A CASE
OF
FALLOPIAN TUBE PREGNANCY.

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A ROBUST WOMAN, aged thirty, who had been married a year and a half but believed she had never been pregnant, was perfectly well, with the exception of nausea which she had experienced for a fortnight, when, after taking her tea one evening, she was suddenly attacked with vomiting and with violent pain of the abdomen, especially low down. These symptoms ceased after a time for about three hours, and then returned, and continued till within a few hours of her death, which took place on the third day, at 10 o'clock a.m.,—forty hours from the commencement of the attack.

During the whole of the day and night preceding her death (I did not see her till the afternoon of the second day), there was, in addition to the vomiting, extreme tenderness of the whole ab-

domen; the bowels were not confined; the pulse was a hundred and twenty, not full, hard, or small, but very weak; the countenance, naturally florid, was deadly pale; there were frequent syncope and extreme restlessness. She told me that it was six weeks since she had menstruated, and she had no idea of being pregnant.

The case completely puzzled me. The abdomen was exquisitely painful on pressure, yet, as in the case read a few meetings since of ruptured stomach, there was neither the full pulse of some abdominal inflammations, nor the hard*and small pulse of others:—the pulse indicated no inflammation. I could not think there was rupture of the stomach or gastritis, because the pain had not begun in the epigastric region, and was seated chiefly in the hypogastric; nor could I think there was rupture of the intestinal canal or enteritis, because the bowels were relieved as in health. Had an aneurism or single blood-vessel of any size burst into the peritoneum, I fancied the event would have been more rapid*. The suddenness

* A patient of mine last year in St. Thomas's Hospital, whose lungs were somewhat diseased, was sitting up in bed one morning, not particularly ill, when he suddenly vomited some blood, fell back, and died *in two or three minutes*. The stomach was found distended to the utmost, and, on opening it, an immense coagulum of blood appeared, forming a beautiful mould of the organ. Yet so small was the ruptured vessel that I could not discover it, nor any more disease of the stomach than a trifling abrasion of the mucous membrane in one spot.

of the seizure, the extreme feebleness of the pulse, the frequent syncope, and the deadly paleness of the face, which but the moment before the attack was florid, convinced me that something was ruptured, and of course in the abdomen. This opinion I gave to the gentleman first summoned to the patient, but what was ruptured I could not imagine.

Permission was granted me to inspect the body.

On opening the abdomen, a quantity of bloody serum poured forth; and a large collection of coagula appeared, especially at the lower part. There was not the least appearance of inflammation, but, on the contrary, extreme paleness throughout.

In one of the many double handfuls of coagula

In internal hemorrhage of the epigastric artery, when this vessel has been wounded in tapping the abdomen, I was aware that death did not take place immediately; sometimes not for eight and forty hours, sometimes not for a much longer time. But the wound might occasionally be very small (the artery was only punctured with the point of the trocar in a man who died in twelve hours), or the artery entirely divided so as to retract, and the flow of blood into the abdomen would be impeded by the pressure of the neighbouring parts.

I was still less suspicious of hemorrhage because, in the examples of this accident recorded by Dr. Carmichael Smyth and Mr. Ford in the Medical Communications, (Vol. II.) no mention is made of violent pain, vomiting, or other symptoms of irritation, from the effusion of blood into the peritoneum.

emptied into a bowl from the lower part of the abdomen, something like a hydatid, equal in bulk to a middle-sized gooseberry, was seen, and, on a closer inspection, an embryo was discerned through the smooth transparent membranes which composed it. On putting the ovum into water, innumerable flocculi appeared all over its surface. A large number of fragments of Fallopian tube were also mixed with the coagula, and, to each of two opposite parts of the ovum, a fragment of the tube adhered.

The right Fallopian tube seemed broken off near its fimbriated extremity, though of course irregularly; but still its length rather exceeded that of the entire left. The lacerated portion and the scattered fragments were of a dark colour, but exceedingly firm, equally so as the rest of the tube and as the other tube. For the distance of an inch, the canal of the tube was pervious and ample; it then became contracted, and at length obliterated.

The corresponding ovary had a cell near its surface, filled with a red coagulum which was easily dislodged; and, around this cell, except at the part nearest the surface, was a quantity of yellow matter, making two thirds of the substance of the ovary. The fimbriated extremity of the other tube was completely and firmly grown to a nearly globular tumor, which was situated close

to the left ovarium and was internally of a deep red colour*.

The uterus was four inches and a quarter in length, and three inches at the fundus in breadth. The cervix and os uteri were filled with a colourless and translucent jelly-like matter, which also projected a little way from the latter into the vagina, in the form of a very large drop. In the cavity of the uterus was a beautiful decidua. It was about a quarter of an inch thick, and, on being brought into view, by cutting the body of the uterus from without, resembled the interior of a ripe fig, having a lilac colour, with minute spots of a deep pur-

* It is no uncommon thing to see the fimbriated extremity of one or both Fallopian tubes adherent to some of the neighbouring parts. In our eighth volume (p. 505.) Mr. Langstaff states that he has noticed this particularly in Cyprians. During the last year two patients who had died in the foul ward of St. Thomas's Hospital, and a notorious prostitute who had died in a clean ward, were opened, and the tubes found adherent; both in two of them, and one in the youngest. We have been accustomed to account for the sterility of prostitutes solely by the supposition of exhausted excitability. It is sufficiently explained by these adhesions, which arise, no doubt, from that state of inflammatory turgescence which occurs to the tubes, in common with all the generative organs, during copulation, and causes them to experience a sort of erection and to embrace the ovaria, being scarcely ever allowed to subside. Not that the occurrence can be universal, because old prostitutes, on marrying after transportation, have occasionally been remarked to breed in New South Wales.

ple: it was spongy, and of most delicate texture. Its inner surface was smooth and shining, and formed a cavity close and continuous at the beginning of the cervix. On examination of the interior of the uterus three months afterwards, the parts having remained all the time in spirit, the decidua was of a dark red colour, extremely diminished in thickness, very dense, divided by many fissures in various directions, and not separable into layers; and at each corner, corresponding with the opening of the Fallopian tube, appeared a perfectly circular aperture, rather larger than merely sufficient to admit a bristle, and that on the unimpregnated side was obviously larger than the other.

As far as I have read, the Fallopian tube species is the most frequent of extra-uterine pregnancies, it occurs more frequently on the right side, and its most frequent termination is by rupture and fatal hemorrhage in the early months. The nausea which my patient experienced for a fortnight before the event, just as if the uterus were pregnant, has been noticed in other cases of extra-uterine pregnancy, together with pain and enlargement of the breasts, and all the sympathetic affections common in utero-gestation, and which would probably have arisen in succession had life continued. The woman, I should suppose, had been with child not more than seven or eight weeks:

yet Mr. Blizzard saw a case where the rupture took place at least as early as the fifth week*, and, I may add, was not more than sufficient to admit a small quill, excited violent pain, and proved fatal in nine hours and a half. Indeed I do not know that the history of the present case offers any thing unusual. But some of the appearances on dissection deserve attention.

The enlargement of the uterus, the existence of a decidua in it, and the obstruction of the cervix and os uteri by mucus are commonly observed; although, in the case recorded by Mr. Langstaff in our seventh volume, there was no decidua in the uterus, and, in the other recorded by him in the eighth, the cervix and os uteri were not filled with mucus.

I believe that the ovum is at least as frequently in the ovarian half of the tube as in the other. In this instance it was as near the fimbriated extremity as it could be. Where the colour of the abdominal viscera is mentioned, it is always said to be pale, as it is likewise in cases of hemorrhage into the peritoneum from a wound of the epigastric artery, either the presence of blood in the peritoneum not being calculated to irritate, or the hemorrhage preventing inflammation.

* Edinb. Phil. Trans. Vol. V. p. 188. *sqq.*

The tube was obstructed, but pervious and ample for an inch on the uterine side of the ovum. It is remarkable that the ovum had not passed onwards as far as there was space, yet in some cases there has been no obstruction whatever in the tube,—in one, for example, of Mr. Langstaff's, in Mr. Blizard's, and in one described by Dr. John Clarke*.

In every case that I have read (I do not pretend to have read the greater number on record) the tube was ruptured in one point, but retained the ovum. Here the portion of tube in which the ovum had existed was reduced to pieces, as though it had been shivered by an explosion; and the ovum, completely detached, lay, together with the fragments, loose in the abdomen, mixed with the effused blood. How this circumstance can be explained, does not occur to me; except perhaps from some violent and irregular action of the tube†. But the firmness of every fragment and of the ruptured extremity of the tube renders Mr. Burns's idea‡ of sloughing in these cases improbable; to say nothing of the absence of all foetor and pre-

* Transactions of a Society for the improvement of Medical and Chirurgical Knowledge. Vol. I. p. 220.

† The tubes have the power of motion, because in rabbits during heat, they are said to be seen writhing in a remarkable manner.

‡ The Principles of Midwifery, p. 135.

vious derangement of health, nor of the fatal hemorrhage, attending the rupture, and the facility of injecting all the vessels * notwithstanding nature's custom to attempt the abolition of arterial canals which run towards mortifying parts.

The circular apertures in the decidua opposite the openings of the Fallopian tubes are worthy of notice, because this membrane is often said to consist of two layers; the exterior perforated opposite the openings of the tubes, but the interior continuous. The ovum, passing from the Fallopian tube, is thought to go through the opening in the external layer against the internal, and this, being pushed before the ovum, to become the decidua reflexa †. These apertures were unfortu-

* See Mr. Langstaff's case. Vol. VII.

† Dr. Hunter, (*Anatomical Description of the Human Gravid Uterus and its Contents*. 1794. p. 55.) speaking of the contents of the uterus after the earlier months of pregnancy, says, "When the decidua is pretty thick it is often divisible into two or more laminæ. Its outer stratum or lamella is perforated at each Fallopian tube, and at the os uteri."

I noticed no opening in the decidua at the cervix uteri, when inspecting its inner surface, yet Dr. Hunter in the preceding quotation speaks of a perforation "at the os uteri." Dr. Baillie, who completed the work, informs us (p. 77, see also *Trans. of a Society, &c.* Vol. II. p. 66. sqq.) that John Hunter, "in a case of very early conception, probably not more than two weeks," found the decidua, "upon opening the uterus, to be as fine at the beginning of the cervix as the retina, but without any hole in it there." "In more advanced pregnancy," he continues, "that part of the decidua which lines

nately not examined before the parts had lain in spirits and the decidua become contracted. Nor was it before this that I attempted to separate the decidua into layers. Should any member of the Society meet with an opportunity, it would be highly interesting to inquire into these points while the parts are recent *.

the inner surface of the uterus, and which will in the progress of the description be distinguished by the name of the decidua vera, seems to lose itself at the beginning of the cervix, and has evidently there an opening. The decidua which covers the external surface of the chorion, becomes gradually thinner as pregnancy advances, but has no opening in it at the cervix uteri or any where else."

* A bristle passed from the tubes into the uterus in Dr. Clarke's case (l. c. p. 221). But it might be replied that the bristle made itself an opening in the inner layer of the decidua. The openings in the decidua presented themselves spontaneously to my view on exposing its cavity. Yet it must be remembered, that Mr. Burns, in his *Midwifery*, says, the decidua passes in some cases a little way into the Fallopian tubes; and if the assertion is correct, and mine was one of these cases, there might be an appearance of aperture when no aperture existed.

Drawn by H. Briggs.

Eng'd by J. Stewart.