

A case of extra uterine gestation, of the ventral kind : including the symptoms of the patient from the earliest period of pregnancy to the time of death (fifteen months) ; with the appearances upon dissection / by William Turnbull.

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A C A S E

OF

EXTRA UTERINE GESTATION,

OF THE

V E N T R A L K I N D.

[Price TWELVE SHILLINGS.]

A. C. A. S. E.

EXPERIMENTAL OBSERVATION

OF THE

GENERAL KIND

[Illegible]

A C A S E
OF
EXTRA UTERINE GESTATION,
OF THE
VENTRAL KIND:

INCLUDING
THE SYMPTOMS OF THE PATIENT
FROM THE
EARLIEST PERIOD OF PREGNANCY TO THE TIME OF DEATH
(FIFTEEN MONTHS);
WITH THE APPEARANCES UPON DISSECTION.



By *WILLIAM TURNBULL*, A.M. F.M.S.
SURGEON.

LONDON:
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1791.

A O A B E

OF

EXTRA UTERINE GESTATION

OF THE

UTERUS

REPORT BY
THE PHYSICIAN OF THE HOSPITAL
AND THE
LATEST METHOD OF TREATMENT TO THE USE OF
(LITHIUM)

D. WILLIAM WURMBEIT, M.D.

PHYSICIAN



A C A S E, &c.

THE human body is originally stamp'd with a peculiar conformation, and also impressed with strong propensities and passions, principally in subservience to those two grand and first laws of creation—Self-preservation and the generation of the species; these are more especially distinguishable in the appetite of hunger, and the mutual attachment of the sexes. These laws are not only universal, but are also of a minutely extensive nature, for they pervade the whole living body, since in every part it is endowed with a power both to resist and to regenerate. The subject of the present history is an obvious illustration of the extent of this principle; for we have not merely an instance of nature's exertions for the renewal of the species, but likewise, on being counteracted, new resources found out by her, to answer the same grand design; and we can venture to affirm, that no subject is better calculated to shew the accommodating powers of the animal machine, than these changes which take place in the parts concerned with the various inexplicable processes of gestation. For when we consider, that the extremely small dimensions of the uterine cavity, the still smaller capacities of the ovaria and fallopian tubes, being capable of so great an expansion and dilatation, as to admit the progressive evolutions of the fœtus, from its atomic state to the weight of several pounds, are circumstances of equal astonishment, yet, beyond dispute, are admitted as certain and necessary facts; and while these leave us in silent admiration at the stupendous effect, they lead us insensibly into a contemplation of the great First Cause, whose incomprehensible power and wisdom, preside universally over creation.

The veil of obscurity which nature has so wisely thrown over the mysterious work of conception, has, at various periods, been productive of theories as complicated, systems as replete with intricacies, as the operations which they were intended to develop. However this deficiency of knowledge will appear, if not unimportant, at least not greatly to be regretted, when, on consideration, it is found, that, unless in the article of curiosity, mankind would be but little benefited, and diseases incident to them would receive, in all probability, no alleviation were we in possession of the secret; for which reason this subject has been regarded and treated more as an abstruse exercise for the imagination, affording an ample field for speculative and controversial disputations, than an useful or medical enquiry.

Nothing can give a stronger specimen of the extraordinary exertions, and wonderful resources of nature, in the production and preservation of animals, than her operations in the occurrences of extra uterine impregnations.

These extra uterine cases may be considered as consisting of two kinds—1st, where the fœtus is found within some part of the genital organs; 2dly, where the situation of the fœtus is unconnected with them, or external, with regard to the organs of generation. The former of these cases, it is evident, may take place in the ovaria and fallopian tubes; the latter in the cavity of the abdomen. But those which happen in the former are not so remarkable, on many accounts, as those in the latter situation; because the fœtus is abundantly supplied with the same blood-vessels as the uterus, and therefore it probably only requires a greater enlargement of these vessels already existing to effect a communication; but, in the pure ventral conception, parts intended for different purposes are made to supply this. Fallopian and ovarian cases only shew that parts intended for the purpose can perform it, but ventral demonstrate, that parts formed for different ends, will also succeed.

Although it is generally understood that the uterus is essentially necessary for the purposes of conception, yet these different fœtations incline us to believe, that it is not absolutely so, and that the principal or only advantages, which that organ possesses over other living parts, are derived from its situation and dilatable powers, and from its being possessed of a muscular structure

ture with an external opening; the former being admirably calculated for the purposes of growth and evolution, without any interference with the vital parts, and the latter for the prevention of hæmorrhages, and the expulsion of the fœtus.

From a careful perusal and examination of the most approved authors* upon this subject, it appears by a variety of examples that impregnations in the ovaria and fallopian tubes are by no means to be considered as uncommon †.

The

* Extra uterine fœtations were not taken notice of before the beginning of the last century.

† Vide The Philosophical Transactions of London. An. 1683. Vol. xiii. p. 285. An. 1698. Vol. xix. p. 314, 486, and 580. Vol. xx. p. 292. Vol. xxi. p. 121. An. 1700. Vol. xxii. p. 1000. An. 1704. Vol. xxiv. p. 2077. An. 1720. Vol. xxxi. p. 126. Vol. xxxii. p. 387. An. 1724. Vol. xxxiii. p. 171. An. 1727. Vol. xxxvi. p. 485. An. 1739. Vol. xli. p. 697. An. 1744. Vol. xliii. p. 304 and 529. An. 1746. Vol. xlv. p. 617. An. 1748. Vol. xlv. p. 121 and 131. An. 1751. Vol. xlvii. p. 92. Miscellana. Natural. Curiosa; An. 1. Dec. 1. p. 255. An. 2. Dec. 11. p. 478. An. 4. Dec. 1. p. 76. — Dec. 3. p. 167. An. 8. Dec. 11. p. 293. Memoires de l'Acad. de Sciences, An. 1709. Journal de Medicine, No. 1. Journal de Scavans. Tom. i. p. 134. — Tom. v. p. 133. Ephemer. Act. Nat. Curios. Cent. 7. p. 24. Acta Erudit. Lips. An. 1706. p. 265. — An. 1716. p. 526. — An. 1718. p. 15. — An. 1719. p. 343. — An. 1720. p. 131. Acta Hoffmiania. Vol. v. p. 53. Zodiacus Medicus, Vol. i. Observat. 9. Commentar. Litterarum, Noremberg. An. 1732. Tho. Bartholine de Infolitis partus Humani Viis. — & Histor. Anatom. Cent. 6. Epistol. Med. Cent. 4. Epist. 368. Caspar. Bartholine de Ovar. Mulier. p. 36. Manget. Biblioth. Anatom. Andr. Ot. Goelicke Histor. Chirurg. p. 186. Dan. Hoffman Annot. ad Hyp. Groeyan. p. 69. Theod. Craanen de Homine, p. 709. Joh. Riolanus, Anthropol. p. 180. Nicol. Vinetta de la Generat. de l'Homme, p. 428. Petr. Dionis des Accouchment, p. 93. Belloste Chirurg. de l'Hospital. Dan. Men. Mathiæ. Observat. p. 106. Regn. de Graaf de Organis Mulier. p. 352. Isbrand, de Diemberbroeck. Op. Anat. p. 135. M. Ern. Etmuller Epist. ad Rufep de Ovar. &c. p. 4. Benj. Petermanus Observat. Medic. Cent. 2. p. 40. Ger. Blasius Observat. Med. p. 66. Joh. Frid. Ortlob. Histor. p. 275. Theoph. Bonetus Sepulchr. Anatom. p. 1367. Cyprianus de Histor. Fœtus Humani salva matre ex Tuba excisi. Stalp. Vander Wiel Obs. rar. p. 320. Arnold. Senguerdius de Ostento Dolano. Joh. Ben. Sinibald Geneanthropol. p. 1. Joh. Conr. Pyarus Exercitat. 16. ad Hardir. Medical Essays of Edinburgh. Smellie's Cases and Observations; and London Medical Journal, Vol. viii. Part iv. Art. 1. A case of extra uterine fœtus, by Dr. Underwood. Art. 2. Observations on the same, and on ruptures of the uterus, by Dr. Garthshore.—In this sensible and judicious paper, the Doctor has collected a number of histories of such cases, with references to the respective authors from whom they were taken; but does not produce any instance of a true ventral conception in the remarks alluded to. A case of an ovarian fœtation has lately fell under the observation of Dr. Krohn at the

The references in the preceding note are replete with histories of this kind, and of ruptures in the uterus. Many facts are adduced wherein the foetus having escaped from some of these parts into the cavity of the abdomen, has remained in that situation for a number of years, and, in some instances, been retained during a long life, without any other inconvenience to the mother than the weight arising from the size of the infant. These were sometimes extracted or discharged in part, or entire, by abscesses forming in the integuments of the abdomen, or groin, and by the anus.

But the history of medicine furnishes us with hardly an instance of a true ventral case, well authenticated from dissection, wherein the impregnated ovum has been dropped, either from the ovary, or extremity of the fallopian tubes, into the belly of the female *, there procuring itself a residence and nourishment, and all this taking place without any other attachment to the uterus, or its appendages, than in common with the abdominal viscera. These last circumstances have occurred in the case which affords the following observations.

I shall, therefore, proceed to lay before you the history of the symptoms from the earliest periods of pregnancy to the death of the patient,

Middlesex Hospital; this I have seen, but shall forbear taking any further notice of it, since I understand it is the Doctor's intention soon to bring it before the public.

In consulting the preceding authorities I acknowledge myself much indebted to Dr. James Sims, the present worthy and learned President of the Medical Society of London, for the use of his valuable library, which contains above 8000 volumes in medicine.

* It has been a question—in what manner does the impregnated ovum find its way into the cavity of the belly? The general opinion is, that the ovum having been formed in the ovary, is afterwards detached from it in all viviparous animals in consequence of the fruitful coitus, at the same time the fimbriated extremity of the fallopian tubes embraces the ovary, and so catches the ovum at the moment of detachment; therefore if the fallopian tube should either not embrace it in the ovary, or, what is most probable, after having embraced, should loose its hold before the separation of the ovum takes place, this last will necessarily fall into the cavity of the abdomen, where it is most likely to adhere. There is no difficulty in supposing how it should adhere there, since we have reason to believe that the abdominal cavity is not more an extraneous one, with respect to the ovum, than the cavity of the uterus itself; or, perhaps, on the principle of two living parts coming together, they may unite in the same manner, as often occurs in various other parts of the body.

collected

collected from the concurrent testimony of Mr. Fitch and Mr. Hancock, medical practitioners, who both occasionally attended the greatest part of the time; and afterwards relate the appearances on dissection, and close with a few general observations.

HISTORY OF SYMPTOMS.

About the beginning of March, 1790, Mr. Fitch was sent for by Mrs. Calvert (a woman about thirty-seven years of age, who resided in the City Road), supposing that she was arrived at or near her full period of pregnancy, and with a view of engaging his attendance.

On entering the room he could not refrain from expressing his astonishment at her appearance; she was extenuated almost to a skeleton, and had a pallid sickly countenance. On examining the abdomen he found it distended to an enormous degree, the skin of which exhibited a very livid appearance, tinged with a yellow hue. Her breasts were of a painful hardness, and discharged a butyraceous fluid, which had a much nearer resemblance to pus than milk; her eyes were deeply sunk within their orbits, the pulse quick and feeble.

On making enquiries relative to the miserable and afflicted situation in which he found her, she informed him, that she had been four times pregnant, and supposed herself to be in the same state again ever since the beginning of July, 1789*. At this time violent pains began to attack her bowels, which increased with her pregnancy, and gradually affected her stomach; notwithstanding her recourse to various medical applications, with very short intervals of ease, her pain still continued. In February, about a month, before he was called in, she had been seized with a most violent paroxysm of pain, attended with a flooding; this she supposed to be her labour, and sent for her midwife; but before she arrived something was expelled from the

* It is worth remarking here, that she never menstruated during her pregnancy, until between two and three months preceding her death, then in a very small quantity, and at irregular periods. This is a very uncommon event in extra-uterine impregnations.

uterus, with the appearance of a placenta, and which the midwife, on examining, declared to be so. Before this occurrence she had felt the child very distinctly moving, but never to any great degree afterwards; she constantly complained, from the first time she perceived its motions, that it laid very high up, and that she had, in every respect, experienced very different sensations from those which she had usually, in any former pregnancy.

The hæmorrhage continued about four weeks from the time of its first appearance, until Mr. Fitch came, but not with the same violence.

On examining her he found the os tinæ so very much dilated, that with great ease he introduced his three fingers into the cavity of the uterus, the internal surface of which was found very irregular. It is worthy of remark here, that the uterus took on a particular disposition for action, about the usual period of parturition.

The abdomen, particularly on the right side, discovered considerable hardness on touching it externally, and was much distended in the direction of the liver, particularly upwards, and much less towards the lower part. She was affected alternately with diarrhœa and constipation, accompanied with violent and frequent vomitings, and with a painful uneasiness on the right hypochondrium and region of the stomach, which last felt as if something was continually pushing it up. From these symptoms, and every circumstance which he could discover, he imagined that a deposition of coagulable lymph had taken place in the cavity of the abdomen, and that irritation had excited an extraordinary action in the vessels of the uterus, for this reason he considered that mass to be a coagulum of lymph, which the midwife had pronounced to be placenta.

From these ideas he acquainted the patient and her friends, that he did not imagine her to be pregnant; and communicated his sentiments respecting her situation, and the means most likely to alleviate her sufferings:—with this view he employed such medicines as would tend to promote absorption, and began first by administering an emetic, and then in a day or two afterwards an active cathartic, which she bore very well, notwithstanding her emaciated state, and expressed herself considerably relieved by these evacuations.

After

After these remedies he proceeded to use gentle mercurial frictions, at the same time giving small doses of calomel and opium: after pursuing this plan about a fortnight, he had the happiness of seeing his patient very much recovered.

The abdomen on the left side was much lessened; the livid complexion greatly changed, the discharge of blood had entirely disappeared, and the pulse had become fuller, stronger, and more regular. From so considerable an amendment, and such a happy change in the symptoms, he flattered himself that the cause producing irritation was much diminished. Soon after this he was obliged to desist from the mercurial course, on account of a ptyalism supervening. She complained, at this period, of a painful tumour on the right breast, that afterwards suppurated and formed a very large abscess, which was opened and discharged a considerable quantity of matter. In every other respect his patient was astonishingly recovered; the abdomen on the left side was reduced nearly to its natural size, and the right also much diminished; the livid yellow complexion nearly removed, and a more healthy florid one succeeded; the stomach too was considerably relieved, the sickness as well as vomiting nearly subsided, and the appetite and strength very much restored.

Upon the whole, she was so far recovered as to discharge the nurse and follow her domestic employments, but still at times complained of a painful uneasiness on the right side; also frequently insisted upon her being pregnant, and that the child lay dead within her; and proposed questions relative to the possibility of opening her body, and removing the child.

Throughout the whole time of Mr. Fitch's attendance (which was between three and four months) he was compelled to have frequent recourse to warm aperients to obviate that costiveness and flatulency which had been exceedingly troublesome to her.

She had now so much recovered as to dispense with further medical attendance*, and continued in a state of convalescence for about six weeks,

* In consequence of this considerable amendment, Mr. Fitch ceased from visiting her, after an attendance from March to the June following; and from the latter month until the middle of August she enjoyed, as it is observed, a tolerable good state of health.

and

and till within a month of her dissolution, when all the symptoms returning, Mr. Hancock was sent for (who had occasionally seen her in the first periods of gestation); he coincided with Mr. Fitch in respect to her situation, pursued a similar treatment, and is acquainted with all the circumstances related in this history.

He informed me, that during the last ten days of her existence, the diarrhœa had entirely ceased, and was succeeded by such an obstinate constipation, as to resist every remedy that was employed to remove it: she continued without any natural passage, and the excrements were voided by the mouth. She complained of much pain in the head, and in the intestines, extending to the left groin; the pulse became small, quick, and irregular, attended with singultus, vomitings, and other symptoms of excessive irritation, which continued to increase until Friday the tenth of September, when death happily relieved her from a complicated state of misery.

APPEARANCES ON DISSECTION.

On Sunday, the 12th of September (two days succeeding her dissolution), I was called in by Mr. Hancock, and Mr. Kannen, another medical practitioner, to examine the body. On applying my hand to the parietes of the abdomen, I perceived such a large, hard, spherical body, situated contiguous to the liver, as made me conjecture that it was something more than a schirrosity of that viscus. This enlargement felt very regular, and was incapable of compression.

On making an opening into the abdomen, by beginning an incision from the cartilago ensiformis, continuing it in a straight line to the symphysis of the pubes; and thus laying open the abdomen, the situation and appearances of the fœtus and abdominal contents were as follow.—In the right hypochondrium the fœtus was seated nearly in an erect posture, the back part of its head covered by the edge of the concave side of the liver, pushing it up towards the diaphragm*. The arms were bent upwards with the hands clinched and compressing the features of the face, which was directed obliquely towards the umbilicus of the mother†. The fœtus was so completely

* Pl. I, A.

† Pl. I, B B.

immured among the intestines, that no other parts were perceptible but the head and hands. The convolutions of the small intestines surrounded the neck of the infant in such a manner as to form a kind of *ruff* *. The placenta was so extremely delicate and possessed so little of its natural characteristics, that, at first view, I conceived it to be a thin membranous substance, formed by an exudation from the surface of the bowels in consequence of inflammation †, an effect that not uncommonly happens from that cause. This membrane, in which the vessels were exceedingly small (so as to render the tracing of them with the knife impracticable), did not exceed in thickness, one tenth of an inch, was ruptured at that part where the child's head appeared, and sent off filaments from its reflected portions, to the peritoneum, stomach, liver, intestines, mesentery, meso-colon, and to the abdominal parietes.

At the inferior part of this membrane there were two pouches ‡, about three inches distant from each other, which led to, and were superficially connected with, a tumour, of which I shall presently have occasion to take notice. The intestines, which exhibited rather a livid appearance, were exceedingly distended with air, and their blood-vessels turgid and full; in every respect they discovered the presence of much inflammation.

A tumour, the size of a large orange, of a flattened pyriform figure §, was situated in the cavity of the pelvis immediately posterior to the bladder, occupying the seat of the uterus, and entirely covering and displacing it in such a manner, as led us to conclude it was that organ, until farther inspection proved it to be, neither the uterus, or a diseased ovarium, but a substance composed of innumerable cells, varying from the size of a pea, to that of a small hazel nut, attached to the broad ligament of the left side.

This body received also a few fibres of the placenta in common with other parts. Some who saw this preparation have suggested, that this parenchymatous tumour, has been intended to answer the purpose of the maternal portion of the placenta, but I confess my difference of opinion from those who imagine so; if this had been the case, there would have been some particular vascular medium, or connection, between it and the funis umbilicalis, which we have not been able to discover.

Having presented to you the real appearances which the fœtus, and

* Pl. 1, H H H.

† Pl. 2, E E.

‡ Pl. 2, F F.

§ Pl. 1, F. Pl. 2, G.

abdominal contents discovered on removing the integuments, I shall proceed to state what appeared, upon a more minute examination of their relative situation, and connexions.

I found a considerable difficulty on attempting to remove the child from the cavity, which it had fortuitously formed among the intestines of the right side, which so completely fitted, and so closely applied to its body, as to occasion the great resistance which I experienced in removing it from this situation.

This cavity contained no fluid of any kind, was lined by, and received a polish from, the sacculus or placenta, which seemed to originate from this part, and sent off fimbriated portions, in the manner before mentioned, to a great part of the visceral contents of the abdomen.

The fœtus was a female, full grown, perfectly formed, and as well nourished as the healthiest child at that period; but, according to the first symptoms of pregnancy, it was supposed to have remained in this situation fifteen months.

The whole body was compressed into numerous large folds*, and covered with a bilious incrustation, which it received from its proximity to the gall-bladder. The legs were bent backwards upon the nates and thighs, the latter drawn up towards its belly, and rested upon the arch of the colon, where it runs towards the liver and beneath the vesicula fellis, having displaced the other intestines, and pressing them in various directions. The funis umbilicalis †, which measured ten inches in length, was of the usual thickness, until it arrived within two inches or less of its attachment to the placenta, where it suddenly became so slender as not to exceed a small crow-quill in diameter, and passed between those convolutions of the colon, and meso-colon which were contiguous to it; at this place the vessels of the funis were expanded, and lost upon their surface ‡. The colon had several ruptures in that part where the infant was seated.

The stomach, kidneys, and liver, were nearly in a natural state; the cellular substance, however, of the latter and of the right kidney was in a

* Pl. 2, A.

† Pl. 2, C.

‡ The fœtus must have necessarily been supported by blood from the vessels of the meso-colon; for those of the umbilical cord ran into, and anastomosed with the vessels, of that part.

small degree condensed by compression from the fœtus, which also had pushed the liver up towards the diaphragm, and the kidney of the same side towards the bladder.

Having now fully examined the parts, and with the greatest caution avoided deranging them, from a solicitude that my other medical friends might have an opportunity of bearing testimony to this extraordinary and almost unequalled occurrence*, I now replaced them in their former situation; and
by

* The one which bears the strongest analogy to this, of any I have met with, fell under the care of the late Mr. Clarke, a practitioner of great eminence in Northamptonshire, the father of my worthy and ingenious friend Dr. Clarke, teacher of midwifery in London, who favoured me with the following history.

“ Some years ago my father was sent for to attend a woman, who, after the usual time of nine months, was seized with the pains of labour. She had passed through her pregnancy without any remarkable symptoms which might lead to a knowledge of her situation, and was of the usual bulk of a woman at the full time. Upon examination he found the os uteri very high up, and not in the smallest degree dilated, although there were alternate attacks and remissions of pain; he therefore considered they must be owing to some irritation, and, having ordered for her what he thought proper, left her. At this time the child could be felt through the parietes of the abdomen. He was not called to her again until after the space of eight days, during which time she had constantly been in pain; the os uteri still continued in the same rigid state. This led him to make a more particular examination of the case than he had done before, when he could distinctly feel that the cervix was of the same length as in an unimpregnated uterus, and thought that he could distinguish the uterus not enlarged. Laying all these things together he was persuaded that the child must be extra uterine. He was induced from the importance of the case to have a consultation, and accordingly sent for a Mr. Mansfield, a very eminent surgeon and man-midwife at Thrapston in Northamptonshire.

“ The woman being considerably exhausted by the long continuance of the pains, and the child being probably alive, it was determined to cut into the belly, as the only means of delivering the child, or preserving the mother. An incision was accordingly made into the abdomen, on the side where the child lay, just enough to extract it. Unfortunately the child was found dead.

“ The child being taken away, the placenta was found adhering generally to the kidneys, intestines, &c. it was agreed that it should also be brought away, which was done.

“ The woman, who had already lost much blood during the operation, lost more on the delivery of the placenta, and, weakened by the discharge, she died in about four hours after the operation.

“ Indeed it seems hardly possible, that, under these circumstances, a woman can recover, because, if the placenta be brought away, she must almost inevitably fall a sacrifice to the consequent flooding; and, if the placenta be left behind, we are warranted by experience to expect that such a mass of dead matter remaining in the cavity of the abdomen can hardly fail to produce the worst effects.”

Several

by a request to the husband, who possessed a mind superior to common prejudice, I readily obtained leave to introduce on the following day, my friends Drs. Fox, Clarke, and Turnbull, Mr. Orange and Mr. Pole, with some other professional men. The last of those gentlemen, an ingenious surgeon*, politely offered to take drawings of the parts, which he afterwards did in a variety of situations. And for this instance of friendship I presented him with the preparation, to add to his valuable and curious collection. In the presence of the before-mentioned gentlemen I proceeded to a second exposure of the abdomen, and, upon re-examination, the parts were found exactly to agree with the former description, both in respect to situation and connexion. On removing the contents of the cavity of the pelvis, the tumour which, on the first examination, was thought to be the uterus, by further inspection was found to be that cellular substance, of which, I have had repeated occasion to take notice.

The uterus was situated in the long axis of the superior aperture of the pelvis, immediately under, and covered by the tumour, with its fundus directed obliquely downwards to the sacro-sciatic ligaments; the os tincae was raised towards the left side; the uterus laying across the pelvis in such a direction, that the left side of its body occupied the natural seat of the

Several other very useful remarks were sent me by the above gentleman on this case, but I am sorry that the length of these observations already prevents me from inserting them.

It is to be regretted that no opportunity was allowed after death of examining the body; upon this account it is difficult to ascertain whether the case was ventral, ovarial, tubal, or whether the foetus had escaped into the cavity from a rupture of the uterus. Of this dubitable nature may be ranked the case mentioned by Jean Joseph Courtial, in his *Nouvelles Observations Anatomiques sur les Os. Obs. 10, p. 86*; likewise that related by Dr. Denman †, and communicated to him by the late professor Hamilton of Glasgow.

* A gentleman well versed in anatomical pursuits, whose elegant collection of anatomical drawings, models, and preparations, evince an industry and ingenuity superior to the generality of men, engaged in that branch of science, and who has lately published a valuable work upon the art of preparing and preserving the different parts of the human body, and of quadrupeds, including a treatise on modelling from the dead and living subject, illustrated with a variety of copper plates. A work hitherto much wanted in the schools of anatomy, and upon which subjects nothing comprehensive nor systematic had been before published.

† *Vide* Denman's collection of engravings.

fundus, and was of its usual unimpregnated size*. On making an opening into its cavity some days after, in the presence of Drs. Garthshore, Lowther, Bailie, and Coombe, and Mr. Cline, Haighton, Pole, Cowper, &c. no tunica decidua could be discovered. The verge of the os tinæ † was rather fuller and larger than common, although it was agreed by every one present not morbidly. The ovaria ‡ on both sides were very distinct, and the right one was pushed down considerably into the cavity of the pelvis by the obliquity of the uterus. The corpus luteum was found in the left ovarium, which, together with the fallopian tube of the same side, took a posterior direction along the surface of the tumour §, to which they had but a very slight attachment.

OBSERVATIONS.

Having given as clear and accurate a relation of the history of the symptoms, as could be collected from the gentlemen who attended, together with the appearances on dissection, I shall beg leave to add a few remarks, and point out those phænomena that may assist in forming some distinguishing criteria to ascertain the uterine from extra uterine gestation.

The appearances on dissection furnish us with clear conceptions, of the sufferings of the poor woman, during her tedious and painful pregnancy. Some portions of the intestines being pushed down, and others pressed in different directions, account for those violent pains which attacked her bowels, during the first stages of gestation, and which gradually affected the stomach, and produced the sensation of something continually pushing up that viscus; and likewise satisfactorily account for the alternate diarrhœas, and obstinate constipations, accompanied with violent and almost constant vomitings, of which she so often complained.

The distended and inflated state of the intestines, with general compression of the viscera, gradually increasing to a great degree, on parts so extremely sensible, and possessed of excited irritability, nothing less was to be expected, than a derangement of their œconomy, and a perversion of their natural functions.

* Pl. 3, G.

† Pl. 3, H.

‡ Pl. 3, L M.

§ Pl. 3, I.

The hæmorrhagy from the uterus, which occurred in the eighth, and continued until the ninth month of her pregnancy, and also that organ being so much enlarged, and the os tincæ so greatly dilated as to admit the introduction of three fingers, are circumstances in this, as well as in every other species of extra uterine impregnations, that may be regarded as uncommon. For, admitting it to be, the generally received opinion, that the uterus, in those cases, suffers an enlargement nearly in the same proportion as if the fœtus and involucra were contained within it, yet commonly the os internum remains as close and contracted, as in the unimpregnated state*.

The increased bulk of the uterus from direct communication and the natural sympathy of parts may therefore be expected in ovarian and tubal cases, but not so much in the ventral conception, although it happened in this instance. Since in the latter there is no immediate connexion with the genital system, nor alteration in the structure of the womb to be expected, from a want of an immediate or particular connexion and natural sympathy, similar to the other cases.

It has been observed that the colon, near the part where the fœtus was situated, had several ulcerated apertures.—Do not these ulcerations indicate that Nature was beginning a work for the removal of this extraneous body, and that the very operation to produce this effect (in which she failed) was the cause of the woman's death?

This suggestion is further strengthened by the considerable marks of inflammation that were apparent in the intestines and peritoneum. Had these ulcerations of the colon been subsequent to the dissolution of the fœtus, Nature probably might have succeeded in her attempts, by removing the child piecemeal through the medium of the rectum, or by abscesses forming in the abdomen; and although this operation might have taken up for its accom-

* There are several instances of this increased size of the uterus, without its containing the ovum, arising from the additional quantity of fluids transmitted to it. In the ovarian case at the Middlesex Hospital, the uterus was considerably enlarged. Boehmerus, in his *Observat. Anatom. Rarior.* was the first (and not Dr. Wm. Hunter, as has been erroneously conceived) who observed that although the fœtus be extra uterine, yet the cavity of the uterus suffers those peculiar changes which render it fit for the reception of the ovum.

plishment a series of years, yet, at last, she might have survived a complete evacuation of the foetal parts.

Several examples in illustration of this, have been quoted in a former part of this history*; and many cases recorded where the infant has burst either from the ovaria, the fallopian tubes, or from ruptured uteri, has fallen into the cavity of the abdomen, and remained there for a number of years, being at last discharged by the intestines, or by abscesses.

The discoloured skin changing to a more natural and healthy appearance, the subsidence of the pain in the stomach and bowels, the return of strength and appetite, and the diminished volume of the abdomen, particularly the latter after the administration of mercury, incline us to believe, that there must have been a considerable quantity of fluid in the sacculus, containing the child, which by these means had been absorbed †. The collection of matter in the right breast, at the time of a ptyalism from the mercurial course, was subsequent to the formation of that purulent fluid, which was discharged from the nipples of both breasts.

It were much to be wished that we could point out some leading criteria to enable us to distinguish accurately when the child is contained within the abdomen; although this is hardly to be expected from a single case, I shall mention what has occurred to me upon the diagnosis.

Notwithstanding there is supposed to be three different species of extra-uterine conceptions, the symptoms and effects resulting from these, are nearly similar to those, which occur in ordinary pregnancy; hence it becomes a very difficult matter to distinguish between them; particularly before the fourth or fifth month, since the motions of the child are not commonly felt before these periods; afterward, it may be more readily discovered, especially if attended at the same time with symptoms, which are not common in natural gestation.

We are informed by authors that, in conceptions of the ovaria and fallopian tubes, the menstrua are obstructed, but that in pure ventral cases they

* Vide Note, p. 7.

† While this circumstance proves that water had existed within the bag, at the same time it evinces the eminent and well known powers which mercury possesses in producing absorption, and exciting an increased action in that system of vessels.

are not, but will rather appear at regular periods, as in the unimpregnated state; and also that in the latter the stomach is not affected with sickness or vomiting, neither are the breasts excited by the natural sympathy to secrete milk; although in the former cases, that fluid is generally secreted in the same proportion as in the uterine impregnation.

If foetation occurs either in the ovaria, or in the fallopian tubes, I suspect a part of the abdomen only will be tumefied, that which inclines towards the ileum, rather than the hypogastric region, and the swelling in such cases is most to be depended upon in the early months of pregnancy, since at that time it is confined to one side, and cannot possibly extend to the other. But, in the more advanced stages, this is not so evident, because of the ovaria and fallopian tubes being incapable of admitting of further dilatation after the fourth or sixth month *, the parts consequently give way to the bulk and pressure of the infant, and it falls thence into the cavity of the abdomen, where it soon perishes, and becomes hard or putrid. But if the child is formed and developed within the abdomen, the circumscribed elevation will be chiefly confined to the umbilical, or to one of the hypochondriac regions, as in the foregoing case it was laying in the right. In this situation of the foetus, it will naturally follow, that the mother will complain of pain, an unusual weight, and general uneasiness throughout the whole abdomen.

These symptoms may be expected to succeed when its offices are impeded and disturbed by the presence of a foreign body, whose motions will be more extensive and less constrained than in ovarian and tubal cases, where the situation of the child, on the contrary, is considerably more limited and confined; and we shall likewise be able to judge by its limbs and parts being more readily distinguished through the abdominal covering. But the most certain diagnostic will be at the end of the period of natural gestation, when pains appear without being felt at the bottom of the loins, or bearing towards the anus, and without regularity or duration; the os tincæ most probably remaining undilated, and the membranes not presenting with the absence of the other usual symptoms of labour.

* Instances are recorded where the foetus has been contained in the ovaria and fallopian tubes till the full period of gestation. But these are extremely uncommon. Vide Haller, Le Roux observat: sur les Parties de Sang, & Baudoloque l'Art de Accouchment.

After having discovered that the child is lying in the cavity of the abdomen, would it be more advisable to leave the work solely to Nature, or to attempt delivery by incision, and extracting the fœtus before Nature has made efforts to relieve herself? Instances may occur where the former plan will be preferable, and others, where the mother would have no chance of surviving without an operation. It would always be improper to attempt an operation of this consequence, whilst there are no dangerous symptoms, since cases are recorded, where patients have continued in that situation from twenty to forty years, without suffering much pain or inconvenience. On the other hand, when the pain is excessive, the pressure and gravitation of the infant become grievous; a small, quick, irregular pulse, restlessness, other signs of great irritation, and jaundice, supervening, there can be no hopes of recovery without an operation, which certainly is calculated to give a chance to both mother and child. The disagreeable, and too often fatal effects, attending the Cæsarian section*, and the dread of a profuse hæmorrhagy following the separation of the placenta from parts not capable of contracting, has intimidated those, who have met with extra uterine cases, from performing the operation †.

For performing the operation there is a period of necessity, and another of election; the first of these I have just been adverting to, as being obliged to have recourse to when the symptoms assume an alarming appearance, and the latter applies to that period where Nature makes some efforts for the expulsion of the fœtal parts by abscesses forming in the abdomen. These last generally presage favourable consequences to an operation, which is not much more than an anticipation of that wound which would be formed by an abscess.

* Although the Cæsarian section is a dangerous operation, and has not been accompanied with the same fortunate issue in Great Britain as upon the continent, still a simple incision through the parietes of the abdomen is by no means of such serious consequence, as when we are obliged to make another, into the substance of the uterus, and exposing a second cavity to the action of the atmospheric air. It is more than probable, that greater mischief is produced in these operations from the admission of this fluid, than the mere division of parts.

† Dr. Clarke's case, which I have related, is an instance of the great danger of those hæmorrhages.

It may be argued against extracting the after-birth, that the danger is by no means equal to the risk which the woman must be exposed to, if it is permitted to remain and to detach itself. Since death must necessarily follow, from suppuration and gangrene taking place upon the spontaneous separation, therefore its extraction along with the child ought always to be attempted. On the contrary, my firm opinion is, that the separation and expulsion of the placenta should always be left to Nature, for the extraction will be generally fatal from the hæmorrhagy following it, besides the firm and extensive adhesions which it frequently forms with a part, or the whole of the visceral contents (as happened in the case of Mrs. Calvert, where it adhered universally to the abdomen, and almost every contained viscus), would render its removal totally impracticable to the operator, and highly dangerous to the patient.

When it is found necessary to have recourse to the operation, I should propose it to be performed after the following manner: viz. a longitudinal incision should be made in the direction of the abdominal tumor, beginning superiorly at the most prominent part, and not continuing it far until the situation of the child be discovered; because, as has occurred in the present case, the head may immediately present, and the child be readily extracted without a very large incision. It is hardly necessary to observe, that we would always divide the lateral or the muscular, in preference to the middle or tendinous part, of the abdominal covering. After having made a sufficient aperture, the child should be removed by slow and cautious means, afterwards dividing and tying the umbilical cord as in a natural labour, and leaving the maternal part of it hanging out of the wound, which may be daily pulled at, in a gentle manner, until the placenta shall be gradually separated, by which means the external wound will be prevented from healing until the time that the placenta, or every detached portion of it, can be removed*, and which also will afford an opportunity of using
emollient

* I have not as yet experienced any mischief from allowing the placenta to remain in uterine cases; but I have often been a witness to much injury being done, in precipitating its expulsion by the rash introduction of the hand for the purpose of tearing and extracting this substance from the extremely tender and irritable interior surface of the uterus. It is a standing and invariable rule with me, and a
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emollient and other injections, as relaxants, and to keep the cavity free from putrid and other extraneous matter.

Thus, while I have endeavoured to lay before you the history of this uncommon case, I am not insensible of the many inaccuracies with which it in every page abounds, yet I trust that same liberal conduct, that same candid disposition, which have always in an eminent degree actuated the minds of those Gentlemen who compose the Medical Society of London, will now operate in framing an apology for these deficiencies, and accept it as a mark of esteem, and as a recital of facts authenticated by many of its members, and others of the first professional reputation*.

with I expressed to the midwives employed in the EASTERN DISPENSARY, that they should use the gentlest efforts in delivering the after-birth; if these did not succeed, to leave its separation to nature. And in the course of the five years I have been surgeon to that institution there has not been a less number than 1500 women delivered, and I can honestly declare, during that period, neither in private nor public practice, have I experienced any inconvenience from its retention; although in some instances it has been retained two, three, or even four days, before it has entirely been expelled.

* Doctors Lettsome, James Sims, Saunders, Osborne, and Marshall, Messrs. Hunter, Cruikshanks, Blizard, &c.

T H E E N D.

EXPLANATION OF THE PLATES.

P L A T E I.

Representing, in nearly a side view, the appearances which presented upon first opening the body of the woman, with the child in situ.

- A The head of the child above the convolutions of the intestines.
- B B The hands of the child placed over its face.
- C A portion of the liver.
- D The stomach.
- E The omentum.
- F The tumour situated in the broad ligament on the left side of the womb.
- G The urinary bladder.
- H H H H H H H H H H Various convolutions of the intestines.

P L A T E II.

Nearly a front view of the body, showing the fœtus removed from its natural situation, exhibiting the internal surface of the sacculus which contained it, &c.

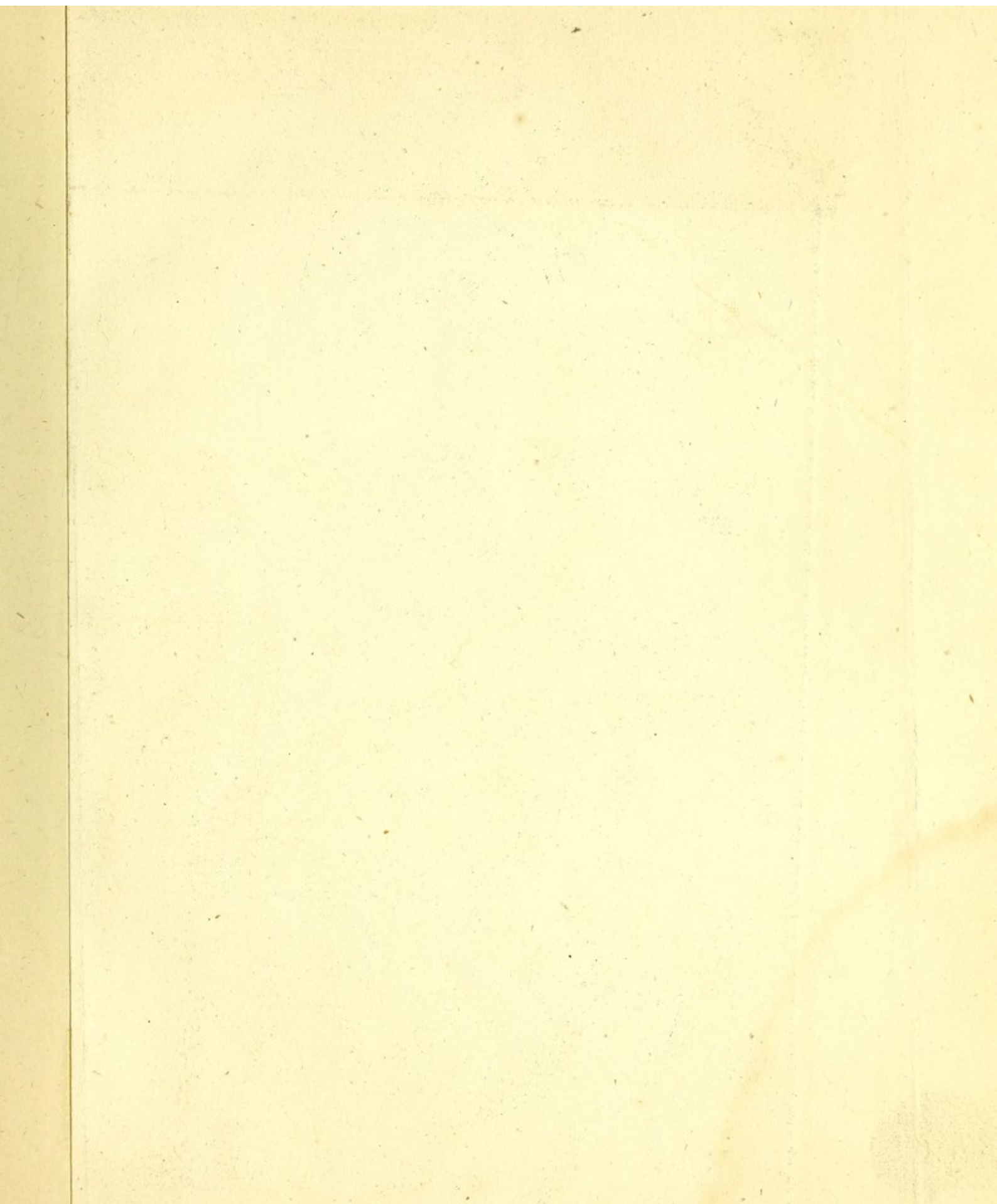
- A The right side of the fœtus, with large folds in the back and side, arising from pressure of the surrounding viscera.
- B The back part of the head, pressed into folds in the same manner as the back.
- C The funis.
- D The termination of the funis in the sacculus, near the part where it was ruptured.
- E E The sacculus, or placenta, which contained the fœtus, and was ruptured previous to the body being opened.
- F F The blind pouches in the middle of the sacculus.
- G The tumour in the broad ligament on the left side, appearing like a contracted uterus after delivery.
- H The urinary bladder.
- I Symphysis pubis.
- K K K K K K Various convolutions of the intestines.

- L The liver.
- M The stomach.
- N The omentum.

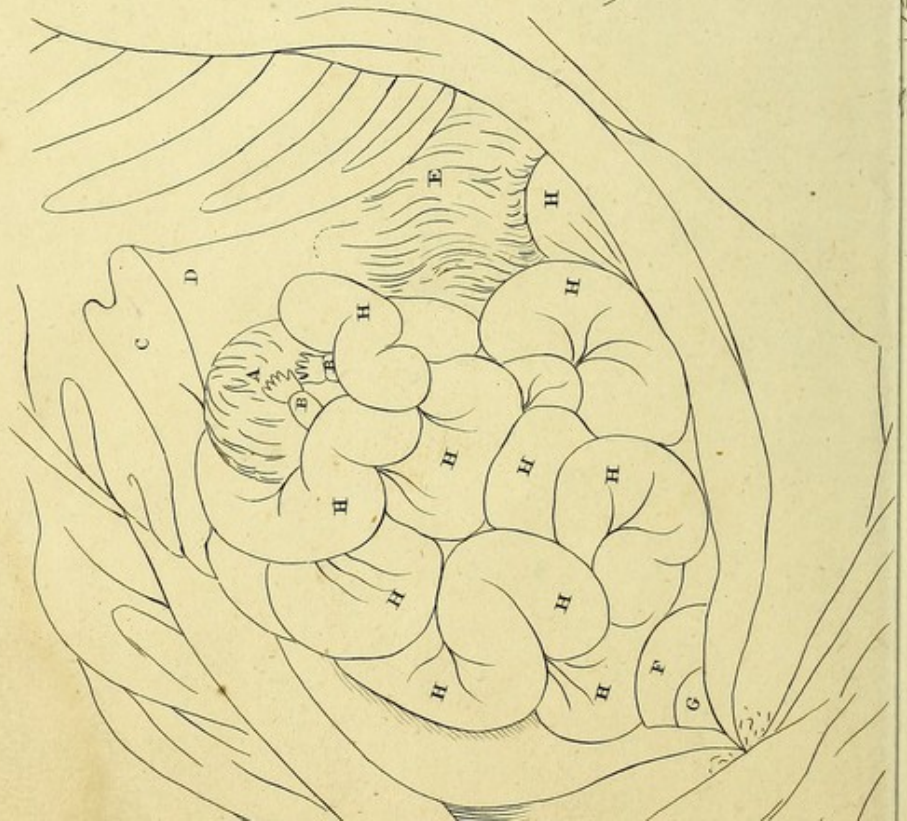
P L A T E III.

Shows (upon a larger scale) the left side of the fœtus, with a posterior view of the organs of generation, and other parts concerned, as they are preserved in the Museum of T. Pole.

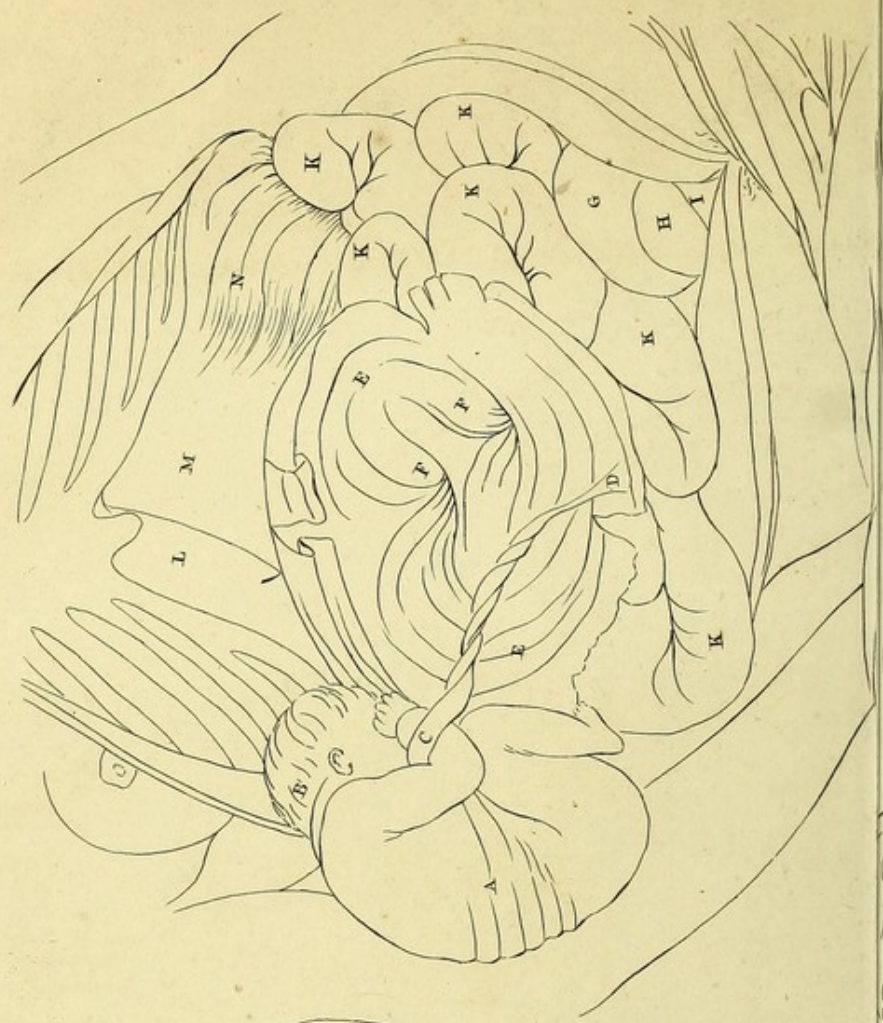
- A The child compressed in numerous folds.
- B A large depression made by the child's arm.
- C A large projecting ridge in the scalp, occasioned by pressure.
- D D The funis.
- E The sole of the left foot turned outwards.
- F The sole of the right foot turned toward the left.
- G The womb of its natural size.
- H The mouth of the womb rather enlarged.
- I The right Fallopian tube.
- K The left Fallopian tube.
- L The right ovarium.
- M The left ovarium.
- N The right round ligament.
- O The left round ligament.
- P The vagina.
- Q The clitoris.
- R R Nymphæ.
- S The orifice of the urethra.
- T Part of the urinary bladder.
- V V The large tumour in the broad ligament.
- W W The posterior surface of the sac, or placenta, giving off vascular filaments to the abdominal viscera in general, as a medium of connection for the support of the child.
- X X X Convolutions of the colon, to which the sac, or placenta, was attached, together with the mesocolon.
- Y A portion of the mesentery, from which the intestines are removed, in order to shew the posterior surface of the sacculus.



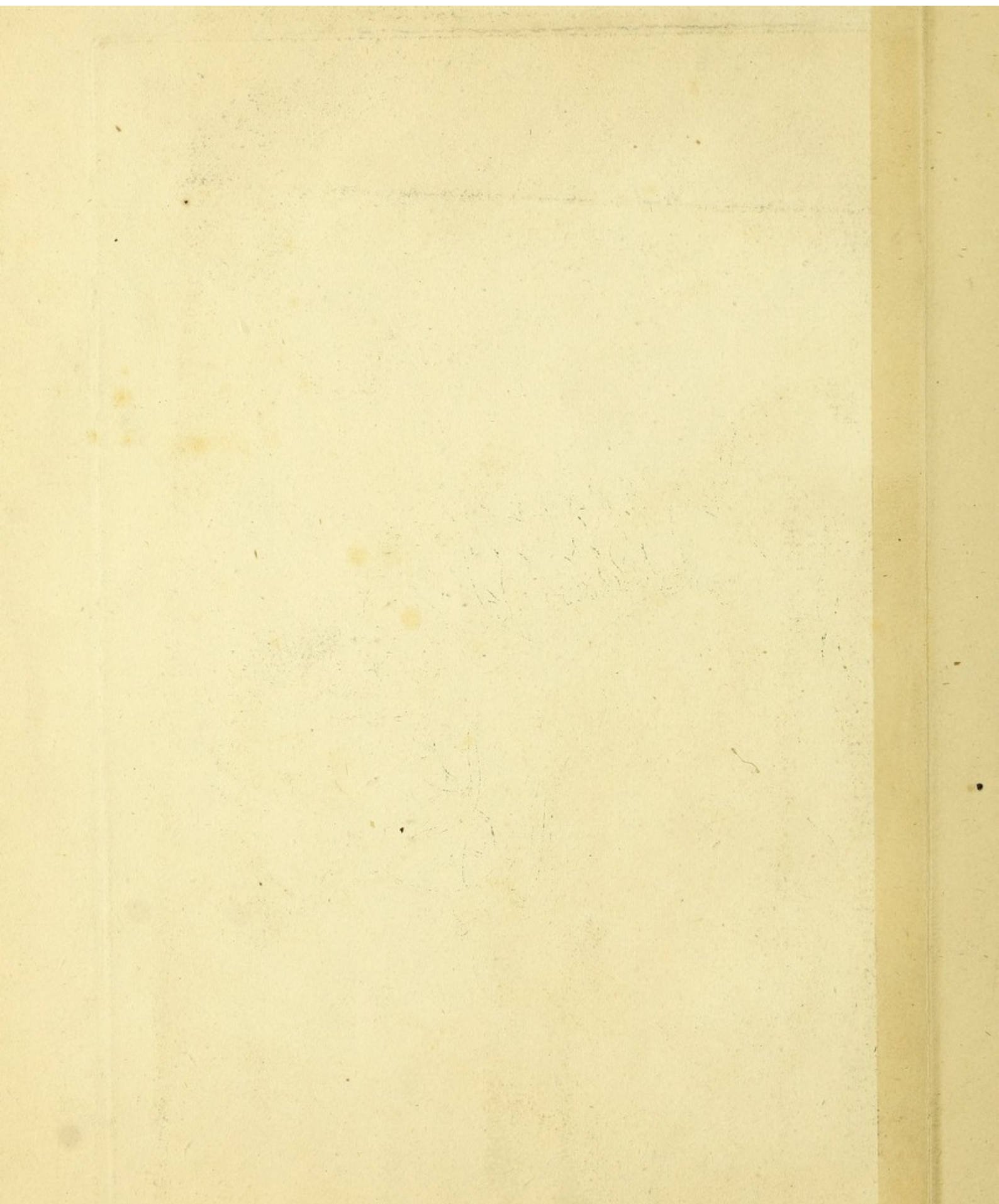
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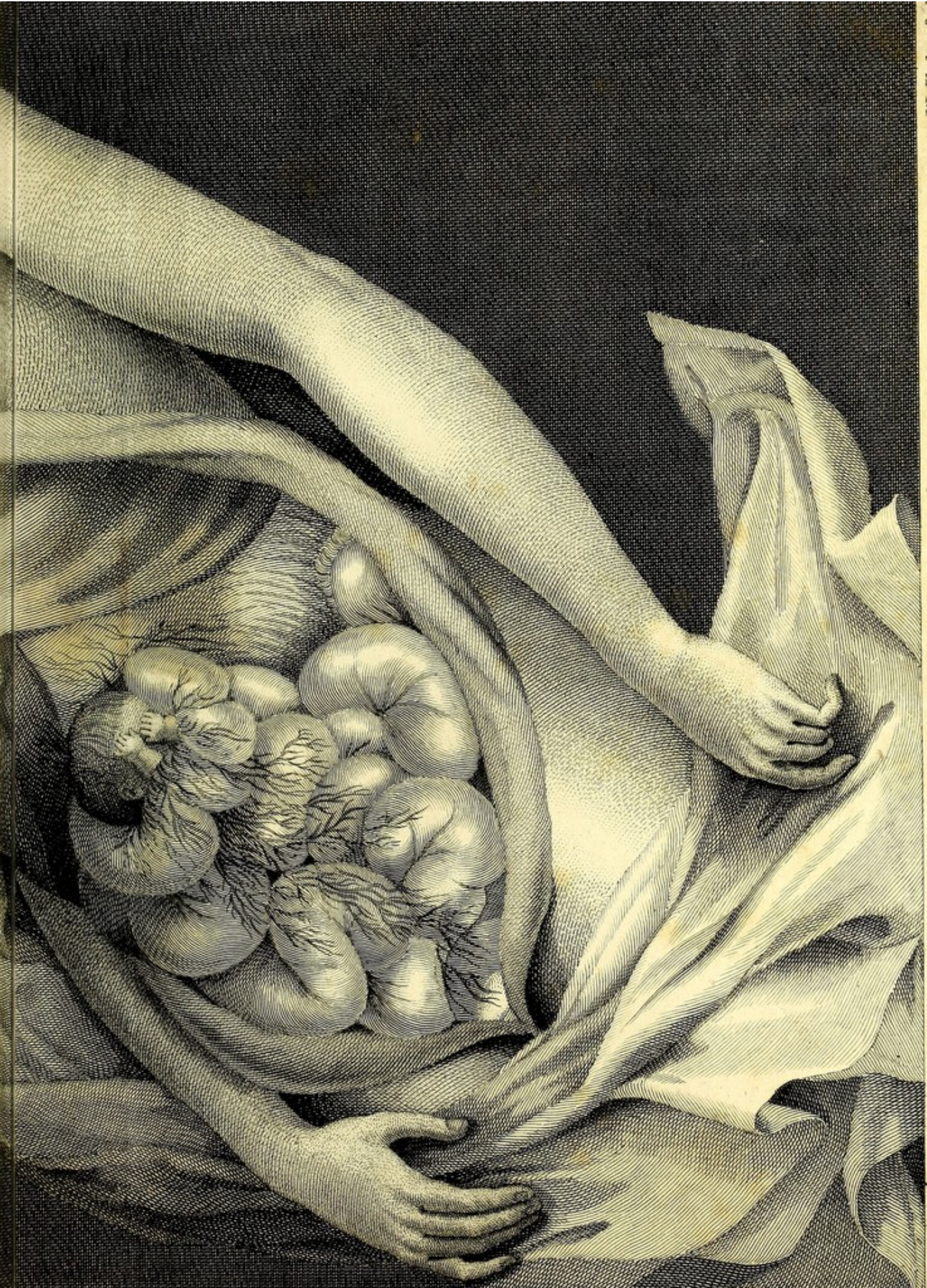






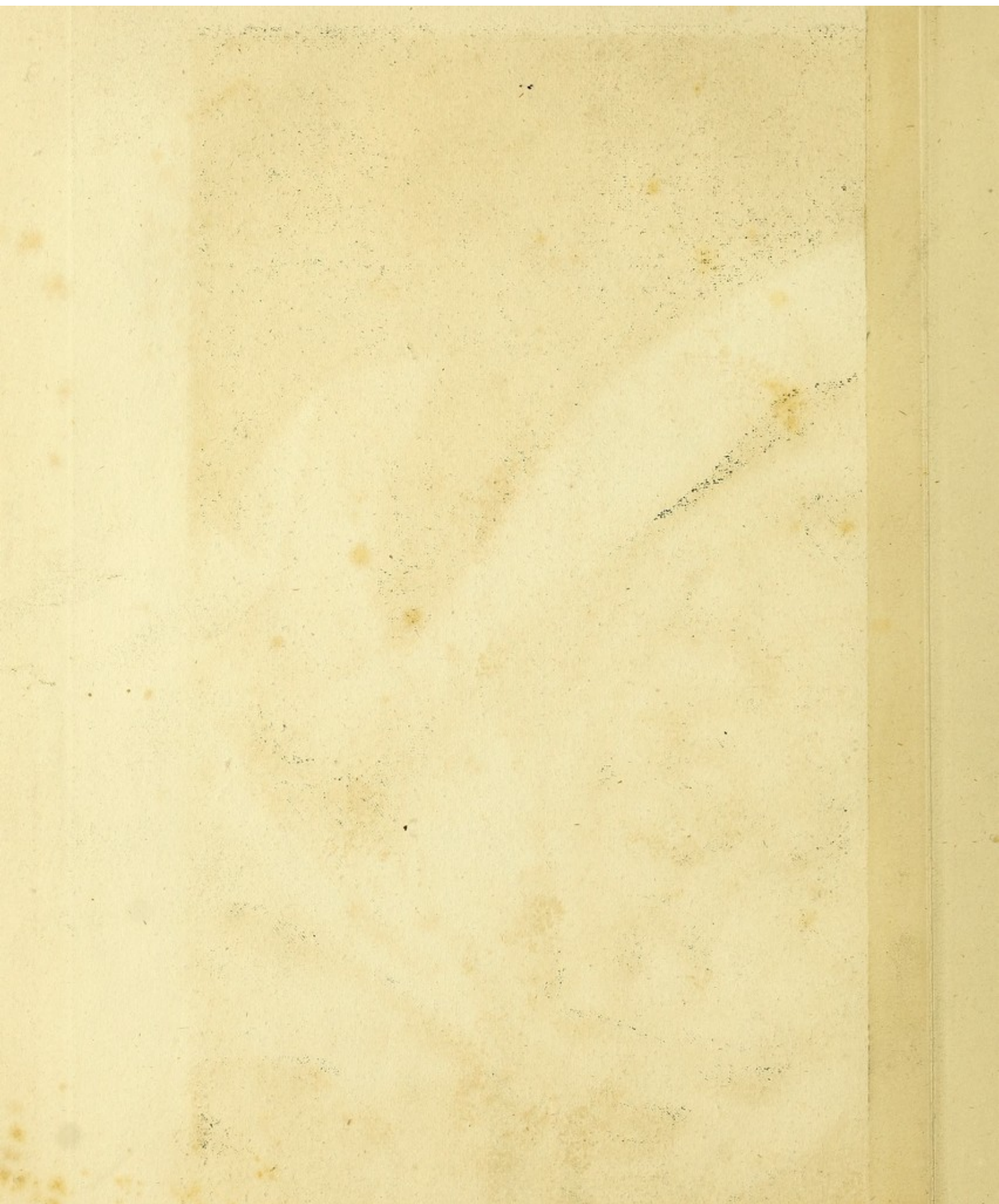
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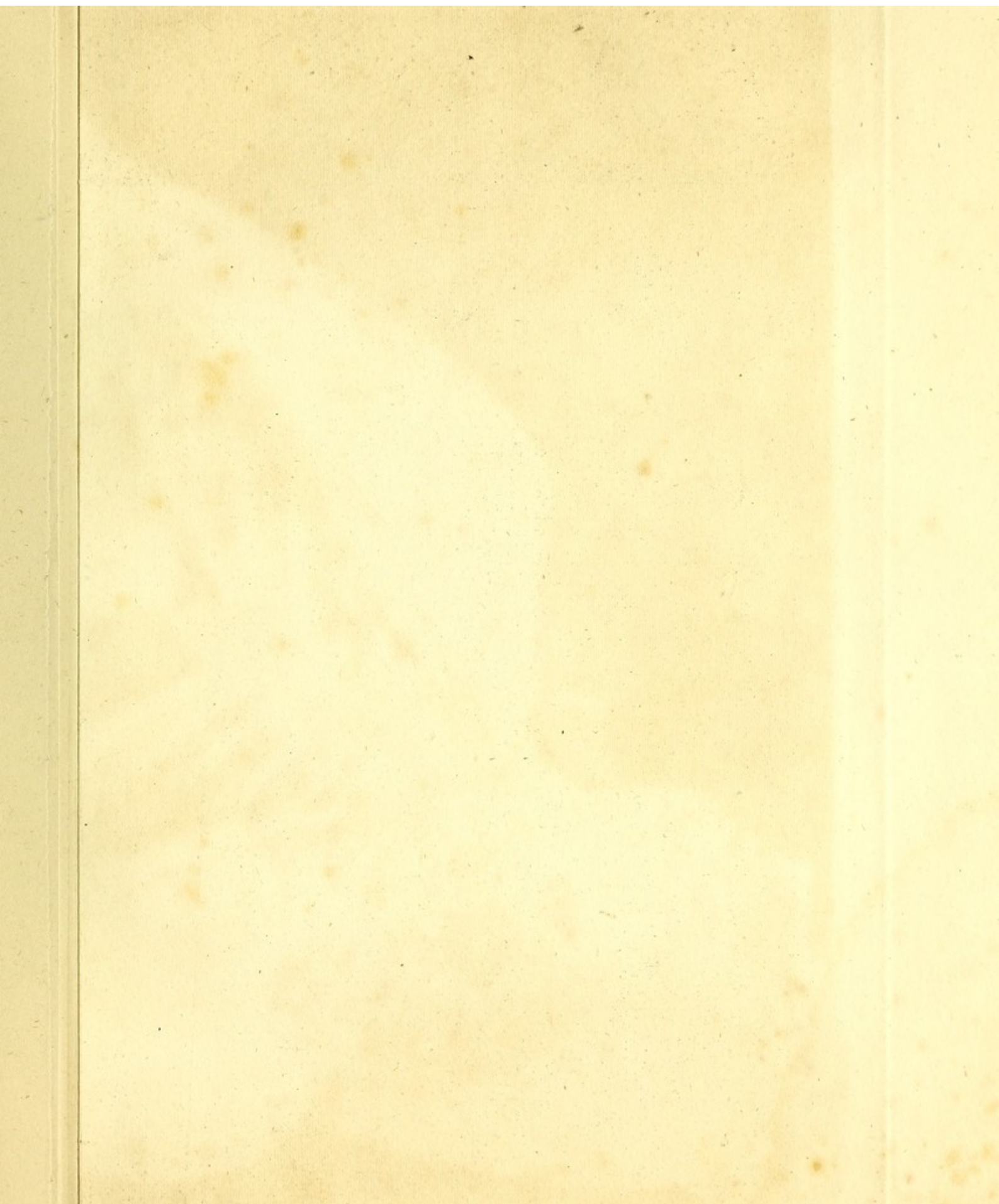




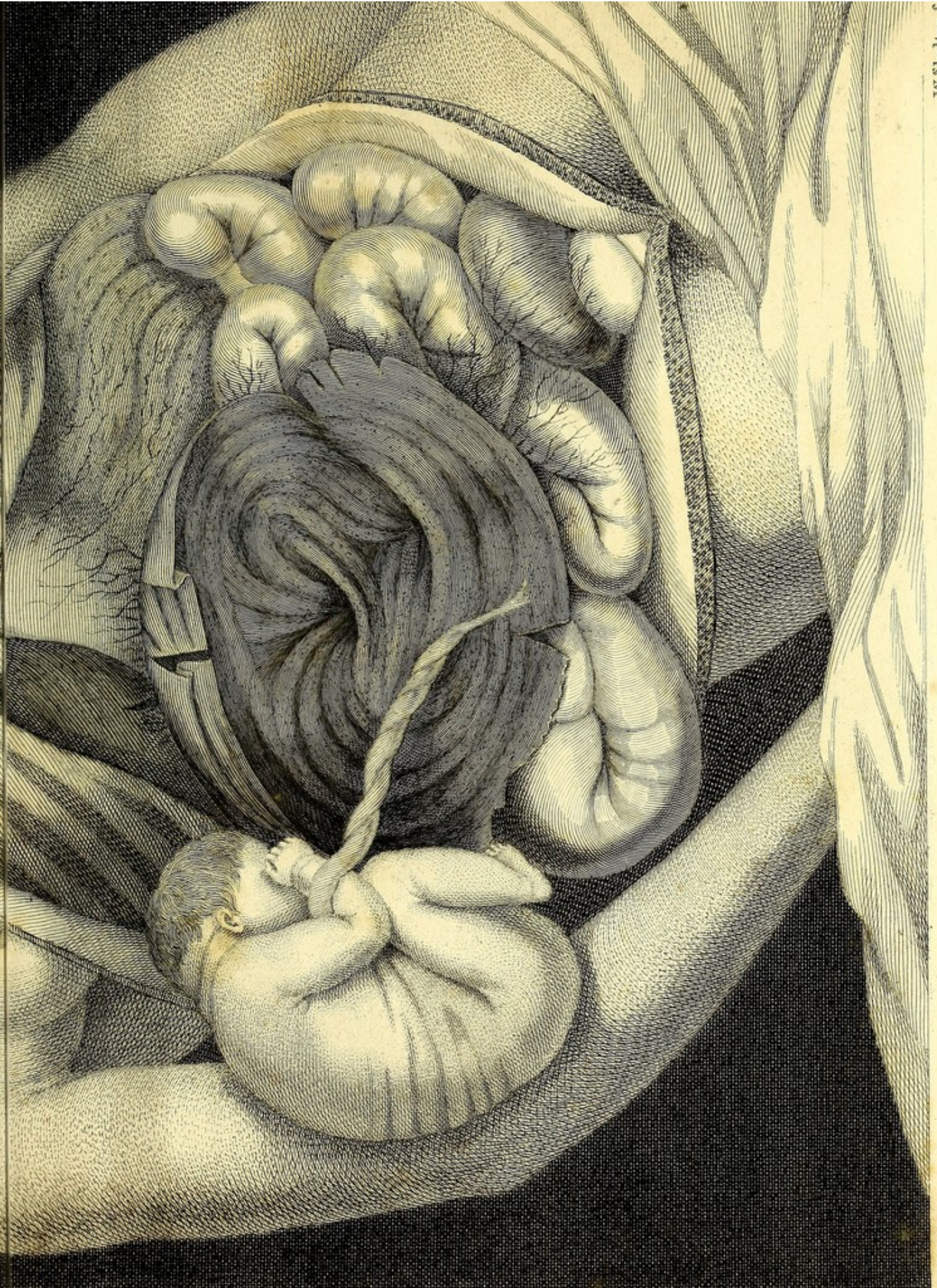
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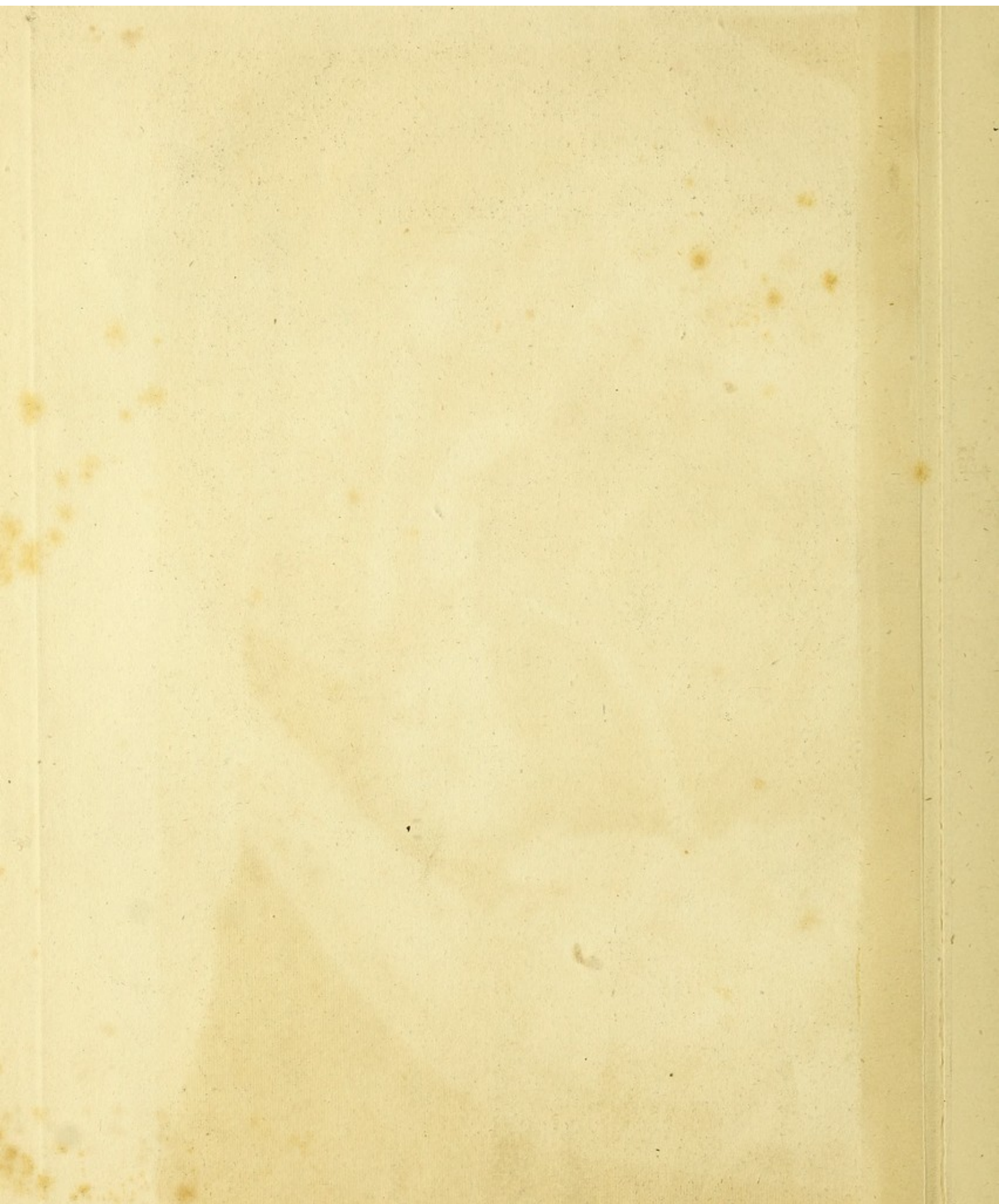


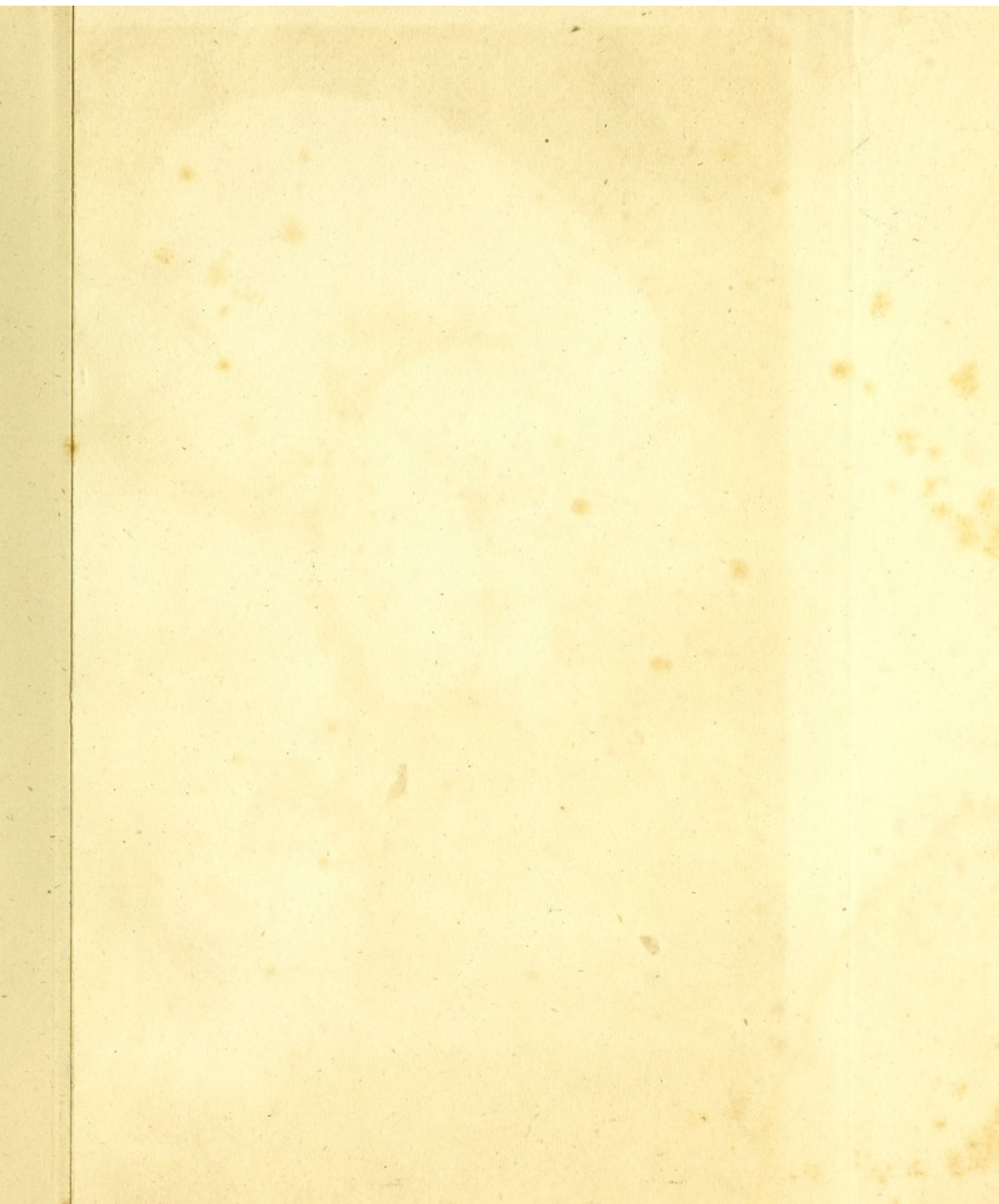




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