigation into this subject, and am examining all the specimens of urine I can get, and hope to give this treatment further trial.

---

CASE OF RUPTURED ECTOPIC GESTATION. LAPAROTOMY AND RECOVERY.

BY CAPTAIN M. M. LOWSLEY.
Royal Army Medical Corps.

Mrs. D., aged 29, was admitted to the Louise Margaret Hospital on the afternoon of June 10th with the following symptoms:—She has two children, the youngest 1 year and 10 months. In September, 1904, she had a miscarriage. Her menstruation has always been regular, and she has not suffered from dysmenorrhea. She menstruated last on March 18th (so was just under three months pregnant). At 11 p.m., on the night of June 9th, when walking from the railway station to her home (a distance of less than ½ mile), and carrying a fairly heavy parcel, she was suddenly seized with a very severe pain in the lower
part of the abdomen on the right side and a desire to pass water. She managed to reach her home with difficulty, and at once went to the w.c., where she fainted. She soon recovered, and with her husband's help walked upstairs to her bed. As she is "off the married strength" and was living in the town, her husband went to a civilian doctor; he did not at the time think there was much the matter with her, because a few months previously she had had an attack resembling appendicitis, and under treatment had got quite well in a few days. He went to the same doctor who had attended her on that occasion, and told him that she had a similar attack, and that if he would give her some of the same remedies there would be no necessity to see her that night. The doctor gave him something to sprinkle on to hot fomentations to be applied to the painful part. The next morning when the doctor saw her he found her very ill and advised the husband to take steps to get her admitted to hospital. She gradually got worse, and in the afternoon her husband went for the orderly medical officer, who saw her at her house with the civilian practitioner, and being of the opinion that it was a case of ruptured tubal pregnancy, he sent an ambulance to take her to the Louise Margaret Hospital, at the same time sending a note to me (as I was temporarily in charge of that hospital during the absence on leave of Lieutenant-Colonel S. Powell, R.A.M.C.), asking me to see her as soon as I could. I saw her on her arrival there at 4.30 p.m. She was then extremely blanched and had evidently lost a great deal of blood. Her pulse was 140 and very weak. Temperature subnormal. She complained of great pain in the abdomen, which was distended and very tender, and there was dulness in both flanks. I made a vaginal examination, but beyond the fact that the rectum was loaded with faeces, nothing definite could be made out. There was no discharge. I came to the conclusion that she had a ruptured extra-uterine pregnancy and that immediate operation was necessary. I ordered an enema to be given and the abdomen to be prepared for operation as quickly as possible. When the nurse was giving the enema the patient had a convulsion, and Lieutenant W. I. Thompson, R.A.M.C., the orderly medical officer, told me that she had a similar convulsion at the time he saw her in her own house.

At 5.30 p.m., with Captain S. G. Butler, R.A.M.C., to assist me, I performed the operation. The patient's bladder having been emptied, she was put in the Trendelenburg position, and I opened the abdomen by a 5 inch incision through the right rectus muscle. As soon as the peritoneum was opened blood flowed out, and having removed a large quantity of clot I found a tumour about the size of a duck's egg, from a rupture in the upper surface of which blood was oozing; this tumour was attached to, and apparently one with, the uterus. Whilst examining it, it burst, and the foetus with about 2 or 3 ounces of amniotic fluid escaped; it was then at once apparent that it was an interstitial ectopic gestation. Owing to the condition of the patient, it was necessary
to complete the operation as rapidly as possible. I removed the right tube and ovary, cut away as much of the sac as I could, and then stitched up the cavity in the uterine wall. As much of the loose clot as possible was removed, 30 ounces of normal saline solution were put into the abdominal cavity, a strip of gauze to act as a drain inserted, the external wound closed, the peritoneum and rectus muscle were included in one layer of sutures, and the skin brought together by a separate layer of stitches. During the operation, which lasted about twenty-five to thirty minutes, Lieutenant Thompson, who was giving the anaesthetic, had also given a subcutaneous injection of normal saline solution. When she was taken off the operating table her condition was extremely grave, her pulse being 146 and very weak. Her face had a pinched expression, and we had very little hope of her recovery. She was at once got to bed, surrounded with hot-water bottles, and a hypodermic injection of strychnine and digitalis given. I ordered her to be given a pint of saline solution by the rectum every two hours and a nutrient enema every four hours. Nothing but warm water in small quantities was given by the mouth. I saw her again at 9.30 p.m.; she was then quite conscious, but complained of great pain in the abdomen, and her pulse was 140 and rather stronger. I gave her ½ grain of morphia hypodermically.

The next morning she said she felt much better; she had slept fairly well after the injection of morphia, and at the time I saw her had very little pain; the pulse was still 140, but improving in strength, and a tinge of colour had returned to her lips. Temperature subnormal. As a considerable quantity of fluid had drained away and completely soaked the dressings, these were changed. There had been very little vomiting from the anaesthetic and it had completely ceased for some hours, so I began to feed her by the mouth with small quantities of milk and beef-tea with brandy; these were gradually increased, as it was found they were well borne; the saline injections and nutrient enemata were continued for that day and then stopped. She steadily improved and the wound was dressed when necessary, as the dressings became soaked; on the third day I began to gradually withdraw the gauze drain; on the sixth day after the operation it was completely removed, and the stitches taken out; and on the ninth day the wound was completely healed except for a small sinus where the drain had been. Up to this time the temperature had never been over 99.8° F. On the morning of the third day after the operation there was a slight blood-stained discharge from the vagina, and this still continued. On the tenth day after the operation the temperature rose to 100.4° F. and became of a hectic type; in spite of this the patient said she was feeling better every day and complained of no pain. She was taking plenty of nourishment, and was having 4 ounces of brandy and 8 ounces of champagne in the twenty-four hours. On the fifteenth day the vaginal
discharge ceased. The sinus in the abdominal wound was almost closed and there was no discharge from it. On palpation a large, hard mass could be felt in the lower part of the abdomen rather to the left of the middle line; this gradually became less. On vaginal examination a large boggy swelling could be felt in the pouch of Douglas. The improvement in her general condition continued, but there was still the rise of temperature, and the pulse-rate continued high.

On June 30th I handed over the case to Lieutenant-Colonel S. Powell, who had returned from leave, and to him I am indebted for the subsequent notes on the case. On July 6th, twenty-six days after the operation, she began to menstruate; the period lasted six days and was quite normal. On July 21st there was a slight purulent discharge from the vagina, which was followed the next day by a fairly profuse serous discharge, and the day after that, what was apparently the decidua was passed. From this time the temperature, which till now had been irregular, fell to just below normal and remained there. The mass in the pouch of Douglas became rapidly less, and when she left hospital on August 15th had entirely disappeared—in fact, with the exception of slight fixation of the uterus, nothing abnormal could be made out.

Remarks on the Case.—This was a case of interstitial ectopic gestation, which is the least common form, and it had almost reached the end of the third month; the amniotic sac had not ruptured, but there was a rupture in the tube at its junction with the uterus, which was still bleeding eighteen hours after the occurrence of the first symptoms of rupture. The convulsive attacks which the patient had were very alarming, and I think must have been due to cerebral anemia. The decidua did not come away till forty-three days after the operation, although the patient menstruated on the twenty-sixth to the thirty-first days, and this menstruation was apparently normal.

My thanks are due to Captain S. G. Butler, R.A.M.C., who assisted me at the operation, and to Lieutenant W. I. Thompson, R.A.M.C., who gave the anaesthetic.

DIFFICULTY IN DIAGNOSIS.

BY LIEUTENANT-COLONEL J. R. FORREST.
Royal Army Medical Corps.

The case mentioned below is chiefly remarkable for the difficulty experienced in arriving at a diagnosis. The man had not had syphilis. He was in hospital with "soft chancre" from February 28th, 1906, to March 30th, 1906, but has had no secondary signs. He has been invalidated because he is unable to fully extend his left elbow-joint.

The patient, No. 26,770, Gunner G., 4th Battery Royal Field Artillery, states that about one year before enlistment (September 10th, 1902) he