A CASE
OF
EXTRA-UTERINE FŒTUS,
CONTAINED IN THE FALLOPIAN TUBE,
WITH SOME
OBSERVATIONS,

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IN the Seventh Volume of the Society's Transactions, I related a Case of an Embryo, with some of its involucra, situated in the fallopian tube; which occasioned the death of the mother by hæmorrhage from laceration of that tube. The peculiarities were obliteration of the canal from where the ovum was, to the uterus; and the latter not having prepared a deciduous membrane. Since the publication of this case, I have had an opportunity of examining another, where the reverse of this took place; the fallopian tube remaining open, and a decidua uteri having been completely formed.

Although it has been said, that extra-uterine

fœtuses are not unfrequent, and that the relation of such cases is not of any practical utility, and does not tend to throw light on the physiology of conception; yet I feel great satisfaction in exhibiting to the Society the preparations of those facts, accompanied with as brief a history of the last case and dissection as I can give. Should it be considered by the Council deserving a place in the Transactions, I shall feel amply repaid for my trouble.

CASE.

A healthy woman, thirty years of age, (a patient of my friend Mr. Snow, surgeon, Highgate,) was suddenly attacked on the 14th of April, 1817, with excruciating pain in the lower part of the abdomen and right groin, succeeded by almost constant distressing vomiting; which continued sixteen hours, without the least mitigation, although a variety of remedies were employed. After the cessation of pain and vomiting, the patient became extremely restless and anxious; her pale countenance, and small quick pulse, denoted considerable internal mischief; and the most probable conjecture respecting the nature of the complaint was, that some large blood-vessel had been ruptured. The abdomen enlarged, and occasioned dyspnœa; the vital powers gradually yielded, and she expired forty-eight hours from the commencement of the attack.

Dissection.

The viscera of the abdomen were completely covered with blood, partly fluid and partly coagulated; and there was a considerable quantity in the pelvis. The whole nearly filled two moderate sized wash-hand basons.

The pelvic viscera were removed, and the cause of death was found to be a rupture of the right fallopian tube in consequence of a fœtus and its membranes having been detained there instead of passing on to the uterus. The ovum was situated about half an inch from the fimbriated orifice of the tube. This canal was greatly enlarged by the ovum, and the part which held it was rendered extremely thin, more especially at its posterior surface, where it had burst to the extent of half an inch.

The exact age of the embryo cannot be stated, as the mother's menstrual periods had not been interrupted by this impregnation; but from its size I should suppose it to have been between the sixth and seventh week. The corpus luteum in the right ovarium was very large; and in the left there was the sign of a prior impregnation.

The uterus was somewhat enlarged, and it contained a most beautiful and perfectly formed deci-

dua; but the os uteri was not closed, nor were the mucous glands distended as in the case I first described.

On the left side, the fimbriated part of the fallopian tube had formed adhesions to the posterior surface of the peritoneal covering of the uterus and the ovarium; so as to have completely precluded, during the person's life, the exact application of those parts, which is essential to generation.

Observations.

The above-mentioned appendages of the uterus were not brought into close union, but connected by very delicate longish layers of organized lymph, arranged in a reticulated manner. Such appearances I have frequently noticed on one or both sides of the uterine appendages, more especially in Cyprians; which perhaps may have been occasioned by frequent excessive excitement. I have also seen similar effects in married women, who have not been prolific; and from those facts I have no hesitation in saying, that such adhesions form the principal causes of barrenness. I possess several preparations, shewing the variety of ways in which the fimbriated extremities are prevented from embracing the ovaria, by those simple morbid productions of coagulated lymph. In some, the morsus diaboli, as they have been called, adhere to the anterior or posterior surfaces of the ligamenta

lata, or uterus. In others, bands of adhesions are formed between the fallopian tubes, and that part of the peritoneum reflected from the uterus over the rectum; or are seen adhering to that portion which covers the posterior surface of the bladder. I have occasionally found the mouths of the fallopian tubes obliterated.