DESCRIPTION
OF AN
EXTRA-UTERINE FŒTUS
CONTAINED IN THE
FALLOPIAN TUBE ;

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SURGEON.

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ON the second of August, 1815, I was requested by Mr. Sowler, apothecary, Tabernacle Square, to inspect the body of a woman who expired rather suddenly, without having experienced, for a number of years previous to her death, the least disordered state of health.

He informed me, that she was seized (about two o'clock in the morning) with a violent pain in the lower part of the abdomen, accompanied with sickness of the stomach, and a disposition to faint. Some warm brandy and water was taken, which seemed to afford slight mitigation of the symptoms ; but at five o'clock they became worse, and about seven Mr. Sowler was called to visit her. Her

pulse at this time, was very rapid, small and intermitting, her countenance ghastly ; a cold clammy perspiration pervaded the body, the intellectual functions declined, she sunk rapidly, and died at nine o'clock ; seven hours from the commencement of the attack.

Dissection.

I inspected the body eight hours after death, in the presence of Mr. Sowler, and Mr. Camplin, assistant to Mr. Jones of Finsbury Square. There were all the appearances of her having been a handsome well proportioned woman, but rather corpulent. On opening the parietes of the abdomen, we were greatly surprised at the presentation of arterial looking blood, chiefly in a fluid state, covering the intestines, and occupying the pelvic region.

The quantity of blood measured upwards of two quarts. From this appearance it was inferred, that some important artery had given way, or that a large aneurism had burst*. After sponging and cleaning the blood from the viscera, they were carefully examined, and found remarkably natural

* This supposition arose from my having opened the bodies of persons who died suddenly from the bursting of large aneurisms, without any of the symptoms of that disease being noticed during life ; which dissections I purpose on some future occasion to relate to this learned Society.

in structure, but pale from having been deprived of so much blood. The abdominal aorta and its principal branches, together with their corresponding veins, were attentively dissected, and to our astonishment found to be perfectly healthy.

From whence the hæmorrhagy proceeded became mysterious, but a probable speculation or conjecture could not be offered, until the removal of the pelvic contents: when it was found that the right fallopian tube was dilated to about the magnitude of a moderate-sized hen's egg, and had burst in two places.

I brought the uterus home, that I might deliberately search for the cause of the increased fallopian tube, and notice such other appearances as might present themselves.

The figure of the tumor, the appearance of coagulated blood beneath its serous membrane, and its having been lacerated, made it look very like a ruptured aneurism.

The spermatic artery on this side, and those arteries ramifying between the laminæ of the peritoneum, which form the ligamentum latum, and supplying the fallopian tube, being greatly enlarged induced me to place pipes in them, and inject some size and vermilion, previous to opening the tumor. The injection was observed to flow in a full stream

from the lacerated openings in the fallopian tube, when it was thrown into those vessels; and there was also a moderate stream when the spermatic artery was injected, which proved that the giving way of those arteries was the immediate cause of the person's death, and that the spermatic arteries, besides supplying the ovaria, anastomose freely with the uterine vessels, originating from the internal iliacs.

The distention of the tube had commenced about two inches from the fimbriated extremity; this part of the canal being rather more capacious than that of the left side; but the internal surface retained its plicated arrangement, whilst the remaining part of the tube from the enlarged portion to the angle of the uterus was completely obliterated.

The lacerations were in the posterior surface of the tubal enlargement, and in the longitudinal direction; each measuring about a quarter of an inch. The fallopian contents were next minutely examined; and after carefully washing away the coagulated blood from beneath the peritoneal covering, I discovered a chorion and amnios, with a foetus of about eight weeks, floating in the liquor amnii.

In consequence of the dilatation of the fallopian tube by the increasing size of the ovum, its dif-

ferent tissues (except the external containing one, which was rendered extremely thin) had been nearly destroyed.

The right ovarium was made very red with the injection, more especially about the corpus luteum, which was remarkably large, and contained a gelatinous looking mass.

There were several corpora lutea in the left ovum, one of which shewed the vesicle having been removed from thence in the conception previous to the last.

Lastly, the uterus was examined ; it was considerably larger than we generally observe that organ to be in the unimpregnated state, even in women who have borne several children. On laying it open, the uterine vessels were observed to be very large, but empty ; and there was a great quantity of gelatinous matter in the cavity and neck of the uterus. When this was washed off, the internal surface of the viscus looked very vascular, having been highly injected ; but there was not the least appearance of a decidua.

The cervix uteri was not closed by the mucous secretion from the glands situated there, as it is during utero-gestation, when it proceeds in the ordinary manner ; as I easily introduced my finger

through it into the uterus, although the lacunæ were numerous and loaded with mucus.

The viscera of the thorax did not exhibit the least diseased appearance ; and although I am, and have been for several years, in the frequent habit of noticing the effects produced by morbid actions, I do not recollect ever having seen a body so completely free from organic disease, at the same period of life.

Some time after the examination, I collected the following information : viz. That she was forty years of age ; had borne five children ; and was delivered of a full grown living child, seven months previous to the last stated conception. The menstrual period answering the regular time, happened a week before her dissolution ; and sexual intercourse was performed the night of her death.

Observations.

It has been remarked, that of all the species of extra-uterine pregnancy, the fallopian is the most frequent ; but as peculiar appearances are observable in all, and even in the same species, I shall briefly notice some of those which occurred in the present case ; and first, the remarkable changes produced in the uterus.

This organ, whether the impregnation be of the tubal, ovarial, or ventral kind, has been found in a certain degree (from sympathy) enlarged, its vessels dilated, the vascularity of the mucous or internal surface increased, in many instances a decidua uteri formed, and the lacunæ of the mucous glands loaded with mucus, or the cervix closed as in ordinary gestation.

Dr. Denman in his Introduction to the Practice of Midwifery says, that "though the foetus be extra-uterine, the uterus becomes considerably enlarged, and performs its proper office by providing the efflorescent or deciduous membrane for the reception of the ovum." And Dr. Burns in his Principles of Midwifery states, "it is curious to observe, that generally the uterus enlarges somewhat, and, in most instances, I imagine decidua is formed." In the same work, note 15, it is stated, Boehmer long ago observed this; and Dr. Baillie, in the 79th volume of the Philosophical Transactions, mentions, that Dr. Hunter had a preparation of tubal pregnancy, in which the uterus was found enlarged to double its natural size, and contained a decidua. Dr. Clarke found the uterus, in the second month of extra-uterine pregnancy, exactly the same size as if the embryo had been lodged within it. The decidua was formed, and the cervix filled with gelatinous matter*.

* Transactions of a Society, &c. Vol. Ist, page 216.

A case similar to Dr. Clarke's is related by Mr. T. Blizard, in the *Edinburgh Philosophical Transactions*, Vol. Vth, page 189. It is there stated, that "changes had been produced in the uterus, similar to what are seen in ordinary gestation; its parietes were thickened; its cavity enlarged; its cervix shut up with a jelly; and the glutinous effusion just described might not perhaps improperly be considered as a *membrana decidua* in its early state of formation."

In the case I have the honor of relating, the uterus certainly had not increased in the same ratio as in the instances above quoted, as will be demonstrable by the preparation accompanying the painting. It likewise differs from most of the cases of the kind on record, from having the cervix uteri widely open, and a decidua not having been formed. But perhaps the gelatinous matter found in the uterus, may by some gentlemen be considered as the incipient step towards the formation of that membrane.

If it be admitted that this membrane is an adventitious production of the internal surface of the uterus; that in the mode of production it resembles the laminæ of coagulating lymph, formed by inflamed surfaces; and that it is produced previous to the reception of the ovum into the uterus, I think I shall not be considered incorrect in having

stated, in the history of the dissection, that a decidua was not present.

In the cases of ruptured fallopian tube from extra-uterine conception, which have been related, mention is only made of the laceration, without noticing the morbid changes produced in that part, and the probable cause of its sudden rupture.

Dr. Clarke merely says, "But the most remarkable thing in this case is, the laceration of the fallopian tube, and the fatal hæmorrhage thereby occasioned." Dr. Burns thinks the tube slowly inflames, and sloughing takes place. Having only seen this solitary case, I shall not presume to say what takes place generally in those instances; but shall venture to describe what appears to me, from the result of the dissection, the most probable cause of laceration.

In consequence of the regular developement of the ovum, the containing parts are distended beyond their capability, and become attenuated; progressive absorption takes place; the vessels supplying the ovum, which are necessarily enlarged, suffer in the destructive action; and from their not having been obliterated by adhesive inflammation, their coats are gradually absorbed, they burst, and the blood now finding free access to the sac, which is already rendered extremely thin, it bursts as in

aneurism, the blood is propelled into the cavity of the abdomen, and thus life is extinguished.

One of the most remarkable, and I believe unique circumstances in this case is, that no communication existed between the uterus and the ovum, the canal of the tube being completely obliterated; and it is also worthy of remark, that there was only the corpus luteum in the right ovary, which has been described; all the ova, except this, having appeared to be produced by the opposite ovary.

It would be impossible to state accurately, whether this obstruction took place, before the fallopian impregnation, or in consequence of it; but in a physiological point of view it would be very desirable to ascertain this point, as it would satisfactorily account for the detention of the ovum, and refute the opinion entertained by some physiologists, that the semen must be in actual contact with the ovum for the production of the species.

From the complete state of obliteration of the tube, I must confess I feel inclined to suppose, that it was not effected by adhesion in consequence of inflammation from the last conception; or else, from the same cause, why was not the extremity of the tube obliterated?

I shall conclude my remarks by quoting the fol-

lowing passage from Dr. Clarke's case; and I hope the whole will be considered worthy a place in the transactions of this Society.

“ Upon the whole, the symptoms which accompanied this disease, were such as could not have led any one to form a conjecture respecting the nature of it, and even if it had been known, we could only have deplored the insufficiency of our art to remedy a situation so uncommon and so fatal.”