

De graviditate abdominali, singulari observatione ad tab. IV. aeneas illustrata cum quibusdam ad historiam litterariam additamentis, huc facientibus / [Christian Friedrich Deutsch].

Contributors

Deutsch, Christian Friedrich, 1768-1843.

Publication/Creation

Halae : Litteris Frid. Guil. Michaelis, 1792.

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DE
GRAVIDITATE ABDOMINALI,
SINGULARI OBSERVATIONE
AD TAB. IV. AENEAS ILLUSTRATA,



CUM
QUIBUSDAM AD HISTORIAM LITTERARIAM
ADDITAMENTIS, HUC FACIENTIBUS,

CONSENSU
ILLUSTRIS MEDICORUM ORDINIS
IN ALMA FRIDERICIANA
PRO
SUMMIS IN MEDICINA ET CHIRURGIA HONORIBUS,
SOLEMNITER CAPESSENDIS,
DIE X. NOVEMBR. M. DCC. XCII,

PUBLICICE DISSERTET
CHRIST. FRIDERICUS DEUTSCH,
FRANCOFURTO - MESOMARCHICUS,

HALAE,
LITTERIS FRID. GUIL. MICHAELIS.

DE

GRAVIDITATE ABDOMINALI

SINGULARI OBSERVATA

AD TAB. IV. VENTRIS ILLUSTRATA

ET

QUIBUSDAM AD HISTORIAM LITTERARIAM

ADDITIONIBUS, HOC FACIENTIBUS

CONGREGU

ILLUSTRISSIMO MEDICORUM ORDINE

IN AMPLISSIMO THEATRICO

ET

SUMMO IN PRAESIDENTE ET UNIVERSITATIS

CONSENSU ET AUCTORITATE

D. N. JOHANNIS M. D. C. C. C.

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LITTERARUM ET MEDICINAE

V I R O

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AUGUSTISSIMO BORUSSORUM REGI A CONSILIIS INTIMIS,

SERENISSIMO PRINCIPI BORUSSORUM

H E N R I C O

A REGIMINE CURIAE, QUAE RES CAMERALES DIRIGIT, DYNASTAE

IN DIESKAU ET BRUCKDORF,

P A T R O N O E T M A E C E N A T I

SUO LONGE GRATIOSISSIMO:

NEC NON

VII O

FRIDRICH AUGUSTUS

D O M I N O

CAR. CHRISTOPHORO DE HOFFMANN

ACADEMIAE ERIBORGENSIS CATHEDRAE

ACADEMICO DOCTORUM ET A CONSILIO

ERRIMISSIMO FRIDRICH HOFFMANN

H E R I C O

A-MEDICINAE QUAE LIBERAMERALEM

IN BISSAU ET RECHT

P A T R O N O ET M A G I S T R O

SUC LOREI GRATIA

1750

V I R O

ILLUSTRISSIMO, EXCELLENTISSIMO,

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SUMME VERBA

ITEM

V I R O

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REGI BORUSSIAE A CONSILIIS BELLICIS,

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ET VONDITTEN,

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OMNI PIETATE SEMPER COLENDO:

D E M U M

VIRGO

COMMISSIO, PRAESENTATIO

DOMINO

CHRISTO WILHELM DEUTSCH

RELIQUIAE A CONSTITUTIS

CONSTITUTIS A CONSTITUTIS

ET VINDICTA

PATRIBUS DILECTISSIMIS

OMNI BENEFACTIBUS

1774

§. I.

Quod collustratio Pictori, quod harmonia Musico, id verba sunt cogitanti: Quo accuratior itaque sum in eligendis verbis, ne ideas diversas eodem nomine designem; eo minus, erroneum percipiendi occasio orietur. Praecipue meum est, ita exacte agere, si agam, de materia, quae ipsa ima adhuc nocte sepulta est, de qua adeo HALLERUS ^{a)} dicit: difficillimum aggredior laborem et exitum vix promitto, qui lectori satisfaciat. GALENUS ^{b)} itaque quam maxime vere loquitur, dum scribit: Tametsi exile videatur, nominum significatu probe distinguere, attamen maximum habere momentum et facultatem ad rerum cognitionem deprehenditur.

§. II.

Multi jam antea intellexerunt, denominationem conceptionis abdominalis in Ideam non quadrare, quam huic conjunctam esse volumus; itaque verba alia elegerunt. BIANCHI ^{c)} usus est verbo graviditatis loco verbi conceptionis. JOSEPHI ^{d)} receptionis et alii, uti amicus WEINKNECHT ^{e)}, quia et haec non satis electa illis erant, antiquum nomen retinuerunt. Quod me attinet, videntur mihi hoc casu duo verba una pro actione in usum vocata fuisse. Primo, a parte mulieris, conceptio nil aliud potest significare, nisi foecundantis feminis virilis acceptionem ^{f)}, fortasse ut mulier in procreando novo homine magis agens, quam solummodo patiens, denotaretur. Et ipse GALENUS ^{g)} forsan ad hoc intendere volui his verbis: immo etiam mihi hoc ipsum, quod dicunt, concipere semen, et nomen hoc, conceptio, id est, comprehensio a mulieribus fuisse

^{a)} Physiol. T. VIII. p. 1.

^{b)} De simpl. med. facult. 3. 12.

^{c)} De naturali in h. c. vitiosa morbosaque generatione. Genevae 1741. 8.

^{d)} De conceptione abdominali vulgo sic dicta. Goett. 1784. 4.

^{e)} In Dissert. de conceptione extra uterina. 1791. 4. Halae.

^{f)} Cf. BOEHMER obs. anat. rar. p. 29. §. 2. Conceptio quum in genere ovi denotet foecundationem, ita humana in specie illum indicat actum, quo ovum humanum foecundum redditur.

^{g)} De sem. lib. 1. c. 2. B.

fuisse impositum videtur. Secundum, quod in mente habeo, nomen foecundatio viri contra actionem denotat. Utraque simul sumpta nil aliud offerunt, nisi momentum, quo animans semen virile uterum pervadit, atque a tubis ad ovarium promovetur, ut germen futuri homunculi e somno suo excitet ipsamque in locum, incremento suo dicatum, ducatur. Triplicem hic videmus actionem: foecundationem a mare, conceptionem a feminae tubis et ovario, quarum consequentia generatio est ^{k)}). Sic vir foecundat; mulier concipit; generato inde novo individuo, oritur nova periodus receptionis. Ovarium (ubi tamen magis retentio denominari deberet) aut tubae aut uterus aut denique abdomen in suis cavis ovulum foecundatum recipiunt idque in majorem perfectionem excolunt, secundum leges nobis ignotas et per vires easque non satis compertas (vim forsan plasticam, *Bildungstrieb*). Inde periodus nova nascitur: illa graviditatis. Hinc conceptio nec abdominalis nec tubaria nec etiam uterina datur, sed ovario unice reservatur, non cum ejus graviditate confundenda. Mallem itaque, cum BIANCHI ⁱ⁾) ibi nomine graviditatis uti, ubi huc usque quisque nomen conceptionis adhibuit, at nomini huic solummodo attributam definitam et supra laudatam virtutem adscribere. Etiam BAUDELOUQUUS ^{k)}) probat usum hunc loquendi dicens: *Unter Schwangerschaft versteht man den Zustand, worin sich eine Frau, wenn sie empfangen hat, befindet, und welcher von dem ersten Augenblick der Empfängniss bis zur Geburt dauert.* Si tibi haec denominatio nimis ampla, et generalis videatur; nimis nova vero et singularis ea, quam receptionem dixi, magis forsan placet nomen incubationis: hoc enim quasi naturam magis activam, verbum vero graviditatis passivam magis depingit. Incubatio itaque esset asservatio, efformatio et nutritio foecundati ovuli. PLINIUS, COLUMELLA et VARRO quidem nomine hoc solummodo de pullis avium et apum usi sunt, sed mea sententia non minus id aptum invenio ad designandam nutritionem et perfectionem ovuli humani, quam pullorum, immo etiam distinctius et pressius loqueris hoc vocabulo utens, quam alio quocunque.

§. III.

^{h)} Cf. BIANCHI de naturali in h. c. vitiosa morbosaque generatione. Genevae 1741. 8. p. 6. *Generatio actio est, qua corpus organicum, propria adhuc vita destitutum, et alio jam vivente inclusum, ab eodem solvitur atque explicatur, ut motus vitae proprios exercent.*

ⁱ⁾ L. c. pag. 6.

^{k)} In libro de Arte obstetricia, edito cura Cl. MECKELII Praeceptoris, dum vivo, venerandi. T. I. p. 247.

§. III.

Diversas de conceptione hypotheses missas facio: plura de hac re invenies in HALLERI Elem. Phys. et alibi.

§. IV.

Divisio graviditatis in naturalem s. uterinam et praeternaturalem s. extra-uterinam ejusque explicatio notiores sunt, quam ut ex scriptis aliorum allegentur. Praecipue evolvantur scripta Cl. BOEHMERI, JOSEPHI, WEINKNECHTI. Triplici posita diversa graviditate praeternaturali, scilicet illa ovariorum, tubarum et abdominis, de ultima dicere constitui.

§. V.

Nova et inaudita circa rem, plurimis exemplis comprobata, qualis graviditas abdominalis est, hic nemo expectabit. Occasione tantum, a Praeceptore summa pietate colendo, oblata utor, quatenus casum, a Beato ejus Patre observatum, exacte tam descriptione quam typis a natura desumptis notatum, cujus monumentum adhuc inter praeparata Filii asservatur et a corruptione defenditur, in hoc libello publici juris facio; collectis simul hinc illinc sparsis ad rem facientibus observationibus; additis quoque his illisve circa diagnosin et exitum nec non therapiam mali; perstricta demum breviter sectione caesarea ad servandam foetus vel matris vitam, omnino nonnunquam impetrandam.

§. VI.

O B S E R V A T I O.

Promissis ut satisfaciam, praepremis Observationem, a B. MECKELIO calamo exceptam, trado.

H I S T O R I A M O R B I.

Anna Barbara Kannerken, quadraginta annos nata, militis ex cohorte equestri uxor, plurium jam antea infantum mater, undecimo ante obitum suum mense, signa graviditatis ab irritatione nervorum, qualia primis gestationis temporibus plurimis gravidis subvenire solent, nauseam nempe, vomitum &c. percepit, menstruis tamen adhuc, quamvis parce, fluentibus. Primum graviditatis suae tempus Stettini degerat, ubi militiae Cohors ista, ex cujus numero maritus erat, praesidia sua statica habuit; ultimis

tantum mensibus graviditatis ac vitae suae, morbo et corporis sui onerosa debilitate Berolini detenta, iter suum ad maritum in castra interrumpere cogebatur. Quae durante graviditate ipsi acciderint, secundum litteras, ab amico eximie docto, et practico, dum vixit, felicissimo Stettinensi, RHADES, sub 16. Martii A. 1759 datas, eo redeunt: miseram amicis saepius tristem graviditatis suae statum plorasse, sensumque plane diversum a praecedentibus graviditatibus se percipere atque hinc certissime sibi moriendum fore, doluisse. Molem infantis, motu suo perquam molesti et abdomen, ultra naturales terminos expandentis, ulterius se sustinere non posse, asseruit. Tempore graviditatis quartana febre laboraverat, qua a cohortis chirurgo curata, cachecticum habitum cum pedum oedematoso tumore servavit. Appropinquante nono graviditatis mense, obstetrices ad se plures accersivit, quae tamen miseram fati suis reliquere cum tristi effato, nullam ad partum in uterino ore dispositionem, nullam praeparationem nullaque signa partus inveniri. His non obstantibus iter ad maritum aggressa est; hoc tamen Stettino inde ad castra integrum absolvere non valens, Berolini remansit, oedemate pedum, tumore abdominis ascitico et febre lenta laborans. In Nosocomium, a Charitate dictum, delata, edixit: Se undecimum graviditatis mensem agere; abdominis vero tumorem Stettini adeo sibi auctum atque molestissimum factum fuisse, ut nec convertere sese in lecto, nec nisi fasciis molem ventris sustinere potuerit. Nullam se, toto graviditatis tempore, praeter molem abdominis auctam ac motus infantis, externe sentiendi, ac per integumenta abdominis ex tumoribus insignibus conspiciendi mutationem sensisse; motum vero ipsum sex vel septem septimanas ante ingressum in nosocomium Berolinense cessasse. Uteri orificium exploranti nullum graviditatis signum praebuit. Septimo ab ingressu in nosocomium die, ob suffocationis metum, ad educendam ex abdomine aquam paracenthesis instituta est, cujus ope viginti septem librae fluidi foetidissimi atro-fusci educatae fuerunt. Solatium quidem ex symptomatis antedicti per paracenthesin levamine habuit aegra; sed causa morbi obscura aequae ac intacta remanente, sexto a paracenthesi die, lenta febre, vires vitae magis magisque depascente, vitam cum morte mutavit, ejusque cadaver insequente die, quae erat 18va Mensis Novembris anni 1758, ad theatrum Anatomicum Berolinense delatum fuit.

§. VII.

SECTIO CAD AVERIS ET EXPOSITIO EORUM,
 QUAE PER VARIAS ANATOMICAS ADMINISTRACIONES
 NOTATU DIGNA SESE MANIFESTARUNT
 ET TABULARUM AENEARUM OPE IN FINE
 LIBELLI NOTANTUR.

Venter defunctae nostrae turgidus in sinistro latere durum corpus continebat, ex-
 tus facile tactu dignoscendum. Aperto abdomine, per vulnus nunc inflictum octo librae li-
 quidi sanguinolenti effluxere, aëre simul per idem erumpente, quem putredo et sub pa-
 racenthesi abdominis incedens aër generaverant. Musculis abdominalibus cum perito-
 naeo sectione cruciata remotis ¹⁾ mirando sane spectaculo apparuit foetus ^{m)}, transversim in
 cavitate abdominis situs, ita ut capite ⁿ⁾ sinistram, natibus ^{o)} vero dextram abdominis re-
 gionem Iliacam, musculis clausam, tangeret. Explevit simul omnem abdominis cavitatem
 ab epigastrio inde ad usque tumorem ovarii dextri ^{p)}, inferius extra pelvim in abdominis
 cavum protuberantem ac hypogastrium versus dextram imprimis expandentem. Nullum
 viscus praeter hepar, cum peritoneo, admodum inspissato, tam in regione epigastrica,
 quam sub diaphragmate cohaerens, margine ejus acuto a dextro ad sinistram lobum, abs-
 que fissura umbilicali continuo visui sese obtulit ^{q)}; intestini jejuni pars ^{r)} ac intestini Coli
 partis in flexu Lienali ^{s)} portio tantum conspici poterat. Inferius apparebat intestini recti
 portiuncula ^{t)} a tumore ovarii extrorsum sinistram versus pressa. Superior intestini coli
 pars sphacelo defoedata, Jejunum vero praeter modum tumens et substantia sua increas-
 fatis parietibus insigne erat. Foetus ipsius caput magnum erat, molle ac hydrocephalo
 externo simile; cutis ejus laxa et plurimis plicis, liquido seroso turgidis, foedata ^{u)} pro-

A 3

fundior

¹⁾ Fig. I. Litt. AA. BB.^{m)} Fig. I. Litt. G ad W.ⁿ⁾ Fig. I. Litt. G. I. K. L. M.^{o)} Fig. I. Litt. R. et S.^{p)} Fig. I. Litt. Z. Z.^{q)} Fig. I. Litt. C.^{r)} Fig. I. Litt. D. D.^{s)} Fig. I. Litt. E. E.^{t)} Fig. I. Litt. F.^{u)} Fig. I. Litt. G. H. I. K. L. M.

fundior horum fulcorum frontem ^{z)} a facie separatam quasi simulabat ^{x)}). Eadem ratione dorfi cutis crassa, plicata ac sebo albo hinc inde obducta erat, adeo laxe circa ossa trunci ac dorfi haerebat, ut haec per crassam cutem vix tangi potuerint. Facies foetus tumida inferiora versus spectabat et sinistri ossis Ilium cavitatem explebat. Pectus et abdomen foetus ^{y)} ovarii tumori immediate accumbent. A scapula dextra ^{z)} descendens humerus dexter ^{a)} superiori parti tumoris ab ovario effecti antierius transversim adjacebat, antibrachio et manu ejusdem lateris tumoris hujus dextrae regioni appositis. Femur dextrum ^{b)} a nate sua collapsa et plicata ^{c)} oblique introrsum versus abdomen flectebatur. Inter hos artus funiculus umbilicalis, ex foetus abdomine egressus, retro thoracem et caput foetus procedens, in sinistro latere, inter foetus caput et intestinum rectum conspicuus ^{d)} inde vero pone ovarii tumorem continuus femur inter et manum dextram apparuit ^{e)}. Crassitudine hic funiculus naturalem pene superabat, substantiae vero et coloris erat a naturali non diversi. Inter manum et femur foetus dextrum membrana se obtulit, armillae in modum carpum dextrum obvolvens, irregulariter plicata, chorio non absimilis, peritoneo agglutinata eis in locis, quae in dextra et superiori peritonei parte conspiciuntur ^{f)}. Foetus natium dextra ^{g)}, antorsum emittens, sanguineo liquido turgidam obtulit ab epidermide effectam vesicam. Epidermis variis in locis e. g. abdomine, dorso, manu ^{h)} separata conspiciebatur. Superfici vero cutis foetus variis in locis insperfae apparebant pinguedinis portiunculae ⁱ⁾ a portiunculis ^{k)} membranae chorii similibus plane diversae.

§. VIII.

^{x)} Fig. I. Litt. K.

^{y)} Fig. I. Litt. V. U.

^{z)} Fig. I. Litt. O.

^{a)} Fig. I. Litt. W.

^{b)} Fig. I. Litt. T.

^{c)} Fig. I. Litt. S.

^{d)} Fig. I. Litt. X.

^{e)} Fig. I. Litt. Y. Y.

^{f)} Fig. I. Litt. d. a. a.

^{g)} Fig. I. Litt. G.

^{h)} Fig. I. Litt. f. f.

ⁱ⁾ Fig. I. Litt. e. e.

^{k)} Fig. I. Litt. c.

§. VIII.

Sub foetu pelvim versus, ab umbilicalis regionis infima parte inde totum hypogastrium opplens apparuit, magis tamen in dextrum quam in sinistrum latus inclinatus; ex pelvi eminens tumor rotundus, specie carnosus, mollis, coloris atro-rubentis ¹⁾; vasis albedine sese distinguentibus ²⁾, membrana glabra et laevi una cum tota tumoris superficie obductis, in superficie externa pictus et obteclus erat. Omnem hic sub foetu abdominis cavitatem opplebat, ut praeter illum nulla alia pars in conspectum prodire potuerit. Ipsi tumori ut et peritonaei superficiei spissa, alba, purulenta omnino materies, facile separabilis adhaerebat ³⁾. Molestus hic omnino tumor feminae, dum adhuc inter vivas erat, difficili mantilium fasciarumque ope sustineri potuerat; dextram versus, uti nunc, sic durante vita inclinabatur.

§. IX.

Dimoto paullum et sublevato tumore ovarii, pes dexter, femori (Fig. I. Litt. T.) continuus una cum crure compressus, retro tumorem ita situs erat, ut calcaneus cristam ossis ilium dextri adtingeret, digitis pedis extrorsum directis, planta vero antrorsum versus tumorem conversa, uti in foetu ex situ suo dimoto, pedis haec dextri incurvatio in Figura secunda apparet. Praeter hanc incurvationem, quam tumor ovarii pressione sua effecerat, tantam simul effecit totius extremitatis distortionem, ut genu extrorsum, sura vero introrsum conversa fuerit. Circa femur hoc dextrum funiculus umbilicalis ⁴⁾ ita convolutus fuit, ut ab hoc inde loco tumorem ovarii, cui implantabatur, adiret. Pes alter, sinister, levato paullulum foetu, supra primum eum obtinuerat situm, ut planta antrorsum, genu versus hepar inter intestina poneretur, digitis versus inferiora, calcaneo sursum, sura vero antrorsum vergente.

Bracchium sinistrum foetus sub abdomine ejus inter matris intestina ita delituit, ut palma manus versus foetus corpus respiciens genitalia et anum tangeret, dorso ejus matris intestinis accumbente, digitis hujus manus surae sinistri pedis obversis. Funis vero umbilicalis, ex foetus abdomine egressus, trans mesenterium et intestina matris sinistrorsum du-

ctus

¹⁾ Fig. I. Litt. Z. Z.

²⁾ Fig. I. Litt. G. G.

³⁾ Non immerito ju licamus, hanc fuisse crustam sic dictam inflammatoriam, lympham inspissatam, quae et e peritonaeo, inflammatione correpto, incrassato exsudaverat.

⁴⁾ Fig. I. Litt. Y. Y.

Etus ac juxta manum sinistram versus dextrum pedem reflexus, dextrorsum ultimo vergit. Remoto ex situ suo foetu, funiculi umbilicalis crassities naturalis, longitudo quind eim pollicum apparebat; in tumorem praeternaturalem ita ferebatur, ut initio et apici magni tumoris ejusque superficiei superiori adhaereret et dextrorsum quidem, uti per Fig. secundam patet.

§. X.

Intestina tenuia matris (Fig. II. Litt. E. F.) magis conspicua, compressa retro foetum jacebant, in tunicis suis maxime ratione substantiae, incrassata. Colon transversum^{p)} a dextris sub hepate sinistrorsum lienem versus pergens, peritoneo per ligamenta praeternaturalia adhaerebat. Magis tamen naturali colore colon, cum intestinis tenuibus supra foetum sitis gaudebat; illis contra, quibus incumbebat foetus, nigro sphaceli colore defoedatis. Tumore ovarii sublevato ac a dextris reclinato, intestinum vermiforme^{q)} illi adhaesit; coeco intestino^{r)}, cui genu foetus dextrum superimpositum fuerat, sub intestino tenui in hac regione emergente.

§. XI.

Haecenus dicta quum absque ullo adminiculo anatomico praeter dissectionem parietis abdominis anterioris, perlustrari potuerint, nil ultro actum fuit; cera tunc vero rubra arteriae matris, viridi vero ejusdem venae per artem turgidae factae sunt; eaque repletio vasorum utriusque generis postquam votis cesserat, dissectionis ope in vasorum distributionem et reliquarum tam naturalium quam praeternaturalium partium habitum inquisitum est. Sequentia tunc sese obtulere: Uteri status cum hucdum in totum latuerit, is primus inquisitionis fons evasit. Apparuit autem naturalis figurae et magnitudinis^{s)} a tumore ovarii in pelvis fundum sinistrorsum depressus. Structura ejus, nequaquam ita mutata, uti in graviditate accidere solet, satis superque docebat, nullum illi cum hoc foetu, durante graviditate, commercium fuisse. Corporis enim ejus cavitas triangularis, vix globosa, a naturali feminae, quae partus jam, uti nostra, plures edidit, plane non differebat, uti per Fig. IV. Litt. A. optime patet, fundo ejus^{t)}, inter tubas^{u)} leviter, uti solet, convexo,

super-

^{p)} Fig. II. Litt. K. K.

^{q)} Fig. II. Litt. e.

^{r)} Fig. II. Litt. H.

^{s)} Fig. III. Litt. F. G. H. praesertim vero, Fig. IV. Litt. A. Fig. V. Litt. A. B. C. D.

^{t)} Fig. IV. Litt. d. d.

^{u)} Fig. IV. Litt. D. B.

superficie anteriori ^x) magis prominente, superficie posteriori vero concava ^y) et incurvata a pressione tumoris adjacentis ovarii. Cervix uteri elongata ac cylindrum, magis quam in statu naturali compressum, referens ^z) inter vesicam urinariam ^a) et intestinum rectum ^b) retrorsum oblique ab utero descendit, orificio parum prominente, a partibus praegressis dilatato ^c), in vaginam aperto. Ipsa vagina ^d) a partibus praegressis expansa, intus rugis fere omnibus destituta ac explanata, superne in vicinia locum obtulit, cicatricis habitum prae se ferentem ^e), secundarium quasi uteri minus orificium mentientem. Substantia uteri, in fundo crassior ^f), firma, vasis sanguiferis pertexta, in latere corporis uteri ejusdem habitus, superne crassior ac plurimis vasis instructa, inferius versus collum densior et magis stipata ^g), tenuior circa tubum Fallopianae tubae, ex utero versus ovarium dextrum continuata ^h), cavum uteri triangulare ⁱ) magnitudinis naturalis et minime a graviditate dilatatum, includit. Ex hoc cavo procedebat angustiori orificio ^k), alveo dein latiori ^l), tubae dextrae canalis, substantia crassiori instructus et ad ovarium dilatatum ^m) protractus ejusque substantia fibris suis agglutinatus quasi, in loco, Litt. P. Fig. V. notato, desinit. Cavitas cervicis vero tubum longiorem, cylindrum compressum referentem, uteri cavitatem, longitudine superantem, uteri cavum versus, ubi orificium uteri internum ab

Anato-

^x) Fig. III. Litt. F. Fig. IV. Litt. A.

^y) Fig. III. Litt. G.

^z) Fig. III. Litt. K. L. Fig. IV. Litt. B. Fig. V. Litt. F. G. K. L.

^a) Fig. III. Litt. R. Fig. IV. Litt. q.

^b) Fig. III. Litt. T.

^c) Fig. IV. Litt. C. Fig. V. Litt. a.

^d) Fig. III. Litt. M. Fig. IV. Litt. r. Fig. V. Litt. M.

^e) Fig. IV. Litt. t.

^f) Fig. V. Litt. A.

^g) Fig. V. Litt. D. D.

^h) Fig. V. Litt. O. O.

ⁱ) Fig. V. Litt. H. J.

^k) Fig. V. Litt. C.

^l) Fig. V. Litt. d.

^m) Fig. V. Litt. Q.

Anatomicis statuitur, angustiore^m) inferius versus orificium uteri externum magis dilatatum^o) ellipticum, effecit. Ejus facies interna, ut in statu non impraegnato, rugosa erat^p). Efficiebat eum vero substantia densa, illam uteri firmitate superans, callosa quasi, ac albescens^q). Ipsa vagina, ex partibus praegressis ampliter dilatata ac membranacea facta fuit^r), partibus ejus externis, quae vestibulum efficiunt, aequae laxae ac extensis^s). Ovarium sinistrum^t) cum tuba Fallopii hujus lateris^u) ac vasis has partes adeuntibus^x) a naturali statu non deflexit, nisi eo, quod ovarium in teretem magis figuram elongatum, et dilatatis magis et plexuosis venis ornaretur.

§. XII.

Per disquisitionem partium hucdum factam elucebat, non tantas earum fuisse mutationes, quantae in tumore, prae reliquis oculos feriente, adhuc expectari poterant. Maxima hinc cura tam in tumore hujus, quam in vasorum eum adeuntium ex eoque prodeuntium habitum, naturam et distributionem animum et oculos convertere, cum rei dignitate conveniebat. Habes hinc recensioem eorum, quae circa tumorem didicimus.

Eum revera ab ovario dextro dilatato effectum, non vero tubam hujus lateris esse, patet ex sequentibus: Tuba Fallopii dextra^y) ex sinu cavitatis uteri dextro exiens, incurvato tractu versus tumorem producta fuit, superficiei tumoris inferiori^z), supra plexum vasorum spermaticorum, ad ovarium pergentium, admodum dilatatorum^a) agglutinata. Immisso ab orificio uterino hujus tubae inde stilo argenteo, emerfit, postquam per duorum

rum

^m) Fig. V. Litt. I.

^o) Fig. V. Litt. a. a.

^p) Fig. V. Litt. K. K. L. L.

^q) Fig. V. Litt. F. F. G. G.

^r) Fig. IV. Litt. s. s. Fig. V. Litt. b.

^s) Fig. IV. Litt. v. w. x. y.

^t) Fig. IV. Litt. γ.

^u) Fig. IV. Litt. β.

^x) Fig. IV. Litt. ε. ζ. η. θ. i.

^y) Fig. IV. Litt. D. Fig. V. Litt. c. d.

^z) Fig. IV. Litt. E.

^a) Fig. IV. Litt. Δ. E. Z. H. Θ. I. K. Fig. III. Litt. o. π. ρ. σ. ι.

rum circiter pollicum longitudinem tubae cavum permeaverat, prope tumorem in abdominis cavum, ostio hoc abdominali angustiori, quam juxta naturam esse consuevit et laciniis destituto ideo apparente, quoniam distractus et compressus admodum a tumore ovarii omnis tubae canalis fuit. Fissa supra stilum argenteum per omnem longitudinem suam tuba, hujus tunicas vasis refertissimas vidimus et simul distracta et concreta admodum apparuit ea peritonaei duplicatura, quae a similitudine alae vespertilionum nomen nata est. Sub eo loco uteri, e quo tuba emergebat, magis ac solet, versus uteri posteriorem superficiem et aliqua sub tubae exitu distantia, exiit ligamentum ovarii uterinum ^{b)}, ad ipsum tumorem continuavit et supra partem ipsius utero proximam expansum fuit ita, ut sub eodem maxima vasorum uterinorum et spermaticorum retia habitarent, uti perlustrando hunc Tabulae tertiae locum elucet. Nullum hinc dubium in determinando pro tumido ovario, tumore nostro.

§. XIII.

Perquisitionem tumidi hujus ovarii a membranis eum obvolventibus incepimus vidimusque eum peritonaei tunica obductum, quae a ligamento uteri lato dextro et ab ala vespertilionum ejusdem lateris ortum duxerat. Conspicuum hoc in inferiori praesertim expansi ovarii parte peritoneaeum tum supra ^{e)} tum infra vasorum ovarii plexus ^{d)} passum, a posteriori ovarii facie ad intestinum rectum pergebat eo in loco, ubi Douglassii plica uterum inter et intestinum rectum a peritoneo effici solet. In superiori et anteriori sui parte laxè imponebatur tumori et cum eo cohaesit lacera placentae membrana ^{c)}, supra vasorum umbilicalium ramificationes ^{f)} expansa; exinde vero supra et retro tumorem ferebatur, uti per Litt. U. U. Fig. III. patet, ita ut supra venam cavam et arteriam aortam, sub exitu arteriae mesaraicae inferioris cellulosae ope adhaereret, ita tamen, ut membranam peculiarem ruptam, a peritoneo facile separabilem, distinguere potueris. Tentata ultro haec membrana, a margine ejus (in F. Fig. IV.) inde lacero et replicato ad usque partem cum peritoneo commixtam, absque difficultate in duas laminas, quarum utraque tenax satis et opaca, quamvis tenuis, cellulosae tenerioris et siccae ope jun-

^{b)} Fig. III. Litt. E.

^{c)} Fig. IV. Litt. S.

^{d)} Fig. IV. Litt. T.

^{e)} Fig. IV. Litt. F. F.

^{f)} Fig. III. Litt. G. H.

Etas, separari potuit; superiorem, abdomini obversam, membranae amnios similem, ad funiculum umbilicalem et supra eundem pergens, inferiorem vero, chorio similem, adhaerentem ovarii membranae crassiori, ipsam ejus substantiam obvolventem et plurimis villis vasculosis in ovarium ipsum continuam. Testari omnino videtur hic membranarum habitus, eas primum foetus domicilium, in naturali ovo ex membranis chorii et amnios effectum, fuisse; quae una cum liquore amnii foetum, in ovario reclusum continebant, donec hic mole auctus et vi motrice majori praeditus, ipse membranas has dilaceraret et ex ovo elapsus, inter intestina translocaretur.

§. XIV.

Sub hisce membranis tumorem efficiebat massa densa, rufescens, cellulosis fibris vasculosisque villis intertexta, sanguini effuso coagulato similis, jam in lamellas polyposas, quales aneurysmatum facos replere solent, concreta; ad candelam facile combustibilis erat, non vero olei instar flagrans, sed in flamma se tantum initio constringens, hinc urens, ac ultimo carbonem formans, cum odore sanguinis coagulati combusti. In medio tumoris colorem suum coccineum servaverat cruor; ut, effusum in cellulosam ovarii sanguinem et serum densatum, totam hanc massam fuisse, satis appareret. Ex hac massa vasorum umbilicalium extremitates tenuem lympham suctione et forte etiam anastomosi vasorum eorundem cum illis membranae ovarii externae, in se receptam, per funiculi venosum truncum foetui tradiderunt.

§. XV.

Vasa hinc plurima, eaque insigniter dilatata, tum a spermaticis, tum uterinis vasis, ovarium hoc praeternaturaliter auctum adierunt. Arteria enim spermatica dextra interna duplex, superior et inferior: ex aortae trunco exiit superior^g) ab ortu suo ex aortae trunco sub renali arteria dextra, ac retro venam cavam transversim ducta, circa venam renalem dextram flexa emerfit, et tractu serpentino, comite vena spermatica superiori minori, ex vena cava orta, trans venam spermaticam dextram descendit, atque introrsum versus ovarium progressa, retro venam spermaticam dextram minorem in duos ramos^h) dividebatur, quorum quilibet serpentino ductu in ovarium dextrum uterumque ramulos suos varie disperfit, venis plexuosis inextricabili nexu arteriis intermixtis, ramulisque

^g, Fig. III. Litt. h.

^h, Fig. III. Litt. i, k.

lisque ultimis prope uterum cum uterinis ramis et spermaticis externis varie per anastomoses conjunctis. Dextra vero arteria spermatica interna inferior ⁱ⁾ sub priore ex aorta emergens, flexuoso tractu trans venam cavam ^{k)} oblique descendit. Ramulo in glandulas lombares exhibito ^{l)} venae spermaticae dextrae ^{m)} comes facta est, ac retro hanc flexuoso tractu oblique deorsum procedens, ante divisionem venae spermaticae dextrae majoris in duos ramos, ramum minorem ⁿ⁾ circa venam spermaticam emergentem et ad ovarium utrumque flexuoso inter venas itinere ramulis suis dispersum. Major vero ejus ramus, sive continuatio trunci ^{o)} retro venae spermaticae majoris superiorem ramum furculum dedit, serpentino ductu in uterum et ovarii tumorem extremitatibus suis dispersum, hinc vero trunculus ipse, sub vena spermatica emergens, trans tumorem ovarii inferiorem partem continuatus ac sub venae ramis iterum dispersus, ramis suis in ovarium et uterum finitus est.

Arteria uterina ^{p)} aequae dilatata diametro gaudens, ac dum uterus ipse gravidus est, ex hypogastrica ^{q)} arteria mox sub umbilicali ^{r)} orta, flexuoso serpentino tractu trans intestini recti ^{s)} partem superiorem et ureterem dextrum ^{t)} ad latus dextrum colli uteri inter hunc et tumorem ovarii ad uterum continuata, ramum primo minorem ^{u)} ad collum uteri exhibuit, hinc adscendens juxta uteri collum, propior utero, secundum ramum ^{x)} eumque majorem dedit retrorsum in colli uteri posteriorem partem et in ipsam corporis uteri substantiam extremitatibus

B 3

suis

i) Fig. III. Litt. l.

k) Fig. III. Litt. w.

l) Fig. III. Litt. m.

m) Fig. III. Litt. v.

n) Fig. III. Litt. n.

o) Fig. III. Litt. l.

p) Fig. III. Litt. w, Fig. IV. Litt. e.

q) Fig. III. Litt. u.

r) Fig. III. Litt. v. Fig. IV. Litt. d.

s) Fig. III. Litt. M.

t) Fig. III. Litt. a.

u) Fig. III. Litt. x. Fig. IV. Litt. f.

x) Fig. III. Litt. y.

fuis disperfum. Versus uterum hinc ulterius producta arteria uterina, ramulo minori ^{g)} ex trunco extrorsum emerso cum spermaticis arteriis internis et externis communicavit, quo exhibito sub venas uterinas ultimo abscondita arteria, reliquis ramis suis profunde sub venis in uteri substantiam et in ovarii tumorem dispergebatur.

Arteriae demum spermaticae externae, ex arteria epigastrica ^{z)} ortae, prima superior ^{a)} secunda inferior ^{b)}, duae fuerunt. Hae arteriae serpentino flexu per foramen abdominis ovale sive annulum abdominis in hocce cavum intrarunt, atque involutae fibris muscularibus ac cellulosis ligamenti uteri rotundi, uterum ipsum adierunt, ubi flexuosis spiris ac in se contortis ramis, in uterum sub exitu Fallopianae tubae ingressi, variis anastomosibus cum arteriae uterinae et spermaticarum internarum ramis conjungebantur, sanguinem ab externis partibus in uterum devehentes, itidemque uti reliquae arteriae dictae dilatatae, et in ovarium ultimis suis ramis diffeminatae.

§. XVI.

Venarum habitus itidem ac in gravidis valde dilatatus fuit. Earum enim spermatica dextra major ^{e)} eximium dilatata, ex vena cava ^{d)} more solito sub vena renali dextra ^{e)} orta, ramum mox majorem ^{f)} in truncum, insula facta, iterum insertum dedit, cum minori vena spermatica dextra communicantem ^{g)}, quae ex vena cava supra renalem venam dextram orta ^{h)}, flexuoso ductu arteriam spermaticam dextram comitans, in ovarii tumidi substantiam ramis suis desit ⁱ⁾. Hinc vena spermatica dextra major circa tumo-

^{g)} Fig. III. Litt. Z.

^{z)} Fig. III. Litt. q.

^{a)} Fig. III. Litt. r.

^{b)} Fig. III. Litt. s.

^{e)} Fig. III. Litt. v.

^{d)} Fig. III. Litt. W.

^{e)} Fig. III. Litt. Y.

^{f)} Fig. III. Litt. X.

^{g)} Fig. III. Litt. λ.

^{h)} Fig. III. Litt. K.

ⁱ⁾ Fig. III. Litt. μ.

tumorem ovarii ad inferiorem ejus superficiem inflexa^{k)}, in ramum majorem inferiorem^{l)} et superiorem minorem^{m)} dividebatur. Hi rami in minores divisi, variis majoribus anastomosibusⁿ⁾ cum vena uterina dextra, cujus rami ab utero maxime dilatati ovarium adeunt, conjungebantur.

Altera vena, sanguinis circulationi dicata, uterina^{o)} est, ex hypogastrica duabus propaginibus five ramis venosis, majori^{p)} et minori^{q)} orta. Juncta ex his vena uterina, eximie dilatata, flexuosa via inter ovarium et uteri collum versus hujus corpus adscendens, ramum^{r)} hoc tractu dedit ad collum uteri, ad ovarium dilatatum autem alium inferiorem minorem^{s)}, alium vero majorem superiorem^{t)} valde dilatatum, in quatuor ramos dispersum. Horum inferior major^{u)} in plexum ovarii venosum sub venae spermaticae ramis uterinis adscendens, ramis suis in ovarium desinit; secundus^{x)} plures cum ramis venarum spermaticarum anastomoses format; tertius^{y)} sub venis spermaticis in ovarium sub membranis placentae et peritonaei distribuitur; quartus vero^{z)} sub venis spermaticis et membranis ovarii in substantiam ejus intrat. Tertius^{a)} hinc extrorsum ex uterina vena adscendens ad ovarium prodit ramus, cum venis spermaticis anastomosium ope varie junctus; eadem-

^{k)} Fig. III. Litt. o. Fig. IV. Litt. U.

^{l)} Fig. III. Litt. π.

^{m)} Fig. III. Litt. ρ.

ⁿ⁾ Fig. III. Litt. σ. τ. ⊙. I. K. Δ. 1. 2. 3. 4. Fig. IV. Litt. U. W. X. Y. Z. 1. 2. 3. 4. Δ. E. Z. H. ⊙. I. K.

^{o)} Fig. III. Litt. E.

^{p)} Fig. III. Litt. Γ.

^{q)} Fig. III. Litt. w.

^{r)} Fig. III. Litt. Z.

^{s)} Fig. III. Litt. H.

^{t)} Fig. III. Litt. ⊙.

^{u)} Fig. III. No. 1.

^{x)} Fig. III. No. 2.

^{y)} Fig. III. No. 3.

^{z)} Fig. III. No. 4.

^{a)} Fig. III. Litt. I.

eademque ratione ultimus ^{b)} ab uterina vena ramus in ovarium et uterum pergit, cum ramis venosis spermaticis ^{c)} aequae ac prioribus uterinis ^{d)} venosis ramis diversimode connexus. Sinistri lateris vasa, tum arteria spermatica ^{e)} tum venae ^{f)} minus dilatatae fuerunt, quamvis ob affluxum per anastomoses in utero majores, naturalem diametrum extra graviditatem paullulum itidem superaverint.

§. XVII.

In superficie tumidi ovarii praeter dicta vasa, sub membranis placentae ipsi adhaerentibus, in superiori et externa praesertim ejus parte, vasa umbilicalia foetus ramis suis incedunt et extremitatibus suis in ovarium ipsum defiguntur. Venae itaque umbilicalis truncus ^{g)}, ex foetus umbilico exiens, gyrosis flexibus elongatis, per funiculum, uti solet, factis, prope ovarii tumorem, amnios tunica obductus, ad ovarii dextri tumidi partem superiorem pervenit ibique in plures ramos divisus ^{h)} fuit, ut furculi ejus ultimi, ovarii tumori ubique innati, peritoneo, hocce ovarium obducenti, ubique inhaerent. Eadem ratione innumeris furculis, peritoneo ovarii innexis, et cum venae umbilicalis ramis frequenter anastomosi inosculatis, arteriae umbilicales duae in superficie ovarii tumidi distribuuntur ⁱ⁾, quarum altera quidem major, altera minor est. Rami earum majores inter placentae membranas cellulosae ope annexi decurrunt. Junguntur tenuis et parcae cellulosae ope haec vasa, at veram crassam, uti solent, placentam non formant, sed mere membranaceo - vasculosam, ex membranis ovi et vasis umbilicalibus constantem, ultimis furculis suis, tomenti cellulosi tenuissimi ope sibi invicem junctis, ovarii superficiei externae adhaerentibus.

§. XVIII.

^{a)} Fig. III. Litt. K.

^{b)} Fig. III. Litt. T.

^{c)} Fig. III. Litt. A. M.

^{d)} Fig. III. Litt. g.

^{e)} Fig. III. Litt. Z. S.

^{f)} Fig. II. Litt. O. Fig. III. No. 2. Fig. IV. Lit. R.

^{g)} Fig. II. Litt. P. Q. i. k. l. m.

^{h)} Fig. II. Litt. R. Fig. III. Lit. O. II. P. S. T. Φ. X.

§. XVIII.

Haec sunt, quae in recenti adhuc cadavere, administrationum anatomicarum auxilio edisci potuere, quaeque ex eo perfectiori statu desumpta, exactissimo typo servata tradimus. Torfit vero prae reliquis mentem nostram modus, juxta quem nutrir et ad eum incrementi perfecti terminum produci potuerit foetus in abdominis cavo reclusus. Anastomoseos inter matris et foetus vasa sanguifera fautoribus, (quos inter referre B. MACKELIUM eo majori jure credunt, quo ipsi, ni saepius, semel tamen eo cum successu gravidarum repletiones evasisse autumant, ut fluida, in matris vasa injectione delata, in funiculi umbilicalis foetusque vasa progressa visa sint), similis in hocce casu eventus eo magis arridebit, quo, ad evidentiam perductam rem esse, sibi ex inspectione eorum, quae revera ita se obtulerunt et ex descriptione exacta eorum, quae acciderunt, persuadent. Dolemus omnino, quod occasione, eos in integrum refellendi, longum temporis spatium, ex quo in recenti subjecto disquisitionem exactam instituere licuisset, ab hodierno die, ubi in iis acquiescendum nobis est, quae adhuc integra supersunt, nos privet. Eam tamen ab ipsis ex dicendis consequentiam expectamus: rem nequaquam eo effectam esse, et problematicum omnino remanere modum nutritionis hujus foetus. Omni jure opinioni eorum, novo hoc argumento fultae, subscriberemus, si eadem materies, rubro colore tincta, qua matris vasa arteriosa turgida reddita fuere, in vasis et in trunco venae umbilicalis foetus obvia esset; sive viridis cera, qua venae matris factae sunt, in arteriis funis et cum iis connexo foetus systemate arterioso, haberetur. Nequaquam vero res ita se habet; contrario potius modo res revera est: omnis enim tractus vasorum arteriosorum tam matris quam foetus, quem rei ergo et ad minutissima usque vasa exploravimus, rubra materia ceracea distenditur; cum viridis contra aequae bene in vena umbilicali ac in hepate et in systemate venae portarum foetus ad venam cavam usque habitet; qua eadem systema venae caevae in matre refertum est. Prima massarum conjunctio occurrit in trunco venae caevae inferioris; cordis cava, tam venosa quam venoso-arteriosa rubra injectione turgent, quae prima in foetum penetrans, effusa potius in foetus abdomen, pectus et pericardium, quam per vasa eo dilata videbatur. — Quid inde? An censet: arterias matris sanguinem in foetus arterias detulisse? Cui quaeso non occurrunt valvulae arteriarum sigmoideae, sanguinis in cor ingressui, per arterias obstacula! quem non offendit necessaria inde in sanguinis circulo vel matris vel foetus conturbatio! vel enim venoso more hic per arterias umbilicales et aortam foetus ad eum accedere; vel venarum loco arteriae matris sanguinem a foetu per arterias, redeuntem deferre debuissent! Simile quid, naturae plane oppositum

tum, in venoso circulo oppetere debuisset: vel enim in foetu vel in matre per eas sanguis a ramis ad truncum procedere coactus fuisset; cui non tunc in mentem veniunt valvulae, in utroque subiecto ejusmodi sanguinis iter omnino prohibentes? Quo se ferant, qui rem explicare velint, non video, nec a me quaerant modum, quo repletio haec succedere potuerit! Nullam aliam viam, nisi per anastomoses inter vasa video, quae cerae, eique firmitate excellenti et omni adhuc cinnabari tinctae aperta fuisset; sed nullam aliam, nisi ab arteriis matris in arterias foetus et ab illius in hujus venas, quam sanguis absolute legere non potuit. Incautum ad vasa, vi injectionis rupta, appellares, cum hujus consequentiae vix aliae quam extravasationes sint et exinde liquida cera aequae bene veram fluidis placentae patulam viam, ac falsam hanc intrasset. An tumidi praeter naturam ovarii structura, an vasorum, an cordis foetus, diversi a solito habitus, rem abstrusam illustrare valerent, tentavimus; sed praeter ea, quae de tumore jam supra notata fuere, praeter cerae viridis praesertim, venis inditae coagulum, nihil nunc in eadem detegi potuit. Vasorum foetus tam venosorum quam arteriosorum distributio ne minimam quidem a naturali recedebat, si exiguam viridis massae, hepatis venas opplentis, copiam excipias, unde et hoc viscus solito minus apparuit et non nisi pauci venae portarum rami repleti observabantur. Rubedo systematis venae cavae, cum ea arteriarum conveniens, vel ab anastomosis inter duo haec foetus systemata, vel a rupturis valvularum semilunarium et valvulae foraminis ovalis pendere potest. In corde enim praeter dilatationem omnium ejus cavorum a massa ceracea, firma, rubra, nil observari potuit, ex quo, mediante structura peculiari, pro explicando phaenomeno aliquid derivari potuisset.

Tribuimus, ut mentem nostram fateamur, omne nutritionis negotium in hoc casu plane iisdem causis, a quibus in graviditate, quae secundum naturae leges in utero est, pendet. Hoc in statu non nisi liquida tenuiora sanguinis, alibili virtute praedita, a finibus arteriarum uteri in placentae interstitiola deponuntur, ut inde a venarum umbilicalium foetus similibus diametro ostiis resumantur; dum interim arteriae foetus inutilia illi fluida in eadem cava deferunt, unde iterum a matris venae uterinae exiguis ostiis, intra hanc massam patentibus, hauriuntur. Vim veri sensisse videtur B. MECKELIUS, anastomoseos ceterum Patronus, dum ait: ex dictis patet: „Arterias et venas ovarii, uti in „graviditate uterina idem in utero obtinet, insigniter dilatatas, immo in dextro latere, „terminum hujus distensionis superantes, plexu in ovarii superficie facto, ramos suos in „ovariorum substantiam immisisse, ibique liquidum illud effudisse, ex quo umbilicalia vasa nu-
„tritiam

„tritiam lympham exfluxerunt.“ Quantum attamen, injectionis ope hoc casu indubie apparenti anastomosi tribuerit, ex alia ejus Nota, observationi adjecta, fluit. Haec ejus verba sunt: „Ex membranacea et vasculosa partis ovarii ad foetum pertinentis natura patet, absque cellulosa placentae substantia ac humore in cellulas hasce effuso, a meris vascularibus umbilicalibus aut in tumorem hunc elongatis, aut cum vasis ejus ipsis, per laterales ultimos ramos connexis, lymphaticum nutritium succum traduci in foetum. Atque hinc tomentum crassius cellulosam placentae naturalis in utero, non ex necessitate quadam absoluta reperiri, sed ex effluxu tantum copiosiori humorum gelatinosorum ex uteri vasculis, cellulosam hanc copiosam generantium, ortum suum ducere. Esse ergo transitum liquidis nutrientibus foetus immediatum, ex vasculis arteriosis matris in venae umbilicalis foetus ultimos villos, cujus ope et hinc foetus nutrimentum et augmentum in perfectam infantis ad naturalem terminum ducti magnitudinem, ab ovario hoc acceperat.“

§. XIX.

Non possumus a casu, quem observatio offert, et ab iis, quae accuratior, quam in alio alio simili casu instituta fuit, disquisitio docuit, recedere, quin observemus: ovarii ad conceptionem praerogativas ex eodem maxime elucere. Loquantur locum hunc conceptionis, quaecumque in ovario apparent, ita comparata ac si revelandorum eorum ergo, quae ob minutiem in statu naturali sensibus nostris eripiuntur, nunc magnitudine aucta, irrevocabili testimonio probare debuissent. — Tumor ovarii, post impraegnationem secundam ab observatoribus ita visus, ut eum a congestione fluidorum versus hanc partem prius; dein vero a vestigiis loci, unde ovum hoc actu absumptum fuerat, corpore luteo notatum, derivarent, in Nostra immensus est. — Utero immutato, vel parum saltem a perfectae vacuitatis statu recedente, ipsius loca tenuit ipsum ovarium; quum omnia ea, quae in utero alias accidere solent, hic ab ovario praestita fuerint. Ruit hinc opinio de commixtione seminis masculini cum feminino in uteri cavo, ad concipiendum necessaria, uti et ea de ovulis, in uteri cervice latitantibus, quae NABOTII introduxerat. — Habentur et membranae ovi, alias in utero contentae, naturae plane ejusdem, ita ut eas tanquam partes ad prima foetus rudimenta servanda, dum adhuc in ovario torpet, considerare possis. Jam ibi liquorem continent, foetum a certa absque iis compressione deletoria servantem. Sic et in hocce ovario volumine et firmitate, additis ipsis humoribus nutritiis, incrementum poterant hae membranae. Eodem ex fonte

augmentum liquoris foetui in primis tenerrimae vitae stadiis, quam maxime necessarii, repetendum est. — Non minus feriet quemvis fatalis earum miserarum fors, in quibus, ut in Nostra, officia sua non praestant partes, praeter ovarium, ad felicem graviditatem facientes. Nullum potest superesse dubium, quin hicce habitus Nostrae lethum dederit: quum inflammationis abdominis, jam per se periculo plenissimi morbi, notas ubique reperiamus, quales sunt: inflammatoria peritonaei condensatio; ex eodem fonte derivanda concretio hepatis; intestina sphacelo corrupta; purulenta ovarium obducens crusta; hydrodrops ascites, infausta inflammationis abdominalis terminatio; omnia, ni in totum, factim maxima ex parte, ab irritante, putrescente cadaveris in abdomine reclusi, existentia derivanda. Miraculo proximum est, si quae his evadunt; revera autem quasdam evadere, ex infra dicendis patebit. — Non unica enim mortis extimescendae in iis ratio est, cum terribile solutionis ejusmodi ovi ab ovario momentum, nullo modo sistendam sanguinis in abdominis cavum effusionem, pedissequam habere possit; cum a liquoris amnii in abdominis cavum effusione non possint non praeternaturales effectus extimesci; et quae sunt alia.

§. XX.

ACCIPE JAM COLLECTIONEM OBSERVATORUM SIMILIMUM!

Cum Cl. JOSEPHI divido incubationem s. graviditatem abdominalem in veram et falsam.

„Vera abdominalis incubatio (aut, ut ille dicit, receptio) est: „si ovulum tribus circiter diebus post conceptionem elapsis, non tubam ingreditur, sed ex ovario statim in cavum abdominis delapsum, per aliquod tempus nutritum, ad certum quendam perfectionis gradum augetur.“

„Falsa contra, si foetus seu immaturus seu perfectus ovario, aut tuba, aut utero, causa quadam disruptis, inde demum in cavum abdominis delabens, vice quasi secunda recipitur.“

§. XXI.

Falsa itaque graviditas abdominalis vel ex naturali oritur, ubi ovulum sueta via ad uterum perductum ibique nutritum erat, vel ex praeternaturali, ubi ovulum in loco suae foecundationis, seu in via ad uterum in tuba Fallopiana restitit. Ex omnibus tribus hisce locis commorationis non nisi per violentiam, quae mox in causis internis, mox externis quaerenda est, in locum quartum, in cavum abdominis, pervenit.

§. XXII.

§. XXII.

Liceat nunc mihi, primo de graviditate falsa abdominali, cujus exempla frequentiora sunt, historice casus praecipue memoratu dignos referre. Sed perpendatur velim, historias huc facientes non semper ea cum diligentia et cura esse enarratas, ut possit haec vel illa recte adnumerari graviditati abdominali verae, seu falsae. Siquid itaque dubii hac super re, narrationibus relatis, supersit, culpa mihi non vertatur. Annus unicuique historiae praefixas est is, quo casus narratus primum scripto publico notatus est: et in hoc eligendo pro viribus accuratus fui.

§. XXIII.

In libris, Pseudo-Hippocraticis ^{a)} locum invenio, qui possit fortasse trahi ad graviditatem abdominalem. „Foetus, inquit autor, locum suum deserit ob abundantiam pituitae, et suffocationem producit.“

ALBUCASIS ^{b)} scribit: „Atqui ego quondam vidi mulierem, quae gravida fuerat, et foetus in utero ejus moriebatur, deinde alia insuper vice gravida facta est, deinde moriebatur foetus ille alter: etiam et accidit illi post longum tempus tumor in umbilico ejus, qui inflatus fuit, donec se aperiret et pus produceret. Et ego ad curam ejus vocatus fui. Et curavi illam diutius et vulnus non conglutinatum fuit, et illi applicavi quaedam unguenta valide attrahentia, et ex loco egreditur os: deinde praeterierunt dies aliquot et egreditur os alterum; et ego ad hoc valde miratus sum, quemadmodum venter est locus, in quo nullum est os. Ego igitur opinabar, haec esse ex ossibus foetus mortui. Vulnus igitur investigavi, et ex illo multa ossa extraxi, mulier autem optime se habuit adeoque vixit, et illo modo longum tempus, pauco pure ex illo loco producto.“

1522. JAC. BERENGARIUS Carpenf. Isagoge brevis in anatom. c. h. Bonon. 1522. 4. Foetus extra uterum repertus, quem ulcus ruperit. Cf. HALLERI Bibl. chir. T. I. p. 183.

1550. MATTH. CORNAX Historia quinquennis fere gestationis in utero, et quomodo infans semiputridus, resecta alvo, exemptus sit et mater curata evaserit. Venet. 1550. 4.

^{a)} De Morb. Mulier. L. I. Sect. V. p. 167. Fol. Francof. 1595.

^{b)} De Chirurg. T. II. p. 339. cura Channing.

Mater, rupto cum fragore sub partus labore utero, defluxu continuo putrilaginofo per muliebria afflicta est per quadriennium: tunc factum a natura est ad umbilicum foramen, ex quo multum faniosi foetidique mucoris etiamque os, quod pro fibula sinistri brachii habebatur, profluxit. Cum hoc facto, periculi magnitudo indies ingravesceret; incisio in alvum instituta et frustulatum foetus masculus emortuus et semiputridus exemptus est. Absoluta hac sectione mulier feliciter curabatur.

Eandem historiam repetunt M. DONATUS Lib. IV. p. 427. 8. Francof. 1664. Hist. med. mirab. 22.

BAUHINUS in Append. ad ROSCETTUM.

SCHENCKIUS Lib. IV. obs. med. et. HILDANUS in Resp. ad Döringium.

Aliam Cornax historiam narrat ab Achille P. Gaffaro acceptam, ad quam mulier ex abscessu in iliis, a chirurgo dilatato, foetus officula corrofa una cum pure enixa est.

Aliam foetus per XIII annos retenti historiam habet Aegidii de Hertoghe. Conf. etiam Barthol. de insol. part. hum. viis p. 110.

1552. Amat. Lusitanus Curat. medicinal. Cent. II. curat. 10. de ossibus foetus ex ano mulieris excretis, praecedente faniosa cum febre colluvie ex utero. Vid. Barthol. l. c. p. 116.

1554. JOH. LANGE Epistolar. Lib. II. med. 39. p. 739. (8. Francof. 1589.) historiam exhibet de foetu, qui anno X. gestationis per anum excernebatur: p. 740. hist. Ach. Gasserii repetit.

1580. RENE THIONNEAU Histoire etrange d'une femme, qui a porté un enfant 23 mois et qui enfin a été tiré par le côté os à os. Tours. 8.

1581. FR. ROUSSET Traité nouveau de l'hysterotomotokie, ou enfantement Césarien, à Paris, 1581. 8. Exempla foetuum, qui intra uterum contabuerunt et quorum ossa aut per incisum uterum, aut per eundem abscessu apertum exierunt. In appendice edit. Casp. Bauhini (Bas. 1582. 8.) exempla sunt allata uteri cum suo foetu contabescentis, denique resecti, extracti per umbilicum foetus, etiam in vaccis.

1587. M. CAGNATI Variar. observ. Lib. IV. c. 9. p. 263. (Rom. 4.) ossa foetus retenti per anum egesta.

1590. FR. ROUSSETI schema palocyematis, Lithopaedi Sennonensis foetus lapidei viceoctennalis. Paris. 8.

(Thuani Histor. Lib. 76. foetus lapideus mulieris cujusdam Agendici Sennonum.

I. Albosius et S. Provancher, in hoc oppido medici, etiam de hoc casu scripserunt.

Rupto sub labore partus utero, defluxo ex muliebribus ichore et emeris ex sanguine coacto recrementis serosis, quasi thrombis, foetus in ventrem matris delapsus est ibique in lapidem abiit.

1595. HORAT. AUGENIUS de hom. partu, seu quod homini non sit certum nascendi tempus. Venet. fol. Lib. II. c. 27. „cum excrementis duae effluebant costae parvae, tempore foeditissimi fluoris albi. Exenterato cadavere inventus est uterus putrefactus, qua parte intestinum rectum tangit: hoc ipsum totum corruptum: inventus est foetus sine involucris, sine secundis, cujus caput non aderat: hoc putabamus ex putredine dissolutum.“

1611. I. MARCHANDET Histoire admirable advenue en Franch-Comtè d'une femme, qui a produite un enfant par le nombril après avoir porté 25 mois et demi. Lyon. 12.

1619. Autore Hallero (Bibl. chir. T. I. p. 264.) etiam FABR. HILDANUS in epistola ad amicos, quae cum Centuria IVta observationum suarum et curationum Basil. 1619. 4. in lucem prodibat, de foetu quadriennium gestato verba fecit; sed locum hunc omni assiduitate incassum quaesivi.

1622. VINCENT. ALSAR. a CRUCE de quaesitis per epist. in arte medica, Cent. IV. fol. Venet. Cent. II. p. 169. „Foetus putrefactus per abcessum, circa umbilicum, ferro apertum, prodit.“

1664. LAUR. STRAUSS Resolutio observ. singul. Mussipontanae foetus extra uterum in abdomine retenti. Darmst. 4. Foetus, per 30 annos a matre gestatus, post hujus obitum in cavo abdominis, tegmine duriusculo involutus, inveniebatur; sed primo hunc foetum in uteri tuba genitum ac contentum fuisse, jam Deussingius in libro suo de hoc foetu §. 88. scribit. Straufs narrat quoque casum, quem Wepferus observaverit, ubi foetus per umbilicum excretus fertur.

1655. JAC. PRIMIROSIUS de morb. mulier. et ejus sympt. Rotterdam 8. Libri V. lib. IV. c. 7. Foetus, rupto utero (nam et hoc accidisse ostendunt effluxus humoris lenti aquosi et copiosi sub partus conatu et posthac faniei mali odoris) in cavum abdom. delabitur: mater annis duobus elapsis iterum gravida facta, sed iterum, quin foetus maneret in utero. Primogenitus per abscessum umbilicalem viam sibi paraverat; ossa vero posterioris incisione caesarea educebantur.
1663. HENR. VAN ROONHUYSEN Genees en heelkonstige Aanmerkingen, betreffende de Gebreken der Vrouwen. Amst. 8. Uterus ruptus, foetus per anum eductus.
1664. TH. BARTHOLINUS de insolitis partus humani viis. 8. Hafn. Ipsa historia, foetum per abscessum hypochondriorum post annos XVIII prodiisse, memorat.
1665. HENR. a MOINICHEN Observaciones medico - chirurgicae, Hafn. 8. p. 12. Foetus in utero materno extinctus per abscessum membratim excisus.
1672. H. OLDENBURG E. N. C. Dec. I. ann. 3. Obs. 126. ossa foetus per anum egesta. Denisii relatio.
1678. BAYLE epistola ad autor. Ephem. erud. Misc. N. C. Dec. II. ann. 8. Obs. 134. p. 293. Foetus XXVI annos in matre haerens. Inspecto cadavere foetus nullum quidem nexum cum utero ostendebat; lochia vero, quae mater post partus dolores excreverat, propensum me faciunt, hanc ut graviditatem falsis abdominalibus adnumerem. Conf. Zod. med. Gall. an. 1. p. 9. et 51. (Genevae 1680. 4.)
- Eadem historia legitur in Philosophical Transact. Vol. 12. n. 139: p. 979.
1679. ANT. V. LEEUWENHOEK Journal des savans. p. 406. Partus ventralis, quum uterus ante mortem ruptus et extractus e ventre foetus adultus.
- NIC. de BLEGNY histoire anatomique d'un enfant, qui a demeurè xxv ans dans le ventre de sa mère. à Paris, 1679. 12. Ulcus aderat uteri: foetus retentus callosa crusta obvolvebatur, in qua tubercula erant quasi gypsea. In libro ^{c)} Zod. med. gall. ann. 1. p. 57. (Genev. 4.) historia foetus putridi narratur, cujus ossa per abscessum abdominis cum pure exclusa sint. Graviditatem non tubariam s. ovariam fuisse, ostendunt verba sequentia auctoris: „Uterus quidquid cavitate sua continebat, extraneum expulit.“

1682.

^{c)} Les nouvelles decouvertes sur toutes les parties de la Medicine. à Paris 1679. 12. Bonnetus librum hunc latine vertit.

1682. In Diario, quod **Abb. de la roque** edidit et deinde **T. Bonnet** complevit.

I. Iac. Weffer foetus ex tuba, ut videtur, uteri in ventrem effusus.

Rivalier de foetu retento, dissoluto, per abscessum umbilici simulque per vulvam frustulatim edito.

St. Maurice epist. ad Cl. Dm. de la Clofure. Consulatur etiam **Manget** Theatr. anat. lib. II. part 2. c. 3. p. 140. Graviditas ovaria dilaceratione ovarii in graviditatem abdom. falsam permutata.

1683. **C. Morley** Phil. Transact. Vol. XIX. n. 227. p. 486. Officula foetus, quae post annos elapsos per alvum reddita sunt.

I. Brodie l. c. n. 229. p. 580. de foetu per abscessum umbilici excreto.

1684. **Phil. Trans.** Vol. XX. n. 243. p. 292. de ossibus foetus, quae supra ossibus pubis excernebantur.

1685. **L. Birbeck** l. c. Vol. XXII. n. 275. p. 1000. Maxima pars foetus per umbilicum est excreta et placenta per uterum.

1686. **Corn. Stalpaart v. d. Wiel** Zeldfame Aanmerkingen, soo in de Genees- als Heel- en Snykonst. 8. Hagae. Uterus in fundo laceratus: foetus in abdomen effusus.

Eodem Anno **P. Skippon** l. c. Vol. XXIV. n. 302. p. 21000. scripsit de ossibus foetus, quae per abscessum in regione inguinis educta sunt.

1687. **I. Muraltus** Collegium anatomicum, in welchem alle Theile des menschlichen Leibes samt den Krankheiten beschrieben werden. Nürnberg. 8. p. 250. Infans putridus ex umbilico prodiit.

1789. **Sal. Reiselius** Obs. in E. N. C. Dec. II. ann. 7. Obs. X. p. 16. rupto utero foetus intra abdom. exclusus: (uterus in inferioribus versus pubem tenuis disruptus et gangraenosus inveniebatur. Aliam etiam observ. a **L. Witzel** ann. 1669. factam adjungit, in qua uterus scirrhusus rupturae ansam dederat.

L. Rosini Lentilii Obs. l. mox. c. Obs. 237. p. 450. Insolita partus h. via. Matri juvenili, anno xxvi versante, sub doloribus atrocissimis officula foetus per umbilicum et intestinum rectum prodibant: simul cum his per muliebria sanies effluebat.

1690. Teste (Hallero *Bibl. Chir. T. I. p. 495.*) in lucem prodiit opus Petri Dionisii *L'anatomie de l'homme. Pag. 319.* (ed. 1716. 8. à Paris) invenies historiam gravidæ, nomine I. Pragnon, quæ ab egregio in terram lapsu sævum dolorem sub regione umbilicali sensit et tertio die multum sanguinis, pure mixti, e vulva emisit: denique ossa sceleti, aperto tumore dictæ regionis, extrahebantur. Dionis hanc graviditatem non sine omni jure tubariam fuisse putat, quæ post lapsum conversa fit in abdominalem.

P. 323. aliam histor. narrat, ubi ossa foetus per anum ejiciebantur. Aliam habet p. 328. ubi post miseram Matris mortem anatomica sectio demum abdominalem graviditatem, ex tubaria ortam, detexit.

1696. BERN. ALBINT *Diff. de partu difficili 4. Francof. ad Viadr. Uterus in partu ruptus et foetus in abdomen fusus.*

Eodem anno prodierunt: *Les progrès de la Médecine. 12.* Hic mentio fit foetus per plures annos in abdomine siti, sectione extracti.

1697. MONTAGNIER *Observ. super formatione foetus hum. in loco insolito. Vid. Manget Theatr. anatom. T. II. p. 141.* De foetu bimestri, natante in cavitate abdom. circumfuso undique sanguine, qui ortum duxerat ex lacerato tentorio dextræ Fallopii tubæ, ubi etiam placentula inveniebatur.

I. B. WENCKH „De muliere, quæ existente in utero (abdomine) officulorum congerie ex emortuo foetu relicta, denuo bis concepit feliciterque peperit. *Misc. N. C. Dec. III. an. IV. Obs. 87. p. 184.*“ Quatuor aut quinque ante puerperii solitum tempus hebdomades foetus commotio penitus cessavit, uterus concidit, ita tamen, ut circa umbilicum tumor quidem, tres digitos transversos altus, remaneret. — Dolore uterum vexante, foetida quaedam sanies adinstar corrupti profluvii menstrui per vulvam stillabat, quo profluvio durante, multo capitis dolore, caloribus et siti tentabatur: trium tamen hebdomadum spatio elapso convaluit tumorigera. — Quatuor post hæc annis transactis, puellam formosam et perfectam et iterum duobus annis elapsis filium, ad ordinem naturæ, ab omni dolore tumoris immunis, peperit. Anno autem XII et XIII post primam conceptionem supra umbilicum ulcus apparuit, e quo copiosa, graviter olens, profluebat materies ibique incisione facta officula seu sceleton extrahebatur. Mulier, tandem febre hæctica absunta, cibisque subinde ex ulcere profluentibus, viribus penitus exhausta est mortemque optulit.“

petiit. " Historia, quam maxime memorabilis institutae sectionis verbotenus haec est: „Extracto utero, in medio et ex latere sinistro illius in anteriori parte notabile foramen attigimus atque in uteri cavitate osseos digitorum articulos inhaerentes invenimus; intestinum vero colon pariter perforatum erat et fissura tota gangraenosa, ex qua, dum viveret, cibi incocti profluxere." Credam, bonum sensum non ferre, aliud quid hoc ex casu colligere, quam dictam perforationem (uteri et intestini) demum ulcere incrementum fuisse abortam.

1700. I. M. VORWALTNER De foetu, frustulatum per umbilicum exempto, ruptis intestinis, et eorum motu peristaltico extra abdomen conspicuo. Misc. N. C. Dec. III. Ann. V. et VI. p. 222.

1707. P. DIONIS cours d'operations de Chirurgie 8. à Paris. Relatio de utero rupto et foetu in ventrem effuso, ejusque ossibus sensim per abscessum prodeuntibus.

Eodem anno ALEX. LITRE foetum ano feminae extraxit. Vide Hist. de l'Academie royale des sciences année 1702. Amst. 1707. 8. p. 313. D'un fetus humain, tiré du ventre de sa mere par le fondement.

1715. MICH. BERNH. VALENTINI Chirurgia medica, quae est praxeos medicae infallibilis P. II. Francof. 4. Officula per abscessum umbilici prodeuntia.

1717. D. NEBEL in E. N. C. Cent. VI. Obs. 52. historiam graviditatis abdominalis sub hoc titulo narrat: „Sceleton foetus humani a matre jam per tres annos in utero (!) citra sanitatis dispendium gestatum." Suus ex filio nepos finem hujus gestationis in Com. Acad. Theod. Palat. Vol. II. p. 403. commemorat seq. sub titulo: „foetus ossei, per LIV annos extra uterum in abdomine detenti, historia." In relatione anatom. sectionis persuadere vult, veram fuisse graviditatem abdominalem, nam dicit: „Uterus, quo ad habitum externum, nihil peculiaris monstrabat: postica pars paullulum erat inflammata; ceterum eadem fuit magnitudo, crassities, densitas, quae vetularum utero naturalis est: bina ovaria illaesa, tubae Fallopii integrae, immo lociniae conspiciebantur." „Utero aperto, omnia plane naturalia et in nulla parte nequidem cicatricis vestigium inveni." Sed avi relatio huic non respondet: quod et notat Cl. Walter in Libro: Geschichte einer 22jährigen Frucht, p. 6. Avus inter alia refert: „Instante partus legitimo tempore, vividum et moventem sese in utero foetum excludendi nifus sensit, paullum ob tardius accedentis et minus exercitatae obstetricis negligentiam

tiam matrisque languorem diminutos, ac tandem post aquarum ex utero profluxum cum foetus motibus prorsus cessantes, succedente totius corporis horrore atque frigore cum sensu ponderis in infimo ventre, quando se in dextrum vel sinistrum latus inclinabat. Sequentibus septimanis foetidus et sanguinolentus ichor cum membranarum fibrarumque corrosarum frustulis per muliebria effluxit et abdomen cum mammis sensim detumuit.“— Hoc loculenter innuit, non veram, sed falsam hanc fuisse graviditatem abdominalem.

1721. SEB. MELLI La comare levatrice, istrutta nel suo ufficio 4. Venez. p. IV. de foetu retento et ex abscessu post aliquot annos educito.

1722. M. PREUSSII Obs. in E. N. C. p. 21. Cent. IX. et X. Foetus uterum disrumpens, et post mortem sui et matris, in abdominis hujus cavo deprehensus.

1726. C. F. PISTOR foetum e rupto utero in abdomen prorumpentem exhibuit 4. Argentor.

1727. GIOV. DOM. SANTORINI Istoria d'un feto, estrarro felicemente intero dalle parti deretane 4. Venez. Foetus, per XX. menses gestatus, dum alter interim ab eadem femina conceptus et abortu redditus est: denique tumore maximo oborto per anum extractus. Santorini ipse putat (p. 28. § XXV. et seq.), graviditatem primum tubariam fuisse, postea mutatam in abdominalem. Eandem historiam describit Nic. Patuna in libro: Relazione intorno al cadavere d'un feto, che doppo esse nascosto nel ventre della madre per vinti mesi, fuda lui cavato della parte posteriore, essendo restata viva e sana la madre medesima. 8. Venez. 1727.

Eodem anno I. B. DU BOIS et BOGER Diss. Ergo foetus extra uterum genitus, salva matre, potest excludi. 4. Paris. Exempla partuum ventralium, aut per anum editorum, etiam inciso sphinctere.

Eodem anno I. E. TUERK Historia mulieris, varia ossa per alvum dejicientis. 1727. Utrecht. 4. „Primis mensibus satis bene se habet gravida: venter more solito feliciter intumescit et foetus plurima vitae indicia edit; sed menstrua solito tempore prodeunt, tumor iterum decrescit et denique gravida per anum ossa parit.

1728. M. A. CAPPELER in Büchneri Miscell. phys. math. A. 1728. Erf. 4. 1732.

1729. I. C. BECKER Paedoctonia inculpata ad servandam puerperam. 4. Gieff. Ossa foetus, alvo educita.

1732. JOS. BIENER *Observ. de sceleto foetus, viis insolitis excluso. Com. litt. Nor.* ann. 1732. p. 2. Per muliebria fluxus saniei cum intolerabili foetore et unguibus foetus observabatur et post IV menses scapula et tunc alia ossa foetus per regionem umbilici prodibant.
1738. W. GIFFARD *Phil. Transact. n. 416. p. 435.* foetus per anum eductus, funesto quidem eventu, in tuba, ut videtur, conceptus.
- Eodem anno FR. MAURICEAU in libro: *Observations sur la grossesse et l'accouchement des femmes T. II. p. 206. Obs. CCLI. historiam, etiam huc spectantem, narrat sub titulo: D'une femme, qui mourut en travail avec son enfant dans le ventre, par l'ouverture du corps de laquelle, après sa mort on trouva cet enfant au milieu des boyaux etant sorti de la matrice par une rupture, qui s'y etoit faite.*
1738. JOH. FANTONUS in *opusculis medicis et physiologicis 4. Genevae.* Foetus per abdominis abscessum exiens.
1739. G. KING in *Medic. Essays and observ. of a Society at Edinburgh. T. V. n. 38.* agit de puero, partim per incisum abdomen, partim per alvum excreto.
1741. JO. COPPING in *Phil. Transact. n. 461. p. 814.* memorat foetum, ex abdominis abscessu excisum.
1741. JO. BAPT. BIANCHI in *tentamine de naturali, vitiosa morbosaque generatione (Genevae. 8.)* plures compilavit historias ex scriptis aliorum de partu vel per umbilicum, vel per anum. Vid p. 102, 108, 112, 149, 177 &c.
1741. FR. SIMON in *Phil. Transact. n. 477. p. 522.* scribit de foetus ossibus, per anum egestis.
1741. JO. STILL. WINTHROP l. c. n. 475. p. 304. habet simile exemplum.
1742. ROUHAULT in *opusculi scientifici T. VI. 4.* mentionem facit foetus ventralis.
1743. CORN. TRIOEN in *Observ. Chirurg. fasciculo (4. Leidae.)* refert partum ventralem, peritoneo inciso, eductum.
1744. PH. SAM. GIERING in *Select. Francof. ossa foetus per anum excreta adstruit.*
1744. SPOERING et MOUNSEY. in *K. Sev. Wet. Acad. handl.* referunt de femina, per XIII annos foetum in alvo gestante et inciso abdomine liberata. Effluxus autem liquoris amnii et haemorrhagia e muliebribus verosimile faciunt, foetum primitus utero inhaesisse.

1746. GUILLERME in Hist. de l'Acad. des Scienc. 4. p. 44. (8. Amst. 1755. p. 63. VII.) agit de foetu per anum reddito.
1747. STARKEY MIDDLETON Phil. Transact. n. 484. p. 617. De graviditate abdominali, (quam primum fuisse graviditatem tubariam, maxime verosimile est), durante 16 annos; at quin mulieri impedimento fuerit, quominus quatuor liberos viventes pareret.
1747. FR. DRAKE l. c. n. 485. p. 121. De abscessu circa umbilicum, quo prodierint officula foetus.
1748. SALVATOR MORAND in Hist. de l'Acad. des scienc. 4. p. 52, (8. Amst. p. 73 seq.) De foetu, qui 31 annis in utero materno retentus, totus duro involucre obductus fuit. „A l'ouverture du cadavere, on trouva dans le bas ventre une masse ovale, „grosse comme la tête d'un homme attachée l'epiploon, au pèritoine, et qui sem- „bloit partis de la trompe droite.“
1750. ABR. TITSINGH Diana ontdekkende het geheim der dwaazen dielig vroedmeesters noennen, 4. Amst. Feminae, quae absque partu foetum retinuerat, et quinques iterum conceperat, enata est fistula, per quam dilatatam foetus nonnihil corruptus extractus est.
1750. T. DEBENHAM Phil. Transact. Vol. 47. p. 92. de officulis foetus per muliebria et umbilicum prodeuntibus.
1752. J. FATIO helvet. vernünftige Wehmütter p. 197. foetus rupto utero in cavum abdominis fusus, sed primum sub labore partus.
1754. PIET. PAOL. TANARON Trattato di Chirurgia Vol. II. 4. Florenz. Corrupti et putridi foetus in ventrem effusi felix exciso, a Chirurgo Metivier perfecta.
1754. COLLIN Journal de medicine T. IX. de foetu retento, cujus ossa quarto anno ex abscessu abdominis prodierunt. Cf. medic. Wahrnehm. Vol. IX. p. 115.
1754. G. SMELLIE a Collection of Cases and observations on Midwifery. Lond. 8. Ossa foetus per anum decedentia.
1755. C. F. DANIEL Beiträge zur med. Gelehrsamkeit 4. Halle T. III. n. 13. ossa foetus per intestinum rectum prodibant.
1756. H. N. CRANZ Commentar. de rupto in partus doloribus a foetu utero. Vienn. 8. Ipse foetum in ventre vidit utero rupto. Conf. med. Wahrnehmungen Vol. V. p. 496.

1756. History of the royal society et London abridgd T. I. p. 72. (4 Lond.) Feminae historia, quae XVIII annos foetum gestaverat, interim pepererat, denique offibus foetus per subnatum abscessum se liberavit.
1756. ALEX. MONRO. Effays and obs. physical and litterary read. before a society in Edinburgh T. II. 8. Edinb. p. 339 de foetu per ruptum uterum in abdomen elapso. Cf. med. Wahrnehm. Vol. IX. p. 246. Etiam de foetu ex ruptura ventris sub umbilicum prodeunte l. c. p. 338. et in libro med. W. p. 376.
1756. BOGHARD Journ. de medicine T. V. Foetus mortuus, XXVII. menses gestatus, per umbilicum educus. Cf. med. Wahrnehm. Vol. V. (8. Strasb, 1761.) p. 459.
1756. HERISSANT in Hist. de l'Acad. pag. 52. in 4. de foetu, per XXVII. menses gestato, demum per sectionem caesaream educus.
1760. J. BARD Med. observ. and inquir. T. III. De foetu ex abdom. abscessu exciso felici eventu.
1761. DE LA VERGNE Journ. de medicine Vol. XIV. p. 440. Foetus per XXIX menses gestatus et per umbilici ulcus extractus.
1764. L. B. F. LENTIN observat. medicarum Fasc. I. 8. Wolfenb. Vestigia foetus per abdomen egesta, subnato abscessu, postquam congenitus tumor se extulerat.
1765. BARTHOL. PATUNA Epist. ad Morgagnum, continens historiam foetus, extra uterum inventi, placenta intra uterum haerente. Vienn. Utero incolome, foetus in abdomine funem umbilicalem ad tubam Fallop. propagabat.
1765. GULAT. V. DOEVEREN obs. acad. ad monstror. hist. anatomiam, pathol. et art. obst. praecipue spectantes. Gröning. 4. Uterus ruptus et foetus in ventrem erumpens.
1767. W. HAY in Medical observ. and inquir. 8. Lond. Foetus extra uterum, et placenta intus inveniebatur.
- J. A. RIDDER observ. rar. de foetu septem mensium, per intestinum rectum, matre salva et superstite, exciso.
1770. J. BRUGMANNS in Verhandelingen der hollandschen Maatschappy T. XII. 8. Harlem. De offibus foetus, diu retenti, per anum abscedentibus.
1773. CHAMOUX Journal de medicine etc à Paris T. XXXIX. de foetu IV. mensium et ovario in ventrem effuso et post annos per alvum excreto. Cf. Cl. RICHTERI, Praeceptoris venerandi, Bibl. Chir. T. II. P. IV. p. 43.
1774. TH. PERCIVAL Medic. and philos. Commentaries, Vol. II. P. III. Post XXI. annos foetum per alvum vidit egeri.

1785. VARNIER *Journal de medicine* T. LXV. à Paris. §. De duplici abdom. graviditate. Post mortem matris et post XXX. annos, ubi mater dolores ad partum et haemorrhagiam uterinam passa est, bini foetus in ventre matris inveniuntur: alter cum fune umbilicali et placenta in massa ossea involutus, alter cum tunicis suis magnitudine ovi gallinacei non procul a foramine ovali, quod uterus sinistro latere ostendebat. Cf. Cl. RICHTERI *Bibl. chir.* T. X. p. 343.

CHAMBON DE MONTAUX *Arzt für Schwangere*, cap. 35. p. 223. (8. Bremen 1792.) De rupto sub partus labore ovario et foetu in abdomen effuso.

§. XXIV.

Causas, quae uteri rupturam efficiant, perbene collocatas habes in Josephi *Diff.* citata §. IV. et §. VIII. de iis, quae ad rupturam tubae et §. X. quae ad ovarium dirumpendum conferunt.

§. XXV.

Signa uteri rupti diagnostica sunt certissima. Saepenumero haemorrhagia e muliebribus cum mutato ventris tumore, („uterus ante repletus tumidusque repente fit inanis“): subita cessatio veri partus doloris: foetus in abdomen descensus et alia symptomata varia, cum narratione aegrae conjuncta, dubio nos eximunt. Non ita se habent signa tubae ruptae diagnostica: conjectura verosimilis hic tantum ex praegressis et dein exortis symptomatibus colligitur.

§. XXVI.

Nunc ad historias, de vera abdominali graviditate differentes, me converto. Quid sub notione verae abd. graviditatis intelligam, antecedentia docent.

§. XXVII.

Primam, quam jure huc referas, historiam inveni in *Misc. N. C.*

1673. FR. BOUCHARDI *Obs. de infante*, a morte matris in ventre post graviditatis annos XVI, et quod excurrit, reperto. l. c. ann. tertia, obs. XII. p. 15. Mater nil nisi consuetos partus dolores passa, sed sub incredibili totius abdominis distensione ita est emaciata, ut sceletum referret et denique febre lenta et diarrhaea fato fungeretur. Enarratio anatom. sectionis quam maxime quidem incompleta est: quum nil referat, quam quod foetus, apertis integumentis, statim oculo se obtulerit, eductis libris

XVI. ferofi, subcrocei, sed minime foetentis humoris; et quod vasa umbilicalia, in extremitate occlusa, trium duntaxat digitorum latitudinem aequaverint: (nil de placenta, nil de utero ejusque annexis!) Attamen non possum, quin graviditatem hanc inter veras abdominales collocem ob absentiam tum haemorrhagiae uterinae, tum dolorum saeviorum et ob brevia et occlusa vasa umbilicalia.

1695. MONCONYS Voyages, à Paris 8. p. 457. „Une femme sans pouvoir accoucher mourût: on lui trouva un fort beau garçon formé entre la matrice et l'intestinum rectum, sans que la matrice fût en aucune maniere percée.“

1696. Recit exact d'une grossesse extraordinaire, observée à l'Hôtel de Dieu de Paris, en l'année 1696. Cf. DIONIS l'anatomie de l'homme, à Paris, 1716. 8. p. 314.

Plura sunt, quae graviditatem hanc abdominalem inter veras esse numerandam, evincunt. Situs foetus in abdomine, dum inspiceretur cadaver, inventus; placenta mesenterio, epiploa et tubae adnexa; uterus cum adnexis in statu naturali et virgineo; omnis e muliebribus absens effluxus: et denique gravidae erga obstetricem effatum: „elle lui dit, ait DIONIS, que des les premières six semaines, qu'elle se connut grosse, elle entra dans des douleurs aussi grandes que continuelles, qui se terminoient toutes vers l'ombilic; que ces douleurs dureroient jusqu'au troisième mois et que depuis jusqu'au sixième mois, elle avoit été agitée de convulsions et d'espèces de létargies, étant souvent tombée dans des foiblesses et des défaillances extrêmes.“ — Status hic, statim a primordio graviditatis ortus cumque ceteris nominatis comparatus, luculenter, ni fallor, veram graviditatem abdom. innuit. Non minoris etiam ponderis hic est descriptio, quam autor de statu tubarum offert. „La trompe droite, inquit, étoit bouchée par le retrecissement et le resserrement qu'elle souffert un peu au dessus de l'endroit audevoil commencer le pavillon — l'enveloppe du foetus peu épaisse s'étendoit, depuis la trompe droite dont on la détacha, jusqu'au milieu de la trompe du côté gauche où on en trouva une portion, qui s'y étoit collée.“

1709. J. J. COURTIAL nouvelles observations anatomiques sur les os, à Leide. 8. p. 86. Enfant trouvé hors de la matrice. Puerulus inartus et bene nutritus, sectione caesarea instituta, in abdomine situs inveniebatur: placenta, vasis stomachi et epiploa adnexa atque uterus cum ovariiis et tubis in statu naturali erant.

1714. P. B. CALVO Mem. de l'Acad. 1714. Lettera istorica di Paolo Berhardo Calvo etc. Torino 1714. (ad Anellium) Vid. etiam

Bianchi de naturali in h. c. vitiosa morbofaque generatione historia. Genev. 8. 1741. p. 84. Femina Taurinensis, XXVI aetate annorum, jam dudum a ventre, maximeque ab umbilicali sede impense non assidue dolebat. — Tumor ventris superiora solum loca, potissimum umbilicalia, occupaverat, vacua relicta hypogastrica sede. Cum post nonum graviditatis mensem crutiatus saeviores sentiret, se partui proximam putans, obstetricem accersiri curat, quae asperius, quam decuisset, obstetricari nisa est: multa diuturna ex muliebribus sanguinis effusio successit; vomitus acerrimi cum nauseis perpetuis plerumque inanes; cardialgiae, spirandi difficultates, ardentissima febris etc. — Plurimi medici consulti, graviditatem pro ventrali agnoscentes, tantum partum caesareum superesse judicabant, sed quin promoverent: — febris acutior ardentiorque fit; halitus oris teterrime faetet et assiduus ex utero liquaminis cadaveracei odoris fluxus animadvertitur: quae omnia non solum foetum mortuum esse, sed etiam ejus communicationem cum uterinis partibus indicant. — Haec et anteriora (effusio sanguinis e. g.) me primitus inducebant, ad casum hunc graviditatibus abdom. falsis accensendum; sed relatio anatom. sectionis ac delineatio, tabulis aeneis oblata, errantem revocavit. Placenta quippe intestinis tenuibus erat adnata atque hoc ipsum est, etiam ex sententia Cl. A. G. RICHTERI, Praeceptoris semper venerandi, signum indubium verae graviditatis abdom. Equidem in Bibl. sua Chir. Vol. X. p. 345. dicit: Im ersten Fall (wo die Frucht während der Empfängnis in die Bauchhöhle fiel) sitzt die Nachgeburt immer am Mesenterio oder irgend einem Darne. — Quomodo vero, fortasse interrogas, explicabis fluxum uterinum et haemorrhagiam? — Ex connexu et obliquo ascensu ad marginem placentae, quem, teste Bianchi faciebat tuba sinistra, dilatata suo aperto tentorio deductisque fimbriis, atque ex nexu illius desiderato cum uteri fundo, quam nempe utrique parti (utero et placentae) tenue interpositum esset intestinum. Bianchi l. c. pag. 93.

1717. LOUIS LEGER DE GOUVEY La veritable Chirurgie, à Rouen. 8. p. 401. Observation d'une jeune Demoiselle, à laquelle on trouva un petit foetus dans une tumeur, qui lui survint à l'Aine. Autor, hunc tumorem se primum pro bubone venereo habuisse, ipse fatetur; sed tumore, quin doleret, increscente, D. de Gouvey operatio-

nem

nembubonocelles instituit. Invenit tum sacculum et in eo puerulum duos s. tres menses posthaec viventem. Placenta, dicit: étoit attaché à la circonférence de l'anneau du muscle oblique externe et aux parties voisines. Autor ipse graviditatem hanc pro vera abdominali habet, dum dicit: Il y a apparence, quae cet oeuf avoit sorti par la distance, qui se trouve entre les dentelures de la trompe, lorsque l'ovaire en étoit embarrassé et qu'après être tombé dans l'abdomen etc. — Sed dubito, an historia ipsa veritati plane respondeat.

1716. M. MARTIN, le Fils. Hist. de l'Acad. des Sciences, à Paris 4. (Amst. 8. p. 32.) Une femme cessa d'avoir ses regles, et eut des vomissemens et des coliques que rien ne guerissoit. Son ventre s'enflait de jour en jour et elle y sentoit comme un corps vivant, qui s'agitoit et se débatoit, il étoit cependant incertain, qu'elle fût grosse, parceque l'enfant s'il y en avoit un, n'étoit certainement pas dans la matrice. Au bout d'environ neuf mois de souffrances elle en eut de plus vives que jamais; après quoi elle ne sentit plus les mouvemens de ce prétendu corps vivant; mais les vomissemens accompagnés d'un cours de ventre continuél continuèrent encore six mois, au bout desquels elle mourût. M. Martin l'ouvrit et comme il la croyoit hydropique, il fit d'abord la ponction au ventre, d'où effectivement il sortit XII. pintes d'eau rousse sans odeur et pas trop trouble. Mais après cela il trouva un enfant de IX. mois, qui occupoit tout le côté droit du ventre. — Le cordon ombilical n'avoit de long que XIII. pouces et partoit à l'ordinaire du placenta, qui par un nombre infini de rameaux et de fibres s'attachoit sur la X. II. III. vertebres des lombes. — La matrice et les trompes en bon état.

1727. J. E. TUERCK Hist. mulieris, varia ossa per alvum ejicientis. — Vid. Halleri Diff. med. pract. Vol. IV. p. 793. Autor quidem casum hunc, et cum illo etiam Josephi ad veras abdom. graviditates numerat; sed historia gestationis ita manca est, ut solummodo liceat auctorem sequi.

1730. Jo. JAC. GRAMBS Anatom. Beschreibung eines monströsen Gewächses, welches in dem Leibe einer Frauen von 53 Jahren an ein gewisses Stück des mesenterii angewachsen und 18 Pfund schwer ausgewachsen gefunden worden. Frankf. 4. — Dentes, capilli et ossiculum maxillae, infantili simile, originem molae hujus ostendant, et opinionem, ac si mera excrecentia fortasse fuerit, tollunt. Uterus cum adnexis in statu naturali inveniebatur. §. 9.

1737. FR. IGN. LOSPICHLER in Aët. N. C. Vol. IV. p. 89. De gemellis utriusque fetus, per sex annorum spatium in abdomine matris extra uterum absque ulla corruptione gestatis. Ex anatom. sectione sequentem historiam solummodo allego: „Uterus quidem naturalis erat, plane constitutus, nisi quod ratione magnitudinis admodum exiguus deprehenderetur. Peritoneum vero, extremas intestini recti, vesicae et uteri partes ambiens, undique gangraena tactum, observabatur etc.“
1743. W. BROMFIELD Phil. Transact. n. 460. p. 697. Foetus, quem cum IX. annis femina gessisset, apparuit in ventre adolevisse: conjunctus cum colo et intestino recto inveniebatur: uterus et tubae incolomes erant.
1767. C. KELLY medical observ. and inquiries, Lond. 8. De foetu, extra uterum reperto. Placenta, insignis molis, peritoneo erat adfixa ad dextram abdominis sedem, et tamen foetus durante ipso enixu vixerat.
1778. J. G. WALTER Geschichte einer Frau, die in ihrem Unterleibe ein verhärtetes Kind 22 Jahr getragen. 4. Berlin, mit Kupf.

Praecipue quidem hic casus inter veras graviditates abdom. numerandus est; sed tamen haud diffiteor, narrationem celeb. Autoris de saevissimis doloribus, mox tolerabilibus, circa tempus noni mensis in regione uteri sentitis, (§. 8.) conjunctim cum dicta magnitudine, ea maturi foetus, (§. 11.) et induratione in ovario dextro (§. 10.) sententiam meam mox alienasse, nisi defectus placentae et funiculi umbilicalis nimis accumulassent difficultates, eam pro falsa habendi graviditate abdominali, quae primum fuerit graviditas ovaria.

1791. BAYNHAM in medical facts and experiments. Vol. the first. Lond. 8. Conf. Richter's Bibl. Chir. Tom. XII. p. 211. De graviditate extra-uterina. Foetus putridus incisione, in loco inflammato circa umbilicum facta, exemptus. Nulla haemorrhagia nec alius effluxus e muliebribus toto tempore gestationis adfuisse dicitur: qua de re ad veras abdom. graviditates casum hunc refero.

Haec sunt, quae pro viribus colligere poteram, licetque historiam harum observationum completam esse non putem, utiliter tamen eas addi hic posse, credidi.

§. XXVIII.

Causae, quae graviditatem abdom. veram possint producere, in statu praeternaturali vel tubae Fallopianae vel ovarii quaerendae sunt: eas singulatim collocatas invenies in Josephi Diff. §. 14.; ut ideo his diutius non immorer.

§. XXIX.

Quod denique signa diagnostica verae abdom. graviditatis attinet, facile intelligitur, ea certis in adjunctis, seu casu complicato, multo difficilius agnosci, quam si phaenomena partus naturalis complicentur accessu morborum aliorum. Sed tamen signa generalia graviditatis abdom., ex omnibus narratis observationibus desumpta, possunt nos in hac via obscura ducere. Equidem, ut fere in omni stata morbofo, sic etiam hic declinationes in casu singulari occurrunt, quae tamen medicum, dummodo circumspicte agat, fallere nequeunt. Signa haec generalia Cl. BOEHMER optime enumeravit in *Observ. anat. rarior.* P. I. p. 50. et P. II. p. 28. Ad ejus sententiam haec sunt: „Tumor ventris, loco quodam abdominis lente crescens, inaequalis, gravativus, admodum molestus, ponderosus atque plus vel minus dolens; rarus foetus insolitus notus; uterus vacuus ejusque orificium clausum et immutatum; mammae ut plurimum lacte vacuae et flaccescentes, nonnumquam tamen, praesertim in graviditatis initio, turgentes; spirandi angustia ob diaphragmatis descensum impeditum; crebrior vomitus ab irritato pari nervorum vago; febres anomalae; irriti partus labores, cum cruciatibus in abdomine; menstrua irregularia aut plane suppressa; tactus externus partium foetus; putridus sanguinis humorumque per uterum vel anum fluxus; ossium denique vel per abscessum abdominalem, vel perforatum rectum dejectiones.“ His addi potest, quod Graviditas ad perfectum partus terminum protrahetur, quando, ex mente Cl. ROEDERERI ^{d)}, chronici morbi incommoda cum siccis menstruorum, apertis autem lactis fontibus, femina patitur.

§. XXX.

Ad servandam vitam gravidae et in casibus licet rarioribus vitam ipsius foetus, nulla nisi in operatione caesarea, quae protinus super ipso loco tumente

^{d)} Ars obst. p. 302.

instituantur, spem superesse, ex theoria crederes, infaustaeque observationes opinionem confirmarent, nisi alii eventus vel per abscessum limitatum, chirurgica arte ad sanationem, post contentorum praeternaturalium extractionem, perducendum; vel per foetus innocuam factam naturam, ut cum eo matres sanae per plurimos, imo per quadraginta annos, qualem Ill. MECKEL, Filius, novit in Anglia, degant, obstarent. Minus tamen certi quum prosperi sint hi exitus, quam infausti illi; non plane omnino rejicienda ad ambiguam sanationem operatio est, et ex ea parte minus horrenda, cum hysterotomia ab ea absit; gastrotomia, minus periculosa, sufficiente. Quibus autem in adjunctis sectio caesarea instituenda sit, si ea permittitur, hoc medicus ex statu singulari aegrotae solummodo colligat.

TABULARUM EXPLICATIO.

Figura Prima.

SITVS FOETVS VENTRALIS, INTRA ABDOMINIS CAVVM INTER INTESTINA APERTO ABDOMINE CONSPICIENDI.

- A. A. Reclinata abdominis cruciatim discissi integumenta cum musculis abdominis, peritoneo obductis.
- a. dextri labii triangularis superioris peritoneae internae faciei adhaerentia frustula membranae, quae foetum ambiisse videtur, qualia etiam in c. foetus genae dextrae et in d. circa carpum manus dextrae ejusdem habentur; chorii nempe (forfan cum omento olim connati) ac per frustula peritoneo agglutinati portiones esse videntur.
- B. B. Labia inferiora dissectorum abdominis integumentorum, peritoneo obducta.
- C. Hepatis superficiei superioris et marginis anterioris acuti pars. Hepar connatum erat membranae praeternaturalis ope cum diaphragmate utroque in lobo; simili modo hi lobi in unum connati esse videbantur, donec abiata membrana praeternaturali, utriusque figura et habitus naturalis, ut in Fig. secunda, appareret.
- b. ligamentum hepatis rotundum.
- D. D. Intestini Jejuni supra foetum assurgentis portio.
- E. Intestini coli transversii, sursum in hypochondrium sinistrum pressi et retro caput infantis descendens pars.
- F. Intestini recti portio. G. Capitis foetus sinciput dextrum.
- H. Ejusdem occiput. I. Ejusdem frons versus oculum dextrum.
- K. Cutis frontis tumida, protuberantiam faciatam ante os frontis formans, qui tumor plica profunda a latere capitis distinguitur.
- L. Gena dextra, cui adhaeret
- c. portio chorii supradicta.
- M. Collum inter humeros depressum.
- N. Dorfi sub collo inter Scapulas initium.
- O. Scapula dextra. P. Scapulae sinistrae regio.
- Q. Plica ad latus Spinae dorfi prope os Sacrum versus ani fissuram a sinistris ad anum descendens.
- R. Sinistra natium protuberantia.
- S. Dextra. T. Femur dextrum, sub funiculo et manu, ac foetu ipso sese flexo genu incurvans.
- U. Abdominis pars inter thoracem et genu dextrum conspicua. V. Thoracis dextrum latus.
- W. Brachium dextrum ovario incumbens, circa quod
- d. Membranae chorii supradicta portio volvitur.
- e. portiunculae pinguedinis, omnem foetus cutem obducentis.
- f. Loca cutis epidermide destituta.
- X. Funiculi umbilicalis portio retro caput in sinistro latere descendens et flexu supra intestinum rectum facta, dextrorsum retro ovarii tumorem pergens.
- Y. Ejus continuatio inter brachium et femur dextrum foetus iterum apparens et flexuoso tractu deorsum et sinistrorsum ad ovarii tumorem pergens.
- Z. Ovarii dextri, foetus placentae vasa recipientis, tumor praeternaturalis.
- g. Vasorum umbilicalium rami supra ovarium dispersi.

Figura Secunda

FOETVS EXTRA VTERVM LOCATI, E SEDE SVA MOTI, VT AB ANTERIORI FACIE
CONSPICI POSSIT, HABITVM OFFERT. - VASIS INIECTIONE REPLETIS, VISCERVM
ABDOMINIS MATRIS ET FVNICVLI VMBILICALIS VASA, AD FOETVM PERGENTIA
APPARENT, OVARII TVMORIS POSITV NATVRALI
SERVATO.

- A. A. a. Labia integumentorum Abdominis cum musculis et peritoneo sursum deorsumque reclinata.
 B. Hepatis lobus dexter. — C. Sinister.
 b. fundus vesiculae felleae ante marginem acutum lobi dextri eminens.
 c. ligamenti hepatis suspenforii anterior pars, ejusdem ligamentum rotundum s. venam umbilicalem involvens et in incisuram marginis acuti sese dimittens; reliqua parte hepatis superficiei superiori adhaerente.
 D. Ventriculus collapsus e robustis tunicis effectus.
 d. ejus vasa gastro-epiploica.
 E. Intestinum Jejunum cum vasis per mesenterium decurrentibus, a foetu iis incumbente compressis, uti et intestina ipsa erant.
 F. Ilei intestini a Jejunum continuatio, quae tecta a Jejunum et ab ovarii tumore intra pelvim, non nisi in fine suo apparet.
 G. Finis Ilei intestini in colon adscendens.
 H. Intestini crassi pars caeca s. fundus.
 e. Appendix ejus vermiformis.
 I. Coli intestini pars adscendens.
 K. Coli pars transversa ad flexum lienalem usque, unde descendendo pergit.
 L. Ejusdem pars descendens.
 M. Flexus Iliacus coli, retro tumorem in intestinum rectum desinens.
 f. ligamenti omentalis nomine veniens stratum fibrarum longitudinalium coli.
 g. g. vasa Ileo-Colica.
 N. Ovarium dextrum, praeter naturam tumidum, pelvis aperturae superiori incumbens, utero annexum, in fundum pelvis ab ipso ovario depresso et abscondito.
 O. Venae umbilicalis truncus per funiculum umbilicalem tractu, ut solet, flexuoso continuatus.
 h. membrana amnios venae umbilicalis duos, in quos finditur, ramos obducens.
 P. Ramus venae umbilicalis inferior.
 i. k. ejus ramuli, per partem ovarii inferiorem in superficie anteriori dispersi et in ovarii tumorem profunde demissi.
 Q. Ramus hujus venae superior:
 l. m. hujus ramuli in parte superiori tumidi ovarii per superficiem posteriorem imprimis et in suprema parte anterioris superficiei dispersi.
 R. Arteria umbilicalis anterior, per umbilici funem continuata et ramis suis in anteriorem ovarii faciem pergens.
 S. Arteria umbilicalis posterior, ut anterior per foetus umbilicum emergens, per funiculum continua, n. retro venam conspicienda et ramis suis ad posteriorem ovarii faciem continua.

Figura Tertia.

OVARIVM DEXTRVM TVMIDVM CVM VASIS PROPRIIS IPSIVS TAM ARTERIOSIS QVAM
VENOSIS ET IIS, QVAE AD FVNICVLVM VMBILICALEM EFFICIENDVM IN SVPERFICIE
OVARI ANTERIORI ET SVPERIORI DISTRI-

BVVNTVR.

I. Viscera.

- A. ren dexter a. ureter hujus renis resectus, eadem littera versus vesicam urinariam notatus.
 B. ren sinister. b. ureter hujus lateris pone tumorem ovarii descendens.
 C. C. C. Ovarium dextrum tumidum cum vasis propriis et iis, placentam efficientibus, a latere dextro et inferiori conspicuum.
 D. Tuba Fallopii dextra, huic ovario adhaerens, naturali brevior, et amplior, angusto ostio terminata.
 E. Ligamentum ovarii uterinum in ovarii tumorem ex utero continuatum, naturali densius.
 F. Uteri, sub et circa ovarii tumorem reclinati superficies anterior convexa.
 G. Ejusdem superficies posterior, tumori ovarii obversa, concava ut tumorem ovarii recipiat, quae in statu naturali convexa esse solet.
 H. Uteri fundus. I. Ejusden in tubam sinistram retro ovarium tumens elongatio.
 K. Colli uteri portio superior, peritoneo obtecta.
 L. Colli uteri portio inferior, peritoneo orbata, cum vagina illi extus adhaerente.
 M. Vagina uteri a collo uteri inde ad usque genitalia externa.
 N. Cutis labii dextri genitalium, perinaei et ani replicata.
 O. Labium vulvae sinistrum. P. Labium ejus dextrum.
 Q. Crus clitoridis dextrum reclinatum. R. Vesica Urinaria.
 S. Peritoneum, naturali multo crassius, vesicae posteriori superficiei adhaerens et ad uteri colli superficiem anteriorem pergens.
 T. T. T. Intestinum rectum.
 U. Membranae Placentae, ovario adhaerentes et a peritoneo, ovarium obducente, separatae, vasa placentae supra ovarium sparsa obtegentes, ut et ea ovarii, disruptae et varias plicas efformantes; quae rupturae jam in vita matris a perrumpente et in abdominis cavum dilabente foetu accidisse videntur.
 V. Arteria aorta W. Vena cava intra hepar, resecta
 X. Vena renalis sinistra. Y. eadem dextra. Z. arteria renalis sinistra.
 c. arteria renalis dextra pone venam cavam ad renem pergens.
 d. arteria coeliaca. e. arteria phrenica dextra. f. arteria mesaraica superior.
 g. arteria spermatica sinistra. h. arteria spermatica dextra superior, retro venam cavam et supra venam renalem dextram inflexa; comite vena spermatica dextra minori, serpentina via ad ovarii inferiorem et anteriorem partem descendens; antea vero in duos ramos, i. inferiorem, k. superiorem divisa; plexum ibidem et ad ovarium continuum, cum intermixtis venarum spermaticarum plexuosis ramis efficiunt, per anastomoses tam cum spermatica interna majori, quam cum uterina et spermaticis externis, terminatum.
 l. arteria spermatica dextra inferior, venae spermaticae dextrae majoris comes, pone eam descendens, emissa
 m. arteria adiposa et glandulis lumbaribus prospiciente, flexuoso tractu descendit et dividitur in

F

n. per

- n. per minorem ramum, ante venam spermaticam dextram incedentem flexibus angustioribus, tandem per anastomoses cum antedictis arteriis et cum trunci sub vena spermatica apparentis et in inferiorem ovarii partem decurrentis ramis finitur.
- o. Arteria mesaraica inferior.
- p. Arteria cruralis. q. arteria Epigastrica. r. arteria spermatica externa prima. s. — secunda. Elegans harum arteriarum progressio, quae spiris arte contortis per foramen abdominis ovale in abdominis cavum, fibris et cellulosa ligamenti rotundi obductae incedunt, et denique arctiori adhuc serpentino tractu convolutae incedunt, ea est, ut ad uteri latus dextrum pergant et plurimis in locis cum spermaticarum et uterinarum arteriarum ramis jungantur.
- t. Arteria circumflexa Ilium interna. u. Arteria hypogastrica.
- v. Arteria umbilicalis ligamentosa facta.
- w. Arteria uterina, diametro aucta, serpentino tractu ad uterum pergens.
- x. ejus ramus ad uteri collum pergens, inferior.
- y. ejus ramus superior, in uteri corpus tendens.
- z. ejus ramus exterior, cum spermaticis tum externis, tum internis per anastomoses nexus.
- α. α. truncus communis arteriae vaginalis et haemorrhoidae mediae ex hypogastrica.
- b. arteria vaginalis, ramulo ad vesicam urinarum emisso, ad vaginae membranam pergens.
- β. arteria haemorrhoidae media in vaginam ramis γ. γ. et intestinum rectum terminata.
- δ. arteria ischiatica e pelvi pergens.
- e. venarum lumbarium inferiorum truncus, ex vena renali sinistra ortum ducens, unde reflexa pone venam renalem ascendendo, venas lumbares recipit.
- ε. vena spermatica sinistra major, a sinistro ovario pone tumorem dextri ascendens et in truncum e finita. η. vena e glandulis lumbaribus redux, reflecta.
- θ. vena spermatica sinistra minor in renalem terminata.
- ι. vena glandulae suprarenalis sinistra.
- κ. vena spermatica dextra minor superior conjuncta cum
- λ. vena spermatica dextra minori inferiori, in
- μ. conjunctae ad ovarium dextrum ramis suis terminantur.
- ν. vena spermatica dextra magna eximie dilatata.
- ξ. ejus ramus in ο, in unam iterum venam cum υ, conjunctus; inflexus dein circa ovarii partem dextram et inferiorem, dividitur in
- π. ramum inferiorem majorem et ρ, ramum minorem superiorem; convenientes postquam saepius subdivisi fuerunt, in
- σ. σ. plures anastomoses cum venae uterinae ramis formantes et in
- τ. τ. cum maximis hujus venae supra ovarium distributis ramis junguntur.
- φ. plexus venarum spermaticarum ovarii, ex quo rami inter se implicati ovarii substantiam intrant atque in illud disperguntur.

Omnes hae venae ultra naturales terminos dilatatae plexus maximos in ovarii parte inferiori efformant, omnesque tam arteriarum ovarii quam venarum ipsius rami cum ramis venarum et arteriarum umbilicalium ita cohaerent, ut ex uno in alterum horum vasorum systema materia injectione indita facile transferit; indicio, inter haec vasorum systema communionem esse.

χ. Vena cruralis. ψ. Vena hypogastrica. ω. radix venae uterinae ex hypogastrica minor.

- Γ. Radix venae uterinae ex hypogastrica major.
 Δ. Ramorum uterinorum venosorum in unam venam uterinam majorem conjunctio.
 E. Vena uterina major versus uterum ascendens.
 Z. Ramus venosus colli uteri.
 H. Venae uterinae ramus ad ovarium ascendens.
 Θ. Hujus venae uterinae truncus nunc maxime dilatatus, in ovarium intrans divisus in
 1. ramum, plexum venosum a spermaticis venis effectum intrans, indeque ad ovarium
 tendentem;
 2. ramum cum ramis venae spermaticae σ, σ. conjunctum;
 3. retro venas spermaticas profunde sub ovarii substantia surgentem,
 4. profundissimum substantiae ovarii immersum.
 I. Ramus venae uterinae exterior in venae spermaticae
 π. ramos, anastomosi facta, pergens.
 K. venae uterinae ramus superior ad ovarium in τ τ cum ramis venae spermaticae conjunctus.
 Λ. M. Anastomoses hujus venae cum venis uterinis minoribus.
 N. Vena vaginalis, mox plexuose ramificata.
 Ξ. Vena Ischiatica.
 O. Arteriae umbilicalis majoris in superficiem posteriorem ovarii voluti ramus inferior.
 Π. Ejusdem ramus superior.
 P. Major ramus, unde antea dicti prodeunt.
 Σ. Ramus arteriae umbilicalis sinister.
 T. Hujus arteriae truncus.
 Φ. Arteria umbilicalis anterior minor, in anteriorem ovarii superficiem ramos suos spargens.
 X. Venae umbilicalis ramus a posteriori ovarii superficie ad superiorem pergens in magnum ramum
 X. dextrorsum tendens.
 Ψ. Alius ejus ramus, a posteriori ovarii facie circa dextram ovarii superficiem volutus, anterieus in
 magnum ejus ramum pergens,
 Ω. Venae umbilicalis maximus ramus, retro arteriarum ramos in truncum venae umbilicalis
 terminatus.
 1. venae umbilicalis ramus cum arteria Φ a superficie ovarii posteriori adveniens, mem-
 branis placentae suppositus, atque inter arteriam τ et venam umbilicalem cum ramo
 Ω. conjunctus.
 2. Venae umbilicalis truncus per funem ascendens.

Figura Quarta

TVMOREM OVARIUM DEXTRORSUM RECLINATUM MAGIS A POSTERIORI ET INFERIORI
 FACIE OFFERT CUM VTERO IPSI ADHAERENTE; VASIS OVARIUM ET VTERUM ADEVN-
 TIBVS AEQVE EXACTE AC VMBILICALIBVS IN HAC OVARIUM
 PARTE CONSPICVIS.

- A. Uteri fundus et corpus.
 B. Ejus collum, cum utero ipso angulum obtusum lateraliter formans ita, ut a tumido ovario antro-
 rum pressum uteri corpus ad vesicam urinariam inclinaretur, cervix vero ad posteriora vaginae ver-
 geret

geret. Naturali hinc major est cervicis parietum compressio ab anteriori ad posteriorem faciem uti et idem habitus in uteri orificio oppetit.

- C. Orificii uteri labium posterius cum apertura ante idem locata; labio anteriori in vaginam continuo.
- D. Tuba Fallopii dextra ovarii tumori agglutinata, ita ut non nisi apertae et per omnem longitudinem dissectae tubus et apertura externa apparuerint.
- a. a. a. peritoneum supra vesicam urinariam uterum tubamque dextram ad ligamentum latum sinistri lateris circa ligamentum rotundum hujus lateris portio.
- E. Tumor ovarii expansi a superficie inferiori et posteriori, pelvim respiciente, conspicuus.
- F. F. Membrana, cui placentae vasa inhaerent, jam ante disquisitionem tumoris, in hoc margine disrupta et revoluta.
- G. G. Arteriae umbilicalis majoris posterioris ramus dexter inferior.
- H. Ejusdem ramus superior.
- I. Horum ramorum truncus, e quo emergunt
- K. Ramus sinister arteriae umbilicalis majoris.
- L. Arteriae umbilicalis majoris truncus.
- M. Arteriae umbilicalis anterioris ramus.
- N. Ejusdem arteriae truncus intra umbilici funem.
- O. Ramus venae umbilicalis minor a superficie anteriori inter arteriae ramos surgens.
- P. Locus ejus insertionis in venae truncum.
- Q. Ramus venae umbilicalis major ab anteriori tumoris facie adveniens.
- R. Venae umbilicalis truncus per funiculum adscendens.
- S. Tumoris placentiformis ovarii pars, supra vasa spermatica, peritoneo tantum obducta, gyrosa, inaequalis ab effuso subtus sanguine coagulato.
- T. T. T. tumoris ovarii pars infra vasa spermatica, venosa viridi injecta massa repleta, duplici membrana oblecta, (saccum venosum quasi referens).
- U. Vena spermatica dextra major ad superficiem ovarii posteriorem continua.
- V. Ramus ejus superior minor.
- W. Ramus ejus inferior minor.
- X. Ramus medius major, sive continuatio trunci.
- Y. Ejus ramus superior.
- Z. Ejus ramus inferior in ramos numeris 1. 2. 3. 4. notatos divisus.
- Γ. Plexus ovarii ex his venis profunde enatus.
- Δ. Vena uterina sub tuba Fallopii dextra ad ovarii tumorem pergens.
- E. Ejus ramus cum venae spermaticae ramo.
- Z. Ejus ramus cum venae spermaticae ramo conveniens, numero 4 notato.
- H. Anastomosis cum No. 3.
- Θ. Anastomosis cum No. 1.
- I. Venae uterinae ramus trans ovarium ad dextram ejus faciem pergens et in superficie ipsius anteriori per anastomoses cum venis spermaticis junctus.
- K. Ramus venae uterinae cum ramo z venae spermaticae mediae junctus.
- Λ. Vena uterina, arteriae comes ad uteri latus descendens.
- M. Vena a collo uteri ad truncum surgens.
- N. Vena ab ovarii inferiori parte ad venae uterinae truncum pergens profunde.
- P. Truncus venae uterinae in venam hypogastricam continuus.

- Σ. Truncus e plexu vaginali in venam hypogastricam pergens.
 Τ. Υ. Radices quasi insularum in modum unitae, quarum ope vena uterina cum hypogastrica convenit.
 Φ. Vena Ischiatica resecta.
 Χ. Vena cruralis. Ω. Arteria epigastrica.
 b. arteria spermatica externa prima.
 c. arteria spermatica externa secunda; utraque ad uteri partem superiorem surgens.
 d. Arteria umbilicalis ligamentosa ex hypogastrica.
 e. Arteria uterina dilatata, serpentina via juxta omnem uteri longitudinem adscendens; ad latus corporis uteri in plures ramos divisa.
 f. Ejus ramus ad uteri cervicem.
 g. truncus communis arteriae vaginalis et haemorrhoidae mediae ex hypogastrica.
 h. arteria vaginalis. i. arteria haemorrhoidae media.
 k. arteria pudenda communis ad clitoridem usque per vaginam sparsa.
 l. ejus rami circa rectum.
 m. arteria Ischiatica sub exitu e Pelvi resecta.
 n. ramus arteriae spermaticae dextrae cum vena emergens, et ad ovarium et uterum pergens.
 o. arteriae spermaticae dextrae sub ovarii membrana continuatio.
 p. Ureter dextri lateris.
 q. vesica urinaria collapsa, reflexa ad anteriora, cum fundo uteri cervici adhaerens.
 r. vaginae apertae interna superficies rugis destituta.
 s. vaginae discissae substantiae crassities.
 t. sinus vaginae praeternaturalis sub uteri orificio.
 u. urethrae ostium. v. Nymphae dextrae discissae labia.
 w. nympha sinistra. x. Caruncula myrtiformis. y. Clitoris.
 z. Labium vulvae sinistrum. α. Ligamentum uteri rotundum sinistrum. β. tuba Fallopii sinistra.
 γ. Ovarium sinistrum solito longius. δ. fundus uteri.
 ε. arteria spermatica sinistra. ζ. venae spermaticae sinistrae ramus. η. arteriae spermaticae rami ad tubam.
 θ. venae spermaticae sinistrae truncus. ι. rami ejus ad tubam.
 κ. venae spermaticae duae ad uterum continuae.
 λ. arteriae spermaticae sinistrae ramus ad uterum.
 μ. Intestinum rectum. ν. Orificium ani.

Figura Quinta.

VTERVS CVM VAGINAE PARTE SUPERIORI PER OMNEM LONGITVDINEM APERTVS
 VNA CVM TVBA DEXTRA AEQVAE DISSECTA; VT HARVM PARTIVM CAVITAS
 APPAREAT EO MELIVS, FILIS DISTRACTI SVNT
 PARIETES.

- A. A. Fundi uteri substantia dissecta, in qua vasorum injectione repletorum plura lumina conspicuntur.
 B. Fundi uteri superficies superior in posteriorem continua.
 C. C. Superficies uteri anterior reclinata versus vaginam et vesicam urinariam.

- D. D. D. Corporis uteri in parte dextra dissectione aperti substantia, in qua vasorum lumina aperta plurima conspiciuntur.
- C. Oppositum dissecti uteri latus.
- F. F. F. Colli uteri elongati, compressi, in latere dextro aperti substantia densior, alba, a corporis uteri infima parte ad orificium usque conspicua.
- G. G. G. Latus sectionis hujus oppositum.
- H. Margo cavitatis uteri triangularis superior, unde sinus quasi dilatatus ad ostium tubae dextrae internum pergit; glabram efficit hanc partem membrana obtegens uteri villosa.
- I. Cavitatis uteri finis inferior versus orificium uteri internum.
- K. K. Cavitatis colli uteri superficies posterior, plicis longitudinalibus et sinibus mucosis ubique in intima membrana praedita.
- L. L. Ejus cavitatis paries anterior.
- a. a. orificii uterini margo in vaginam prominens.
- M. M. Vaginae, rugis destitutae superficies interna.
- b. b. Ejus parietis crassities.
- c. Sinus cavitatis uteri dexter sive dilatatae tubae Fallopianae ostium internum.
- N. Uteri corporis superficies externa dextra.
- O. Tubae Fallopianae dextrae per omnem longitudinem fissae et apertae substantia naturali crassior, vasculosa.
- P. Tubae hujus in membranaceam naturam extenuatae finis et apertura in ovarii superficie.
- d. Cavitas tubae apertae, villosa tunica obsita.
- Q. tumidi ovarii pars utero proxima.
- R. Arteria uteri dextra ad uterum et ovarii tumidi dextrum latus.
- S. Vena uterina ejusdem lateris.
- T. Vesicae urinae portiuncula.
- U. Ureteris dextri resecti portio, ad vesicam urinariam perveniens. V. Ea ureteris dexteri portio, quae litteris f. f. in Fig quarta notatur, hic apposita, ut hujus cum dictae figurae correspondens habitus appareat.

F i n i s.

V I R O

ILLUSTRISSIMO, AMPLISSIMO,

DOMINO,

CAROL. FRIDER. BALLHORN,

REGI BORUSSORUM A CONSILIIS JUSTITIAE SECRETIORIBUS

ET DIRECTORI COLLEGII, QUOD RES PUPILLORUM

IN MARCHIA ADMINISTRAT,

AVUNCULO, OMNI OBSERVANTIA SUSPICIENDO,

HASCE

PIERIDUM PRIMITIAS

IN

PUBLICUM

MAXIMÆ REVERENTIAE ET GRATI ANIMI MONUMENTUM

OB

SUMMA IN SE MERITA CUM ARDENTISSIMIS PROSPERITATIS
PERENNIS ET FELICITATIS OMNIGENAE

VOTIS

SACRAS ESSE CUPIT ET OFFERT

A U T O R.

T H E S E S.

I.

Pars essentialis geniturae viri principium volatile f. aurā feminalis esse videtur.

II.

Narratio historica, si haec accurate, integre, vel ab experta obstetrice, vel a viro rei gnaro traditur, in cognoscendo statu graviditatis, optimum est signum diagnosticum, quum plurima, ea deficiente, incerta sint.

III.

Locus conceptionis est uterus, foecundationis ovarium.

IV.

Foetus tubarius numquam ad eum perfectionis gradum pervenire potest ad quem pervenit uterinus ob diversam structuram cavorum istorum.

V.

Itaque hoc in casu numquam sectionem caesaream instituerem.

VI.

In omni graviditate extra-uterina sectio caes. praeprimis ad servandam foetus vitam instituenda.

T H E S I S

I.

Locus essentialis cognitionis est principium veritatis. Locus formalis est veritas.

II.

Methodus historica: si haec dicitur, interior, vel ab exterioribus, tunc, vel a viis rei gratia traditur, in cognoscendo facta generalitas, optimum est signum theoreticum, quod plurimum, et distincte, incerta sunt.

III.

Locus conceptionis est veritas, locutionis generalis.

IV.

Locus locutionis generalis est veritas, locutionis generalis, veritas, tunc, vel a viis rei gratia traditur, in cognoscendo facta generalitas, optimum est signum theoreticum, quod plurimum, et distincte, incerta sunt.

V.

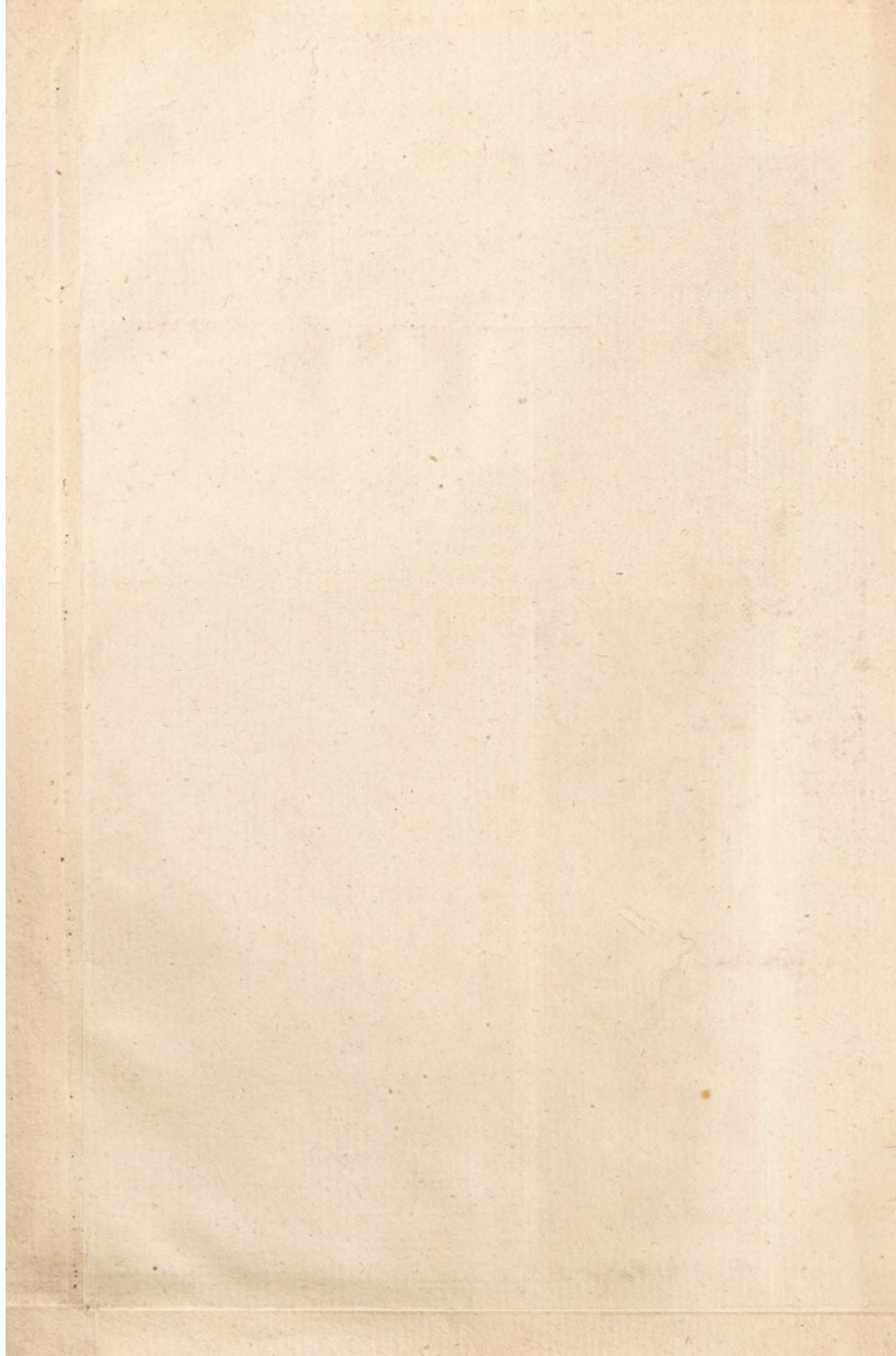
Locus hoc in casu nuncupatur locutionis generalis, tunc, vel a viis rei gratia traditur, in cognoscendo facta generalitas, optimum est signum theoreticum, quod plurimum, et distincte, incerta sunt.

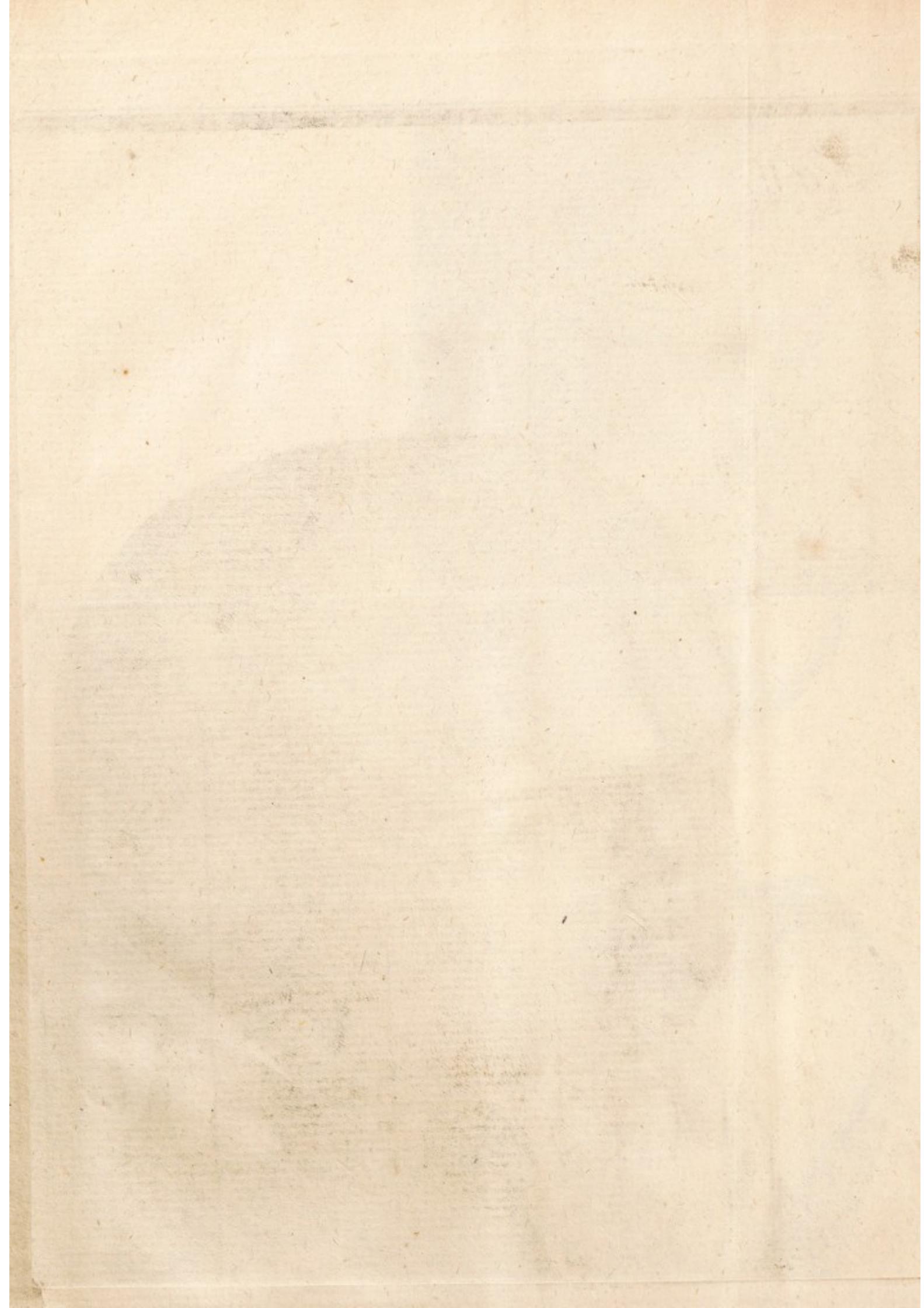
VI.

In omni generalitate extra rationem locutionis generalis, tunc, vel a viis rei gratia traditur, in cognoscendo facta generalitas, optimum est signum theoreticum, quod plurimum, et distincte, incerta sunt.

Fig: 1.







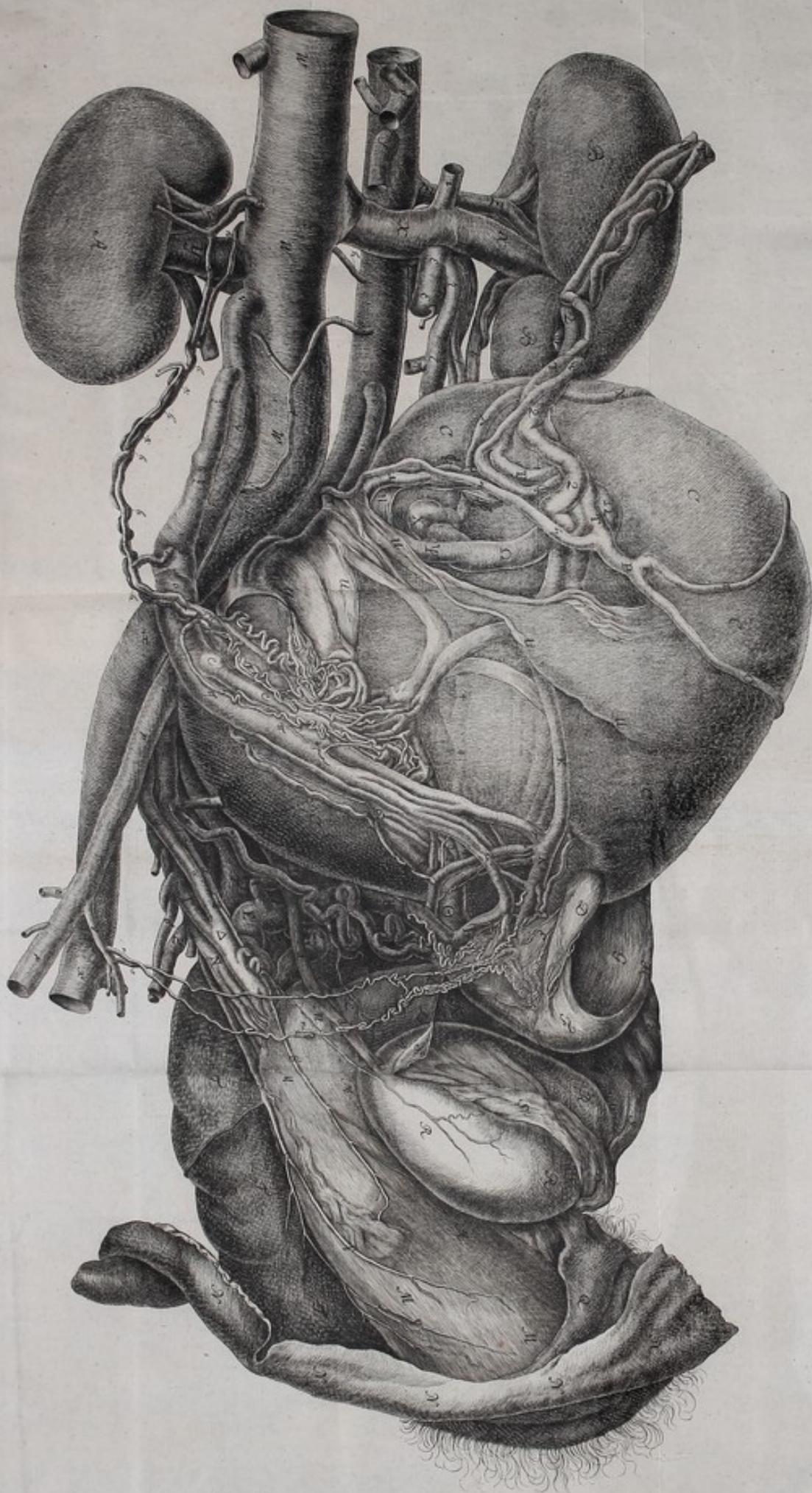
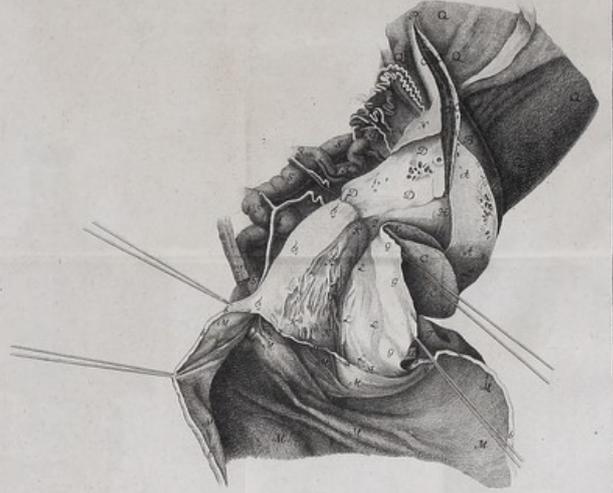
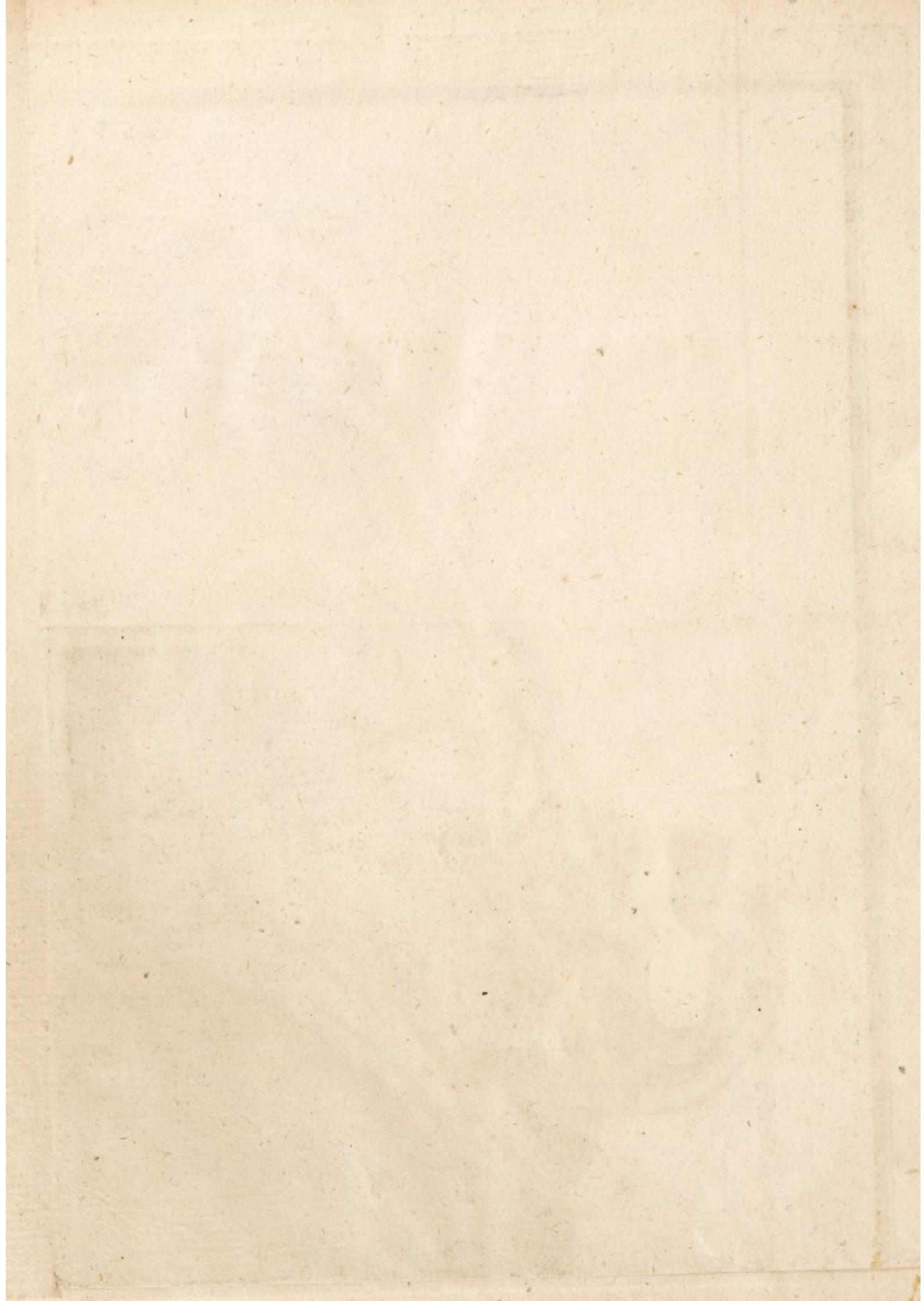


Fig. IV



Fig. V





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
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:
PRINTED FOR J. JOHNSON, N° 72, ST. PAUL'S CHURCH YARD.

1791.

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. xliv. 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 Hoffminia. 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 fœtus 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 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 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. 1, A.

† Pl. 1, 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 foetus 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 foetus 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 tinæ 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 tinæ 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 purid. 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 Pattes de Sang*, & Baudolouque *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 wish

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*.

wish 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.

THE END.

