

History of an additional case of tubal gestation / by Robert Lee.

Contributors

Lee, Robert, 1793-1877.

Publication/Creation

London : printed by J.E. Adlard, 1860.

Persistent URL

<https://wellcomecollection.org/works/c823fy4s>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

HISTORY
OF
AN ADDITIONAL CASE
OF
TUBAL GESTATION.

BY
ROBERT LEE, M.D., F.R.S.,
OBSTETRIC PHYSICIAN TO ST. GEORGE'S HOSPITAL.

*[From Volume XLIII of the 'Medico-Chirurgical Transactions,'
published by the Royal Medical and Chirurgical Society of
London.]*

LONDON:
PRINTED BY
J. E. ADLARD, BARTHOLOMEW CLOSE.

1860.

HISTORY OF AN ADDITIONAL CASE
OF
TUBAL GESTATION.

[SEE VOL. XLI, PAGE 137.]

BY

ROBERT LEE, M.D., F.R.S.,
OBSTETRIC PHYSICIAN TO ST. GEORGE'S HOSPITAL.

Received Oct. 18th.—Read Nov. 8th, 1859.

ON Monday, the 10th of October, 1859, Mr. John Gregory Forbes related to me the case of a woman who had died suddenly the previous day from internal hæmorrhage. The catamenia had appeared one month before her death, and had gone on properly, with the intermission of one week. On Saturday morning, the 8th of October, she was seized with pain in the uterus, and sense of bearing down. Mr. Forbes saw her in the evening at half-past eight o'clock, when the extremities were cold, the pulse feeble, the complexion bloodless, and she was complaining of some pain in the lower part of the abdomen, which was tender on pressure. She had taken no food since the night before, and had drunk only some brandy and water. There was no suspicion of pregnancy, as she had been unwell only a few days before. Warm fomentations were applied to the abdomen, and brandy and water administered. She was able to speak, so that there were hopes of her recovery. But early on Sunday morning, soon after sitting up, and taking one drachm of castor-oil, which had been recommended, she lay down, and died in a short time, having spoken to her mother before about her children.

Mr. Forbes examined the body the following day, and found three pints of blood in the sac of the peritoneum, which had escaped from an opening in the left Fallopian tube, which contained an ovum. The uterus was laid open and examined, and Mr. Forbes has informed me that no trace of decidua could be discovered lining the cavity. The uterus was not allowed to be taken away, but the Fallopian tube and ovarium were permitted to be removed, and very kindly presented to me for minute anatomical examination, and are now placed on the table of the Royal Medical and Chirurgical Society.

A small corpus luteum, perfectly formed, is seen in the ovarium. The Fallopian tube, to a great extent, had been laid open before it was presented to me; and Mr. Forbes has informed me, that when this was done, the embryo was not seen, nor the amnion nor vesicula umbilicalis. On placing the preparation under alcohol, and examining it, I found a deciduous membrane adhering to the inner surface of the tube, and enclosing the villi and membrane of the chorion everywhere, as in all the preparations of tubal gestation described in the forty-first volume of the 'Medico-Chirurgical Transactions.' The cells or interstices of the villi of the chorion are now seen partially filled with coagulated blood. The coats of the tube at the outer extremity of the dilated portion, are extremely thin; there is seen an oblong aperture, with a thin, not very irregular margin, in the posterior part of the coats of the tube, and an opening of the same form and extent in the decidua, which had adhered to this part of the tube. A slender coagulum of blood is still seen hanging out of these openings. There is no appearance of any unusual vascularity in the coats of the tube around the opening, and in the recent state there was no appearance of any artery or vein having ramified around this aperture, from which the three pints of blood found in the sac of the peritoneum could have escaped.

By the openings formed in the coats of the tube and corresponding part of the membrana decidua, a communication was established between the cells of the villi of the

chorion and placenta and the sac of the peritoneum, and through these apertures the blood must have flowed from the cells of the chorion into the abdominal cavity, until the patient died; and it must be obvious that nature had here provided no means of arresting the flow of blood, as in cases of uterine hæmorrhage; and that in all similar cases there must be a fatal result.

In all perfect human ova, whether found in the Fallopian tube, or in the cavity of the uterus, or expelled from the uterus in abortion, the cells of the placenta and chorion are found distended with fluid or coagulated blood. This maternal blood is first conveyed by the arteries of the placental decidua, from the arteries of the uterus, into the cells of the placenta, from thence it flows into the cells of the villi of the chorion, from whence it is conveyed into the decidual cavity by the veins of the decidua reflexa, and by the veins of the uterine decidua, or decidua vera, into the veins of the uterus. If a communication be formed between the cells of the placenta or chorion and the abdominal cavity, the blood will flow from these cells, through the opening formed, into the sac of the peritoneum, and the patient will inevitably perish.¹

¹ See a paper "On the Circulation of the Maternal Blood in the Human Ovum during the Early Months." ('Medical Gazette,' 1840, vol. xxvi.)

EXPLANATION OF PLATE I.

The drawing is a representation of the uterus and right Fallopian tube, containing a perfect ovum; described in the 'Medico-Chirurgical Transactions,' vol. xli, page 141.

- a.* A thick layer of coagulated fibrine, in which no blood-vessels could be discovered, lining the uterus.
- b.* The lining membrane of the Fallopian tube.
- c.* The decidua which surrounds the entire ovum, and which adhered to the inner membrane of the tube, corresponding with the uterine decidua in ordinary pregnancy.
- d.* The interstices of the villi of the chorion, filled partially with coagula of maternal blood.
- e.* The vesicula umbilicalis between the chorion and amnion, near the placenta, the slender peduncle of which is seen in the preparation proceeding to the umbilical cord.
- f.* The amnion.
- g.* The embryo perfectly formed.



