

Case of extra-uterine pregnancy, terminating in the extraction of a living child by an incision of the vagina.

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MIDWIFERY.

Dr. Delisle has lately communicated to the *Société Médicale d'Emulation*, an interesting "case of extra-uterine pregnancy, terminating in the extraction of a living child by an incision of the vagina*;" of which we shall proceed to give a correct abstract.

A lady, aged thirty, and of delicate constitution, after having been some months married, exhibited, in November 1816, the symptoms of pregnancy in an unusually severe form, with violent pains in the hypogastrium and about the anus. They were relieved by the employment of anodynes; but, in December, recurred more than once with increased severity. The same remedies now failed of success. The employment of vermifuges, indicated by the expulsion of lumbrici, was unavailing: and a whitish and flocculent discharge took place from the vagina. In January 1817, rending pains were felt in the whole hypogastrium, especially on the right side. The evacuation of urine and fæces was effected with difficulty. The abdomen was large, irregular, tender, and very tense, especially in the lower part. Appetite variable; obstinate sleeplessness; face pale and dejected; vaginal discharge continuing. On examination, a round, fleshy, elastic, immovable tumour was found low down in the vagina, a little to the right, resting firmly on the lower part of the rectum, and filling a portion of the pelvic cavity. The cervix uteri, quite natural, was situated high up, in a vertical direction, immediately behind the pubis, some little to the left, and appeared to be continuous with the tumour, particularly towards the right; for the left could not be explored sufficiently high. The tumour was considered as inflammatory; and fomentations, glysters, and diluents were prescribed with transient relief. On the 22nd the discharge recurred, with severe hypogastric pains, which were relieved by the expulsion of some small coagula. On the 23d the vaginal tumour was sensibly increased, and descended below the level of the os tineaë; which was large, open, dry, immovable, and continuous with the anterior part of the tumour. The posterior inferior part of the latter was felt by the finger introduced into the rectum. The evacuation of urine continued painful; and a small quantity only was discharged by the employment of a catheter. Retroversion of the uterus was now suspected to exist, complicated with pregnancy, but every effort at reduction was unavailing. On

* *Bulletin de la Société Médicale d'Emulation*, Mai et Juin, 1818.

the 25th, debility and constant suffering without fever: the abdomen large and very painful, with a distressing sensation of very tight pressure around it. Puncture of the uterus was now determined on in the event of an aggravation of the symptoms; and the anodyne treatment, meanwhile, was continued. About ten days afterwards, a discharge of blood from the vagina took place, and was productive of some relief.

From this period till May, no decisive alteration was observed. The tumour continued to grow, and completely filled the pelvis. Leeches were once applied to the perineum with advantage: and purgative and vermifuge remedies were again tried in vain by the direction of another physician.

Dr. Delisle, again summoned on the 10th of May, found that the patient had, for three days, experienced pains in the abdomen and loins, resembling those of labour; and that a sac of water, as large as an egg, had been protruded from the vulva, whereupon a midwife had been sent for under an impression of pregnancy, farther confirmed by an evident sense of motion in the abdomen.

The woman was now in bed, very feeble and emaciated, with a dry cough, and tight respiration, effected almost exclusively by the abdominal muscles; small frequent pulse; dry burning skin, and flushed cheeks. Dry cough with fever, pain of the side, with bloody expectoration, which occurred some weeks before, had been succeeded by irregular shiverings: and hence the existence of an acute pulmonary affection, terminating in suppuration, was inferred. On examination, a pyriform tumour, of the volume of an egg, was found protruding from the vulva. It proved to be the cervix uteri, with part of the body tumified and elongated. Its orifice was slightly open. It descended in a direction somewhat from the left, and drew with it the canal of the urethra; the orifice of which was turned upwards. The reduction of these parts was readily effected; but they returned on the slightest effort. Through the parietes of the vagina, near its entrance, was felt a hard, round, somewhat unequal tumour, completely filling the cavity of the pelvis, and offering, by the projection of ribs and the posterior border of a scapula, the decided characters of one side of the thorax of a foetus. During the examination, the woman at times experienced pains, and made efforts by which the tumour was pushed strongly downwards, and the uterus was more protruded, without, however, any change in its figure.

Convinced of the existence of an extra-uterine foetus, and of the necessity of decisive measures in the present situation of the patient, Dr. Delisle determined on making an incision in the most prominent part of the vagina. This was effected,

in a crucial form, by a bistoury introduced between two fingers. A quantity of water, with a few drops of blood, escaped from the opening, which was now gradually dilated, and the left side of the thorax was found presenting. The two feet having been successively disengaged, the head followed with some difficulty; and thus a living female foetus was extracted. It was well formed, but diminutive, and seemed to be the product of a six or seven months' pregnancy. The funis was very weak; the eyes open. The limbs moved freely about; and the infant uttered an acute and plaintive cry.

About fifteen minutes after delivery, trifling hæmorrhage came on, while the pulse gradually sunk, and the respiration became tight. The abdomen yet presented above the pubes a small globular tumor, apparently formed by the uterus. On the introduction of a finger along the funis, the placenta was found inserted to the right, and posteriorly, and so firmly attached as to menace the rupture of the chord in its separation. The hæmorrhage still continuing, the placenta was at length detached gradually and without much difficulty by the hand. It formed a hard and compact mass, with a kind of fleshy membrane, which presented a hollow at the place of insertion; and a smooth tumour of the volume of a small egg, a little above and posteriorly. On the extraction of the placenta, the hæmorrhage instantly ceased; but the hypogastrium still presented the tumour before-mentioned. Meanwhile the patient's respiration grew more and more embarrassed; the pulse sunk; extreme loss of strength ensued; and death took place after a quarter of an hour's struggle, without any recurrence of the hæmorrhage. The infant died in a few minutes after; having survived delivery three quarters of an hour. Permission to inspect the mother's body was refused. The partial success of this remarkable case would certainly justify the attempt at extrication of the foetus under similar deplorable and otherwise hopeless circumstances of extra-uterine pregnancy.



