

X.

Sequel of the Case of an Extra-uterine Fœtus, partly voided through an Abscess in the Abdomen. Published in The Annals of Medicine, 1797; p. 317. By Mr John Major Wilson, Surgeon to the Westminster Hospital. ✓

I FEEL great satisfaction, in being enabled to fulfil my promise to the public, by laying before them a description of the parts concerned in the formation of the disease, of which I formerly gave an account. An opportunity of a thorough investigation has lately presented itself by the death of the patient. I beg leave, however, previously to offer an account of the disease, from the date of my former paper to the day of the patient's death.]

The poor woman remained in the Westminster Hospital, till the month of June 1798, during which time her complaint had not, apparently, undergone the slightest alteration. No more of the bones had been expelled;

pelled; the aperture in the skin preserved, as nearly as possible, its original appearance; and the discharge of pus still continued to be very copious. I must remark, however, that none was voided by the rectum, since the first breaking of the abscess.

The patient's general health was also tolerably good; which, I think, may be principally attributed to the unremitted exhibition of cordials and nutrient diet.

She did not complain of any other uneasiness, than a slight degree of pain in the neighbourhood of the abscess.

At this period, the patient's stay in the house had very far exceeded the usual limits allowed by the regulation; and, her case being likely to prove of long continuance, the Board of the Hospital thought it proper to discharge her. The poor creature, however, being totally destitute of the means of subsistence, again solicited the protection of the Hospital; which was granted. And she was a second time admitted into the house; when she immediately resumed her former diet, and the free use of the decoct. cinchonæ.

Such

Such was her condition till the month of September.

At this time, her health, which had been hitherto but little affected, began rapidly to decline ; and, at the beginning of this month, (November), she was under the necessity of keeping her bed altogether. The pain was become considerably more violent. She passed restless nights, and her appetite totally left her. Hectic symptoms soon made their appearance ; with a small, quick, and feeble pulse, and a diarrhæa took place, which was succeeded, on the following day by nausea and vomiting, immediately upon the reception of food into the stomach.

An emetic was exhibited, with a view to remove the cause of the sickness, but without success. Instead of pus, the abscess discharged a thin ichorous fluid of a dark colour, and offensive smell ; which, by its acrimony, excoriated every part with which it came in contact.

All these symptoms gradually increased in violence ; till the patient, being no longer able to sustain the very great degree of irritation, the want of nourishment, and the excessive

cessive evacuations, at length fell a victim to the disease, on the 22d of this month.

On the 2d day from her death, the body was examined, in the presence of Mr Lynn, and several other gentlemen of the Faculty. In order to encompass the seat of the disease, a semicircular incision was made, which began about three inches above the crista of the ilium, upon the right side; and, being continued above the umbilicus, terminated at the same distance from the ilium on the opposite side. Upon removing the integuments, the appearances were as follows.

The omentum adhered to the intestines, and to the peritonæum lining the parietes of the abdomen in the vicinity of the navel.

The intestines had formed numerous adhesions with each other; and there was every appearance of preceding severe and general inflammation. Upon separating the omentum from the adhesions at the navel, a hard compact tumor was discovered, of very considerable magnitude, firmly connected in the greater part of its length with the parietes of the abdomen; its superior edge terminating about two inches below the umbilicus, and extending
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ing in breadth an inch and a quarter each way.

At this place, the external aperture communicated with the tumor, in which the bones of the foetus could be distinctly felt by the introduction of a probe at the opening of the skin.

This tumor, at its inferior extremity, was so completely united with the bones of the pubes, that, at a subsequent examination, by dissection, it was found, that the portion of the sac in contact with the bones, was, as it were, blended with, and partook of the nature of the cartilaginous substance which lines their superior and inner edge.

The beginning of the sigmoid flexion of the colon was largely connected to the superior part of the tumor, by the membrane of adhesion. The same intestine, just as it becomes rectum, was again united to the tumor, on the opposite side, by a short cross canal, formed by the thickened membrane of inflammation.

When the abdomen was first opened, I conceived this diseased body to be the uterus; but, upon a minute inspection into the cavity of the pelvis, the uterus was discovered in its

proper situation, and certainly not larger than its natural size, considering that the woman had been the mother of five children. The broad ligament, with the ovarium, and falopian tube of the right side, were perfectly distinct. The ovarium was healthy; but the ligament and tube had partaken of the general inflammatory process, and were connected to the outside of the tumor.

On the other side, not the least vestige of the broad ligament, ovarium, or falopian tube, could be detected: But, in lieu of these, the above described tumor was observed taking its origin from the left side of the fundus uteri, from which it derived a covering; a continuation of the peritonæum. I am rather inclined to believe, that it was formed by the falopian tube, from its immediate continuity with the uterus, and from its great similarity to a case published by Dr Clarke; wherein it was clearly proved, that the foetus was formed in the falopian tube*.

The bladder, in its collapsed state, was entirely concealed by the tumor, which extended so low down in the pelvis, as to fill up
nearly

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nearly one half of the space which had formerly been occupied by the bladder in its state of distension. This last being inflated, we perceived that the tumor had formerly had an extensive adhesion with the fundus of the bladder; which was found considerably altered from its natural form. The reason of this was sufficiently obvious; for the bladder, in the act of distension, meeting, at its superior part, with a resisting body, (the tumor), was only capable of being distended laterally: The consequence of which was, that its transverse diameter became considerably greater than the longitudinal. By these means, it had acquired a particularly flattened appearance; giving the idea of being under the influence of pressure.

We now proceeded to examine the inside of the tumor.

A circular piece being removed from the sac, upon the left side, there rushed out a large quantity of a thin fluid, of a greenish yellow colour, somewhat similar to the discharge that had taken place a few days previous to the death of the patient. The cavity was com-

pletely filled up with bones lying one upon the other in every direction, and upon which the sides of the sac had contracted so strongly, as to alter, in many of them, the natural shape; particularly those of the head and face. Indeed, in every part, the sac had accommodated itself to the shape of the bones, by which its internal surface had acquired the appearance of having been in a state of ulceration; which, I make no doubt, had been the case to a certain degree. It varied (as might be supposed) considerably in thickness, no where exceeding the third of an inch; and was, in one or two places, so extremely thin, as to form projections externally, which assumed the shape of the bones that were immediately under them.

In the centre of this heap of bones was a large mass of soft parts, in a state of putrefaction. Some of the bones of the spine were still retained in their situation, by the intervertebral substance; and many of the ribs were connected to each other by the intercostal muscles, but not the slightest appearance of placenta or cartilage was preserved.

Having

Having cleared the sac, I directed my attention to the connection of the tumor with the lowest part of the colon. I have discovered a direct communication between them, and the passage entirely blocked up with an os humeri, which had been endeavouring to make its escape into the intestine, and had forced itself very nearly half through the opening.

A similar circumstance had taken place at the other adhesion with the gut, where a rib and two or three small bones had been attempting to make their exit from the sac. By these means, the passages into the colon were so completely filled up, as to be imperious; except to a very small portion of air, which escaped from the intestine when inflated. Upon removing the bones, the gut immediately collapsed.

The communications above mentioned will, without doubt, account sufficiently for the discharge of matter by the rectum; whilst the situation of the bones in their specific cavities will explain the non-continuance of it.

As to the discharge of pus, which has been
described

described as having passed through the vagina, I rather suspect that the patient must have been deceived, since that canal was perfectly healthy through its whole length.

At the lower part of the cavity of the tumor, where the sac was connected with the fundus of the bladder, a portion of the former was completely destroyed by ulceration; so that, in that particular spot, the bladder was exposed, and was itself assisting in the formation of the sac.

I have now completed the history of this extraordinary process of Nature; to which I must take the liberty to subjoin the following remarks: viz.

1st, That the length of time during which the foetus had remained in the falopian tube, induces me to believe, that the uterus (in the early part of pregnancy) had undergone the variety of changes incident to conception, and which are spoken of by authors as also taking place in cases of extra-uterine foetuses; and that the membrana decidua was expelled from the uterus, in one or other of the hæmorrhages which (in the former paper) have been described to have occurred.

2d, The presence of the tumor will satisfactorily explain the sense of weight at the lower part of the abdomen; and will also account for the concomitant suppression of urine.

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