A C A S E
OF
EXTRA-UTERINE GESTATION.

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THE following case is, I think, of sufficient rarity to merit a permanent record. For the notes, as well as for much care given to the case during its progress, I am indebted to Mr. C. Green, M.B., who was at that time acting as resident accoucheur at St. Thomas's Hospital.

Previous to her admission to St. Thomas's, I had seen the patient at her own residence by request of her husband's employer, and had been told it was a case of cancer of the uterus. My examination, however, led me to believe that the condition of the pelvic contents was not malignant but inflammatory, and probably connected with some error of gestation, and I advised her removal to the hospital. She was admitted on November 19th, 1885. Her family history was bad, but her own previous history good. She was thirty-five years of age; was married at thirty, and had had two children, both born at the eighth month, the youngest in December, 1883. She had had one early miscarriage between the two confinements. The catamenia, when not pregnant, had always been regular and normal

and her general health good. The history of her present illness was as follows. She ceased to menstruate on the 9th of May and soon after considered herself pregnant, and her pregnancy proceeded without incident, except that she thought she was larger than at corresponding periods in former pregnancies, until the beginning of July, when she had an attack of what she was told was "inflammation" in the right lower abdomen, and since then she had never been free from pain. In the first week in September, after an unusually severe attack of pain in the right iliac region, she suddenly passed *per vaginam* more than a pint of what she described as a thick greenish fluid, and for a fortnight subsequently she was much more comfortable. Then the pain again became severe, and was shortly followed by a fresh discharge of a similar nature, but more offensive in character; and this sequence of events, viz. pain followed by discharge, recurred from time to time up to her admission. On one occasion there came away in the discharge what she thought was a piece of "skin," but her nurse told her it was a piece of afterbirth. There had been no uterine hæmorrhage at any time, but on two or three occasions a discharge which resembled coffee-grounds. The enlargement of the abdomen, which had progressively increased until the first appearance of the discharge in September, had since then steadily diminished.

On her admission she was somewhat emaciated and very weak. Pulse 114, temp. 100.4° . In the hypogastric region, and extending towards the right of the median line, was an ill-defined swelling, tender on pressure. On examination *per vaginam* the lower segment of the uterus appeared expanded and fixed; the external os was patulous, and admitted the finger as far as the inner os, which was tightly closed. The sound, however, passed easily, and apparently in the normal axis to a distance of about three inches. Bimanual examination was difficult both on account of the condition of the vagina, to be described, and the fixation of the pelvic contents, and added but little to the information gained by abdominal palpation. There was a large

quantity of offensive discharge issuing from the vagina, and owing to its irritating character the labia and nates were much excoriated and inflamed. The discharge was yellow in colour, with a slightly fæcal odour, and resembled in character the contents of the small intestine. Examined microscopically it showed broken-down bits of muscular fibre, and broken-down vegetable tissue, and differed entirely in character from the contents of the rectum, which contained ordinary lumpy fæces. Examination with the speculum was difficult on account of the vaginitis present, but it showed that this yellow discharge issued through the os uteri, and that there was no recto-vaginal fistula present. The bladder contained about twelve ounces of high-coloured urine, which was free from albumen.

As a preliminary to further treatment, I directed the vagina to be regularly washed out with warm Condly and water, and kept plugged with pledgets of iodoform wool, and the external eczematous parts to be dressed with iodoform and vaseline. As a medicine she had quinine and such sedatives as appeared necessary. Under this treatment she became much more comfortable and the inflamed condition of the external genitals subsided.

On December 14th she passed *per vaginam* the ossified shaft of a foetal tibia, which when compared with specimens in the museum appeared to correspond with that of a foetus between five and six months of uterine age. I then decided upon dilating the cervix, and exploring the uterine cavity; and on December 18th this was effected, the patient being anæsthetized. The cervix was dilated with Hegar's dilators up to No. 20. The cervical canal was unusually long; on passing the finger through the inner os it reached the body of a small foetus in a decomposing condition, lying transversely as it were in the uterine cavity, with the head towards the left side. I made several efforts to extract it, firstly by attempts at version with traction, but fragments only of the limbs came away, including one entire femur with remnants of soft parts attached, the main portion of the body appearing to be tightly fixed in

its position. I then tried traction with ovum forceps, but with no greater success. Some hæmorrhage, but not much, occurred during the operation; but the patient's pulse beginning to flag, it was decided to defer further attempts at extraction, and after irrigation of the cervix and vagina with warm antiseptic solution she was removed to bed. In the evening symptoms of collapse set in, and she died in the course of the following day.

Autopsy twenty-four hours after death. Body somewhat emaciated. Some old adhesions in the right pleura. Heart and pericardium normal. The peritoneal cavity contained some dark brown material looking like intestinal contents but having no distinctly fæcal odour. The intestines were matted together by fairly firm but not fibrous adhesions, and there were also several patches of recent inflammatory lymph both visceral and parietal. The peritoneum was much discoloured. The great omentum and the intestines were adherent to the brim of the pelvis. On lifting up this adherent mass the partially disintegrated remains of a foetus were seen lying transversely in the posterior half of the pelvis, the parts surrounding it being of a dark slate colour, and almost sloughy in appearance. In the pouch with the foetus were several grape stones. The foetus itself was more or less decomposed. Its relation to the uterus was not at first clear, but on removing the pelvic contents and carefully examining them, it was found that almost the whole of the posterior wall of the uterus had sloughed away, from close to the inner os below to within half an inch of the fundus above. The left Fallopian tube and ovary were fairly healthy. The right tube and ovary could not be traced. No trace of placenta was found. The small intestine was ulcerated in several places, and two perforations were found in it leading into the cyst-like pouch in which the foetus was contained.

Remarks.—My impression of this case at the first was, as I have indicated at the beginning of the history just given, that it was connected with some error of gestation, and neither malignant on the one hand nor simply inflammatory

on the other. I thought it probably a case where the gestation was extra-uterine and the foetus dead, and this view was strengthened, after her admission to the hospital, by the observation made as to the intestinal character of the uterine discharge, and the passage of the sound to little more than its normal length. The intestinal character of the discharge might, I thought, be accounted for by some entero-uterine fistula resulting from one or other of the abscesses which had successively occurred in connection with the progress of the case. But while we were waiting for the eczematous condition of the genital surfaces to improve, and also, if possible, her general health, the foetal tibia was passed in the discharges, and the idea then occurred to me that it might possibly be a case of missed abortion. Anyway the indication now seemed clear to dilate the cervix and explore the uterine interior. When this was done the second view appeared to be verified, for on dilating the inner os the finger at once came upon the body of the foetus, and it was not until the post-mortem examination that we ascertained that the foetus was essentially *extra-uterine* in position, and occupying a sac of which the anterior wall was the anterior wall of the uterus, and the remaining walls formed by the inflammatory adhesions already described, and with the posterior wall of the uterus destroyed by ulceration. The age of the foetus, as determined by comparison with others of known age, seemed to be close upon six months, which does not entirely agree with the time the patient believed herself pregnant; but it is not uncommon in cases of extra-uterine gestation for a quasi menstrual discharge to appear once or twice after conception has occurred, and it is quite probable that the pregnancy began earlier than May. Had the case been diagnosed at its commencement, or had the interior of the uterus been explored when the discharge first appeared, it is of course possible that abdominal section might have been successfully adopted; but at the time when she was admitted into the hospital I do not think any treatment could have saved her. So far as I have ascertained by reference to authori-

ties and specimens, there is no case on record such as this of an extra-uterine gestation occupying Douglas's pouch communicating both with the uterine cavity and the small intestines.

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' New Series, vol. ii, p. 137.)