LATE in the evening of November 19th, 1931, I was asked by my colleague, Dr. Patrick O'Farrell, to come see a lady with him, whom he considered to be suffering from an acute abdominal emergency.

I found her to be an elderly, stoutish woman, lying in bed with eyes closed, in an attitude indicative of great exhaustion from pain. The drawn expression of her features and the very marked pallor struck one at the first glance. There was no sign of respiratory distress.

With some little difficulty, she gave us the following detailed account of her illness:

She had retired to bed at the usual hour on the evening of the 17th inst. She had not felt unduly tired, although she had had a busy day visiting; her occupation was that of an inspector for some insurance company. That night she had slept well. On getting up on the morning of the 18th inst., while standing at her dressing-table, she was suddenly stricken with agonising pain over the left iliac crest, radiating outwards into the left gluteal region. So intense was this attack that she had thrown herself, half-dressed, down on her bed, where she was found in a semi-unconscious state some little time later by her sister, who had come to see why she did not put in an appearance at the breakfast table. The sister brought her some brandy, which revived her, and she spent the remainder of that day in bed.

During the day the pain continued, but with less intensity, and was accompanied by a few spells of vomiting. These gave very little, if any, relief. The bowels acted once that afternoon, spontaneously, following on which the pain abated in intensity.

During the night of the 18th-19th, she slept, with almost complete relief from pain. On the morning of the 19th, on attempting to rise and dress herself, the same intense pain recurred in the same locality, but with a broader area of distribution. She again collapsed and had to return to bed. During the day she had more frequent bouts of vomiting, but passed neither urine nor faeces.

It was at this stage that Dr. O'Farrell had been asked to see her, i.e., practically 36 hours from the commencement of the attack. On our way to her flat, he had given me an outline of the history, and my first suggestion in diagnosis was the likelihood of our having to deal with a sudden impaction of a renal calculus low down in the left ureter, with a secondary anuria. Against this possibility was the patient's emphatic assertion that until
the start of this attack she had never known an hour's sickness in her life.

On physical examination, the pulse was indistinguishable at either the wrist or in Scarpa's triangle. Auscultation at the apex disclosed no abnormal intracardiac sound, but permitted us to count the heart-beats, which were soft and regular, at the rate of 88 per minute. The temperature was subnormal.

The abdomen was slightly distended, without any trace of muscular rigidity, and uniformly resonant on percussion. Deep palpation in the left iliac fossa, however, as one approached the region of the pelvic brim, evoked pain and a little muscular defence. No mass suggestive of an intra-abdominal tumour was to be felt. There was no tenderness over either kidney.

Dr. O'Tarrell was of opinion that the patient was suffering from an internal haemorrhage. Considering the pulse rate, the absence of any air-hunger and of any localising sign, I felt unable to agree with this view.

The patient looked too gravely ill to justify her removal to hospital at such a late hour. Frankly, we did not expect her to live through the night. A nurse was obtained, and she was instructed to pass a catheter, and to keep the urine for examination. The patient was given a small dose of morphine. Salines were administered per rectum during the night.

The following day she was admitted to St. Vincent's Hospital. On her admission she expressed herself as much easier, the pain having almost entirely disappeared. Her temperature was still subnormal, and the pulse was still imperceptible except by auscultation at the cardiac area. It was now 96, with respirations of 22 per minute.

A renewed physical examination disclosed two new points:

The night nurse had obtained only a very few ounces of urine by catheter; the urine contained albumen. In hospital, on three successive occasions, the passage of a catheter failed to reveal the presence of urine in the bladder. The patient, therefore, had an apparent anuria.

Digital examination of the rectum disclosed the presence of a pelvic swelling which embraced the rectum in collar-like fashion. This retro-rectal tumour was very tense, elastic in consistency, painful on palpation, and completely concealed the uterus and adnexae from recognition. It seemed to be filling the pelvic cavity entirely, embracing the rectum and pushing the bladder and uterus up in front of it. Careful bimanual examination did not reveal its upper border, which apparently had not reached the pelvic brim.

During the night of the 20th-21st inst., she had a recurrence of the pain, for the relief of which morphin was again administered.

On the morning of the 21st a further consultation was held. In view of the fact that the patient's strength had not markedly diminished in the preceding 24 hours, we felt that we were