A Remarkable Case of Double Pregnancy—one Ovum entering the Uterus, the other being arrested in the Tube. By Wm. G. Craghead, M. D., of Danville, Virginia. (Communicated by Hugh L. Hodge, M. D., Professor of Midwifery in the University of Pennsylvania.)

My dear Doctor: The very interesting and unusual specimen of extra and intra-uterine pregnancy in the same individual, received from Dr. Craghead, I submitted to my friend and assistant, Dr. John Neill, Demonstrator of Anatomy in the University, who has favoured me with an anatomical description, now appended to this report. There can be no doubt whatever of the nature, as well as the singularity, of the case. The extra-uterine fœtus, still attached by its cord to its own placenta in the tubal sac, its twin from the cavity of the uterus, and the still enlarged uterus, are all preserved by Dr. Neill, in my cabinet—the fœtus developed in the abdominal sac being rather larger than its fellow from the uterine cavity.

Respectfully yours,

Dr. I. Hays. H. L. HODGE.

Dec. 10*th*, 1849.

Finding no record of the co-existence of a tubal and a uterine pregnancy, I think the following case will be an interesting item for publication.

I was called, on the 9th of April last, to visit a negro woman, belonging to Mr. James Conway, of this neighbourhood. She was thirty-five years of age, of strong constitution, and had previously enjoyed excellent health. She had one child at an early age; lived without a husband till she was near thirty, when she married, and shortly afterwards gave birth to her second child. Again she became "sine marito," in which state she remained until last Christmas. Having menstruated early in January, 1849, and not since, she supposed herself pregnant. About the first of April, she complained of pains resembling those of colic, in consequence of which, her master bled her, gave her an aperient, and occasionally a dose of laudanum to prevent abortion.

I found her somewhat under the influence of laudanum, but feverish, and still complaining of considerable abdominal pain and soreness; upon examination, I discovered a tumour in the left iliac region, pressure upon which gave acute pain. This I pronounced at the time to be ovarian. I bled her, and gave calomel and opium, to be followed by oil and turpentine; directed an antidynous liniment to be frequently applied during the continuance of pain and soreness; and prescribed laudanum to prevent all uterine effort, and a mixture of spirits of nitre and balsam to relieve some symptoms of dysury.

On the 12th, I visited her again. She was every way more comfortable, with but little fever or soreness, and had no dysury. I directed her to keep still, and to use aperients and laudanum, as either might be indicated.

On the 17th, she felt so much relieved, that she spoke of walking out. As her bowels were constipated, she took a dose of mild cathartic pills at bed-time. Before day, she complained heavily, not, however, as if in labour; but said "she felt as if there was something in her which ought to come away," and made several ineffectual efforts to evacuate the bowels.

On the morning of the 18th, I was hastily summoned to visit her, and told that she was *in extremis*. I found her in a collapsed state, with extremities cool, and pulse scarcely, if at all, perceptible, sighing, tossing about, and complaining of a most distressing sensation in the lower part of the abdomen, which was now so greatly distended that I could not define the position of the tumour, which I had before noticed in the region of the left ovary. Her general appearance very much reminded me of the case of a lady, attended a few months before by Dr. Green and myself, who died of hemorrhage from an ovarian tumour. In the present case, in addition to the symptoms dependent upon internal hemorrhage, there were those of colic, and a constant, though vain, desire to evacuate the contents of the bowels and bladder. Opiates, internal stimulants, and counter-irritants to the extremities, were perseveringly used. The catheter was introduced, and the bladder emptied, affording a slight temporary alleviation of suffering. Her bowels were so constipated, that, notwithstanding the liberal use of calomel and croton oil, terebinthinate, and other enemata, during the three succeeding days that she lived, they were never evacuated. Her system, however, reacted about night. The next day, she was feverish, with considerable irritation of the stomach. Labour pains set in on the evening of the 19th, and in a short time she aborted without any diminution of the abdominal distension. The fœtus was well formed, and of rather more than three months' development. She lived till the evening of the 21st, when she died rather suddenly; having presented the combined symptoms of obstruction of the bowels and loss of blood.

April 22d. My partner, Dr. John J. Burton, assisted me in making a *post-mortem* examination. Upon opening the body, the whole abdominal cavity was found filled, anteriorly, with coagulated blood, and posteriorly with serum, which had proceeded from the rupture of some of the vessels of the left Fallopian tube, now greatly enlarged, and converted into a membranous sac, containing a fœtus of the same size as the one delivered *per vias naturales*. The sac was removed entire; and, intending to send the parts to you, the tubal fœtus was preserved in its own liquor amnii three months, when, seeing no opportunity of forwarding it, the tube was opened in the presence of Drs. Atkinson, Green, Hoge, and Roan. The colon was enormously distended with air, and in a state approaching gangrene. Whether the colic was primary, and hastened the "unavoidable hemorrhage," or whether the obstruction of the colon was secondary, and dependent upon the pressure of the tumour, and the great quantity of coagula, I cannot say; for we were so much interested by the discovery of the fœtus, which, at this stage of the examination, was seen through the transparent membrane in the Fallopian tube,

that the investigation in regard to the diseased condition of the bowel was prosecuted no farther; and we gave ourselves up to reflection and speculation on this wonderful departure from the ordinary laws of nature.

DEAR DOCTOR: I have just completed a careful dissection and examination of the specimen of double pregnancy sent to you from Virginia.

The abnormal cavity is undoubtedly a dilatation of the Fallopian tube of the left side. I have exposed and traced the tube from the uterus to its infundibuliform expansion into the walls of the cavity. I can find nothing like a continuation of the tube from the external side of the sac, nothing that can positively be considered as its fimbriated extremity.

The distance between the uterus and the uterine side of the tubal cavity or sac, measured along the uncoiled and dissected Fallopian tube, is two and a half inches.

The cavity itself is five and a half inches long, and three and a half inches wide, though it is much diminished and contracted from having been preserved in alcohol. A more correct idea of its size would be given by referring to its contents. It contained a well-formed fœtus, five and a half inches in length, with a cord and well-developed placenta attached. The ovary was readily dissected from the external surface of the sac, and its true fibrous structure recognized. It is not much diminished in size, nor is there any alteration in its colour; but its position is somewhat altered from the development of this new cavity. The ligament is much increased in size, and very fibrous in its appearance.

The uterus now measures six and a half inches in length, and three inches in its greatest breadth, and contains a dark-coloured mass, which is probably a placenta. The fœtus from this cavity measures but five inches. The Fallopian tube of the right side deviates from the usual appearance. It is very much dilated in its entire length, and its walls are much softer and less fibrous than in the natural condition of the tube.

Yours, very truly,

PROF. HODGE. JOHN NEILL.

Dec. 10th, 1849.