ON A CASE OF

EXTRA-UTERINE GESTATION CONTINUING WITHOUT SUSPICION OF PREGNANCY TO THE FULL TERM.

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THOUGH many obstacles, such as are too familiar to medical practitioners in this country, interfered to prevent a sufficiently minute and exact detail of the post-mortem appearances from being obtained, I nevertheless think the case I am about to relate worthy of record. The inspection after death proved unequivocally that the case was one of extra-uterine gestation, of the form termed "tubal;" moreover, it occurred in a married woman no more than forty years of age, who had previously borne four children, and yet up to the time when I was called in, probably eleven months after conception, she had entertained no suspicion that she had become pregnant for the fifth time; lastly, till about six weeks before I saw her she had been, during nearly the three previous months, under the advice of a highly esteemed medical practitioner, who appears to have dealt with the case as one of dropsy of the abdomen.

When I first visited E. S——, the subject of this case, she was sitting on the edge of the bed, and presented to me the appearance of a woman who was suppressing the pains of labour. She, however, declared that she was not even pregnant, and had been suffering from the same kind of pain for more than eleven months. Her countenance was anxious, the pulse 96, the tongue clean. I made her stand up, and found the parietes of the abdomen in the erect posture to correspond in every respect to their state in a woman far advanced in pregnancy. In this posture, even firm pressure caused no particular uneasiness. I then asked her to lie down, which she did not accomplish without great pain and difficulty. On the right side she could not rest at all, and the attempt to place herself in the supine position was attended with much pain. It was only on the left side that she could lie, and this had been the case ever since the commencement of her illness. On examination per vaginam, I found the os uteri sufficiently dilated to admit the forefinger of my right hand, while there appeared to be something roundish presenting, which I took to be either a tumour or some part of a child's head. On further inquiry, she informed me that three of her children were still alive, the youngest being eleven years old, and that since the birth of the last-mentioned she had never felt any sign of being pregnant. She said further that since the birth of her youngest child till about Christmas, 1859, she had enjoyed a uniformly good state of health, with no other exception than that there had been a slight irregularity in the monthly periods. She described her illness as having commenced, at the time just indicated, with pain in the left side, which gradually increased; that this pain went on augmenting in the same proportion in which her bulk became greater; that the enlargement of her person was very slow at first, but that within the last four months she had rapidly increased in size. The pain was constant, and extended along the lower part of the abdomen to the opposite iliac region. Since the commencement of her illness menstruation had been scanty, occurring at intervals of five or six weeks, and coming away mostly in clots. She had besides had occasional discharges of an offensive greenish liquid from the uterus. The bowels had been confined throughout. I prescribed an anodyne mixture to be taken at intervals.

Next day I found her lying on the left side with the knees drawn up. There had been some slight abatement of her sufferings, but the pain around the lower part of the abdomen still continued. The bowels had not been relieved; she was annoyed with flatulence, and thought herself troubled with spasms. Another vaginal examination afforded no further information than that of the day before. The naked parietes

of the abdomen felt hard on pressure; but at the lower part, below the umbilicus, fluid seemed to be detected by percussion. The umbilicus protruded as in pregnancy; the superficial abdominal veins were much enlarged. A dose of castor oil was ordered, and subsequently to its effect the same mixture was to be continued.

On the third day, Nov. 30th, the bowels had been relieved. The pain was the same as the previous day. She complained of thirst; the pulse was 110, and feeble. The anodyne mixture was continued.

Dec. 2nd.—Dr. Welch visited the patient with me. We examined the abdomen with the stethoscope, and we both believed we distinctly heard the sounds of fœtal circulation above the level of the umbilicus, and about two inches and a half to the left. He also made an examination per vaginam, but found the os uteri too little dilated to throw any light on the case. The tongue was now becoming covered with aphthous spots; the pulse was 120, and thready; the countenance anxious. A slight change was made on the anodyne mixture. Beef-tea and wine were allowed *ad libitum*.

3rd.—The aphthous spots were enlarged, and extending to the soft palate and to the sides of the cheeks. The patient could retain nothing on her stomach. The pain around the lower part of the abdomen remained much the same. The sounds of the fœtal circulation seemed still audible. An effervescing draught, with excess of ammonia, was added to the anodyne.

4th.—There were now great anxiety of countenance and much prostration, without any abatement of the pain. The tongue, cheeks, palate, and fauces were thickly coated with aphthæ; the nausea was undiminished. The sounds referred to the fœtal circulation were no longer audible, while through the parietes of the abdomen the extremities of a fœtus could be felt. The same treatment was continued.

On Dec. 5th there was no improvement, while there was a gradual aggravation of some of the symptoms. The bowels being confined, castor oil was prescribed.

7th.—Incessant vomiting of matter, smelling of wine, and having the appearance of feculent substance. It was evident the patient was gradually sinking. The same treatment was continued.

8th.—Dr. Palk visited the patient with me. We were both of opinion that she could hardly outlive the day. She died at half-past four A.M. on December 9th.

Autopsy.—On inspecting the body previously to the post-mortem examination, the abdomen was found enormously distended; the parietes were very tense, and percussion indicated a highly tympanitic state of the cavity. The uterine region gave a dull sound on percussion, and there were distinct signs of fluctuation. A section was made in the mesial line, extending from the pubes to the ensiform cartilage. There was much fat, especially over the uterine and sternal regions. When the peritoneum was cut into, a large quantity of most offensive gas escaped, so as very considerably to reduce the size of the abdomen. A distinct movable tumour could now be felt within the abdomen, which might have been taken for the gravid uterus. After a large incision was made, the body of a full-grown fœtus was exposed, lying transversely under the great omentum, with its head towards the right side. By following the funis, the placenta was found, nearly normal in appearance, manifestly involved in a dilatation of the left Fallopian tube. The uterus was found pressed down towards the right side of the pelvis. The uterus was about the size of a child's head, and its walls were thickened to the extent of two inches and a half, its substance exhibiting a fibrous character; the lining membrane presented a congested appearance. Beyond this lining membrane there was nothing in its cavity. The os uteri was undilated. The right Fallopian tube was normal in character. The body of the fœtus was distended with gas, particularly the head, which, from this cause, presented a hydrocephalic appearance. A large quantity—nearly two gallons—of a dark grumous fluid, with flakes of coagulable lymph, was found in the cavity of the abdomen, and dark gangrenous patches were observed in several places on the peritoneum.

It must be at once apparent in a case like this, where so many parts are forcibly deranged from their natural positions, how little likely a post-mortem examination, made in haste, is to disclose all the particulars requisite to illustrate its exact nature. I have said that the instance before us belongs to the form of extra-uterine gestation termed "tubal." Some may demur to this decision. But it appears to me that the examination was carried far enough to put this beyond doubt. In the first place, it was not an example of what authors call 'ventral" extra-uterine gestation; for, while many deny that any such form of this anomaly can occur, by those who deem it possible it is held to be marked by the absence of any kind of cyst around the ordinary fœtal membranes, and by irregular conditions of the placental development. The dissection, however, in our patient showed unequivocally a firm cyst, which, as was remarked at the time, might have been mistaken for the gravid uterus, while the placenta exhibited nothing abnormal in its character, if its unusual position be excepted. In the next place, that the case in question was not of the form termed "ovarian," or of that named "ovario tubal," seems certain, as no connexion was observed between the ovary of the side concerned and any part of the sac. Lastly, it was not interstitial, for the substance of the uterus was wholly isolated from the sac.

It appears from the statements of authorities on this subject, that the tubal form of extra-uterine gestation is that which most frequently occurs, and that, as in the example before us, the left Fallopian tube is most frequently the seat of the development of the fœtus. The well known mechanism of conception, and the experiments made in illustration of that mechanism, render it easy to understand how the arrest of an ovule may occur at any point in the cavity of one of the Fallopian tubes, so as to establish there an extra-uterine development. It would be easy to cite from authorities many well-authenticated examples. The Fallopian tube distended comes to form a thick sac, with walls of a fibrous structure, resulting from hypertrophy of the contracted fibres of the enlarged canal. The natural mobility of the Fallopian tube accounts for the diversities of the position which it occupies when thus loaded with a body, by successive steps more and more developed in volume. Most commonly it has its seat in the hypogastrium, whence it rises to the level of the umbilicus; but at other times, while the bulk is still moderate, the fœtus sinks between the uterus and the rectum, so as to remain immersed in the cavity of the pelvis, beyond the reach of discovery, unless by the fingers being introduced into the vagina or into the rectum.

One of the chief obstacles to the early diagnosis of the real nature of the case before us was the total absence of suspicion of pregnancy on the part of the patient. This circumstance in respect of a woman who had borne children, and had no reason to conceal the suspicion, if it had arisen, was sufficient to throw a medical practitioner off his guard as to the true diagnosis. It may be presumed, therefore, notwithstanding the evidence of the sensible movements of the fœtus in extra-uterine pregnancies being often both more striking and of earlier occurrence than in natural gestation, that there was here an exception to this rule, such as has been remarked on other occasions of the same character. The apparent continuance of menstruation, to which, probably, the patient was altogether unaccustomed in her previous pregnancies, might serve to confirm her in her belief that she was not with child. It is true that authors have laid down the continuance of the menstruation amongst the signs which should lead to a suspicion of extra-uterine gestation; but the statement obtained from the patient in this case, that a discharge took place from the vagina during her illness every five or six weeks, chiefly in clots, is not sufficient evidence that real menstruation was one of its concomitants.

In the early stage of this gestation it seems probable that an exact diagnosis was altogether impossible. In the more advanced stage, however, the stethoscope should have been sufficient to indicate the presence of pregnancy, while the anomalous condition of the os and cervix uteri, and the deficiency of the appropriate weight of that organ as gestation proceeded, should have formed data for the opinion that the development of the fœtus was extra-uterine.

This case not only belongs to a rare kind of anomaly, but as an example of that anomaly is rare in respect of its attendant circumstances. For here the infant obviously lived to the full term of its development, whereas the common rule of such deviations from nature is that the death of the fœtus takes place after the third or fourth month. At this period the sac which supplies the place of the uterus gives way, sometimes with one result, sometimes with another, yet not always with an event fatal to the mother. There were no signs discovered in the post-mortem examination of this woman that rupture of the sac had in any part taken place; nevertheless, the great quantity of altered blood found in the peritoneal cavity creates a regret that a more minute examination with regard to this point was impracticable.

The only remedy that could have been available where the place of the fœtus was so distant from the natural passages of parturition was the Cæsarean section, or the similar operation as proposed by Graves, *en deux temps*—that is, the division of the skin, the muscles, and the aponeuroses as far as the peri-

toneum at one time, and then, after eight or ten days, the opening of the cyst and the extraction of the fœtus.*

It is true that in extra-uterine gestation it has happened that both mother and child have been saved; but how rarely has this been the issue! How seldom has the operation been performed after the child had reached the full term! And, whatever may have been practicable at an earlier period of this woman's case, I believe no one will venture to say that the Cæsarean section should have been attempted in the state in which she was after the time when I first visited her.

Southampton, 1861.