A CASE
OF
EXTRA-UTERINE GESTATION,
IN WHICH THE FŒTUS WAS EXTRACTED
THROUGH
AN APERTURE MADE IN THE POSTERIOR PART OF THE
VAGINA, BETWEEN THE UTERUS AND RECTUM.

BY
G. NORMAN, Esq.
OF BATH.

Read March 27, 1827.

MR. S. O. aged 41, of a corpulent habit and a sallow complexion, had been married twelve years. She had been subject to palpitation of the heart, and occasionally to quick breathing. She had never borne a child, but had miscarried about six years after her marriage, between, as was then supposed, the second and third month of her pregnancy.

October 14th, 1824.—About eight months ago she had become very ill, the palpitation had returned very frequently, and her respiration became so difficult that she was unable to lie in bed without being very much raised at the head. From about that time she had ceased to menstruate, and had frequent sickness and vomiting.

On examining the abdomen at rather more than three months from her last menstruation, a rounded tumour was felt in the left iliac region, apparently as large as the fist. She was then unable to lie on her right side, and all her distressing symptoms continued to increase.

About five months after her last menstruation she began to feel the motion of a child, which gradually became stronger, until at length there seemed to be no doubt of her being pregnant. Her breathing became still more difficult; she was unable to go up stairs, and frequently was obliged to sit up the whole night. Her pulse became quick, irregular, and sometimes, when labouring under a paroxysm of difficult breathing, scarcely perceptible. Small bleedings and diuretics had been employed with some temporary relief, but still the urgency of the symptoms had gradually increased, and when I first saw her, at the period of eight months from her last menstruation, she had been unable to go to bed for a week or ten days together, and never for more than two or three hours. Her legs were very much swollen and œdematous.

She had been then suddenly seized with symptoms indicative of a failure in the action of the heart, and her dissolution seemed to be almost inevitable. Relief was procured by administering large doses of opium, which restored the heart's action. During the paroxysm her respiration was

most imperfect, and her face and lips purple. No doubt being entertained of her pregnancy, and her distress being supposed to arise in a great measure from the distention of the uterus, it was proposed to rupture the membranes in order to bring on labour; but as the symptoms became somewhat less severe, and as she was again able to remain in bed for some hours during three or four nights, the attempt was postponed. No examination was then made by the vagina, but I was able to feel the child through the integuments of the abdomen, more readily than is usual. The tumour before mentioned on the left side could not then be felt.

On the forenoon of the 13th of October, she was again seized with a paroxysm of difficult respiration, and almost total suspension of the action of the heart. She was momentarily expected to expire, but a large dose of laudanum, and warmth applied to the chest and extremities, again restored the circulation, so that in about two hours the pulse had become firm, and the breathing much improved. She was then supposed to be in the ninth month of her pregnancy, and the attempt to bring on labour was determined upon: on examination per vaginam, however, with that intent, the os uteri could not be discerned. The form of the child's head was distinctly felt, covered by an intervening substance, apparently as thick as the parietes of the uterus. This substance could be readily traced to its termination in the vagina, at the posterior part,

but anteriorly under the pubes it could not, until on introducing my hand farther, I thought I was able to trace it all round, terminating in the vagina, though I could nowhere discover the os uteri, the vagina at the same time appearing shorter than natural. The substance covering the head of the child was considered to be an imperforate hymen, or at any rate a thick membrane, either natural or the product of disease, intervening between the vagina and the uterus.

The assistance of Mr. Day, an old and much-experienced practitioner in midwifery, was by my desire resorted to, in consequence of my having been called by him some time before to a case somewhat similar, inasmuch as in a first labour, after several hours of severe pains, the form of the head could be felt, though not the os uteri, a substance intervening which terminated in the vagina. A small aperture was made in the centre of this substance, and a probe-pointed bistoury having been introduced, an incision of two inches was made, behind which the os uteri was felt considerably dilated. The labour then proceeded, but was not finished without forceps. The patient however did well, and has since been confined again without difficulty.

In the present case it was agreed to proceed in the same way; and accordingly, after making an aperture, an incision of about two inches was carried

through the substance, but the os uteri could not be found. I thought I could feel the membranes covering the head, and on tearing them with the nail some fluid escaped, and the scalp of the child could be felt. The patient immediately expressed herself much relieved, which was attributed to the escape of the liquor amnii taking off the distention of the uterus. She remained easy all the afternoon, and said she was more comfortable than she had been for many weeks. She experienced some pains at intervals during the night.

On the following morning (the 14th) when I examined the vagina, the head was in the same situation as before, but the scalp was slightly corrugated. The os uteri could not be felt; it was supposed to be dilated beyond the margin of the artificial opening. The day passed with some return of pains, but without any alteration in the state of the parts. At ten in the evening she had a return of the difficulty of breathing, which required opium for its relief. On her recovering somewhat from the weakness and distress, it was agreed to open the head and extract the child, as the pains had not produced the slightest effect in propelling it, and as it was too far out of reach to admit the use of the forceps or vectis. Indeed, doubts were entertained of the possibility of opening the head, from the height of its situation, the narrowness of the passages, and the great difficulty of introducing the fingers, all much increased by

the patient's inability to lie down for more than a short time, and that with the greatest distress.

The opening already made with the probe-pointed bistoury, was enlarged in the same way for two inches more, but still the os uteri could not be felt. The head was opened, and the brain extracted. With the aid of a pair of straight forceps and the blunt hook, the child was extracted with less difficulty than had been anticipated. The patient too bore the fatigue of the operation beyond our expectation. When the head was extracted a fold of the funis came down, and was unfortunately broken in the subsequent delivery of the child. No effort towards the expulsion of the placenta occurring, an examination was made, but no trace either of the funis or of the placenta could be discovered, nor any contraction of the uterus; but a hard solid tumour was found on the left side of the patient. Repeated examinations afforded no information as to the situation of the placenta, though after some time a loose substance was felt high up, which for a moment gave somewhat the feeling of a part of it. It could not be traced however to any attachment to the sides of the uterus, and further examination convinced me that it was a fold of intestine.

We now agreed, as the patient was much exhausted, and as our efforts to discover the placenta had proved ineffectual, to relinquish the attempt,

particularly as there was something so uncommon in the case, and so much doubt as to its nature.

Upon consideration we were then of opinion, that it had been a case of extra-uterine gestation; that the aperture through which the child had been extracted, had been made through the vagina and the peritoneum; and that the child not being in the uterus, explained why it had never been propelled, nor the placenta thrown off by uterine contraction.

The patient's strength soon became recruited, and she could lie down with ease. She took nourishment, and had some sleep in the night.

In the morning (15th) she felt comparatively comfortable, her pulse was 112 and firm, her breathing easy, and her spirits good. She continued to take nourishment throughout the day. In the evening she expressed herself as being quite as well; but the coldness of the skin and the weakness of the pulse too plainly indicated the failure of vital power. In the night she became very restless, and complained of pain over the whole of the abdomen.

On the following morning she had a frequent regurgitation of fluid from the stomach, without any effort of vomiting. There had been no discharge from the bowels, though small doses of

castor oil, and subsequently divided doses of aloes with opium had been given.

During the day and night the pain in the abdomen became more intense, and the rejection of fluid from the stomach constant. The pulse sunk, soon became imperceptible, and on the 16th at two p. m. she died.

An examination of the body was made the next morning. On opening the abdomen the whole of the small intestine appeared to have been much inflamed; one convolution lay low in the pelvis, and seemed to be that which had for a moment been taken for a part of the placenta. The whole of the peritoneum bore marks of inflammation, but there were not any adhesions. The placenta was found attached to the right ligamentum latum, from which it was easily separated. The funis was torn away about two inches from the placenta, into which its vessels entered separately.

The part divided in the operation previous to delivery was the posterior part of the vagina, which, together with the peritoneum, had been divided to the extent of four inches. The os uteri was situated above the pubes, as in *retroversio uteri*. The anterior part of the vagina was so compressed under the pubes that the finger could not be passed, nor the os uteri felt from the vagina.

The tumour which had been felt on the left side when searching for the placenta, and most probably that which lay in the left iliac region at the third month of pregnancy, was the uterus, with its body and fundus very much enlarged, owing to the existence of some soft tubercles, one as large as a pigeon's egg, imbedded in its substance. The uterus itself was also thickened and hard, but not scirrhus. Its cavity was lined by a very well defined tunica decidua.

The heart was flaccid, the ventricles thin, and containing no blood: the pleura and lungs presented no morbid appearances.

Had the placenta been fortunately found with ease after the delivery of the child, and had there not been any disease of the uterus, there would not appear to have been any very great improbability of the recovery of the patient; and in some future case of extra-uterine foetus, when the head may be in a similar position, the operation may perhaps lead to a more fortunate result.