

III.

A Case of Tubal Mole; Operation during the Process of Abortion.

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CECILIA B., aged 38, married eleven years, was admitted into the Todd Ward of King's College Hospital on September 29th, 1903.

When a girl of 17, whilst lifting a weight, she developed a double inguinal hernia. Since her marriage she has had one premature confinement at 7 months, 9½ years ago. Her first miscarriage took place at 10 weeks, 7 years ago; and a second miscarriage occurred at 9 weeks, 18 months ago. She made good recoveries from all of these, and there was no indication of any septic trouble.

The catamenia have always been regular, of the thirty-day type, and accompanied with some pain in the right side on the first day; the loss has been excessive, going on for six days, and necessitating the use of about 30 diapers. The pain was never sufficient to lay her up. She has always enjoyed good health, and she was well and regular until June 27th, 1903, when a perfectly normal period ended. She dates her pregnancy from a few days later. She remained active and well until 14 days before her admission, *i.e.*, at about the 12th week of pregnancy; then, whilst walking about the room, she was suddenly seized with excruciating abdominal pains. These continued, but with less severity, until her admission. Whilst waiting in the out-patient room she was seized with another attack of sudden and severe pain, and was admitted. She compared her pain to the bearing down of labour; it was more marked behind and on the right side.

On admission the patient had an anxious expression; her pulse was 120; her temperature was 99°F.; her knees were drawn up. The breasts were active, and serum could be expressed from them. The abdomen was tumid, and resonant on percussion; no white lines were observed. In the median line an elastic, ill-defined, rounded swelling was felt, reaching three finger-breadths above the symphysis. This was considered at the time to be the uterus.

Vaginal examination showed the cervix pushed forwards and fixed, and, adherent at the same level, a fixed tender globular swelling

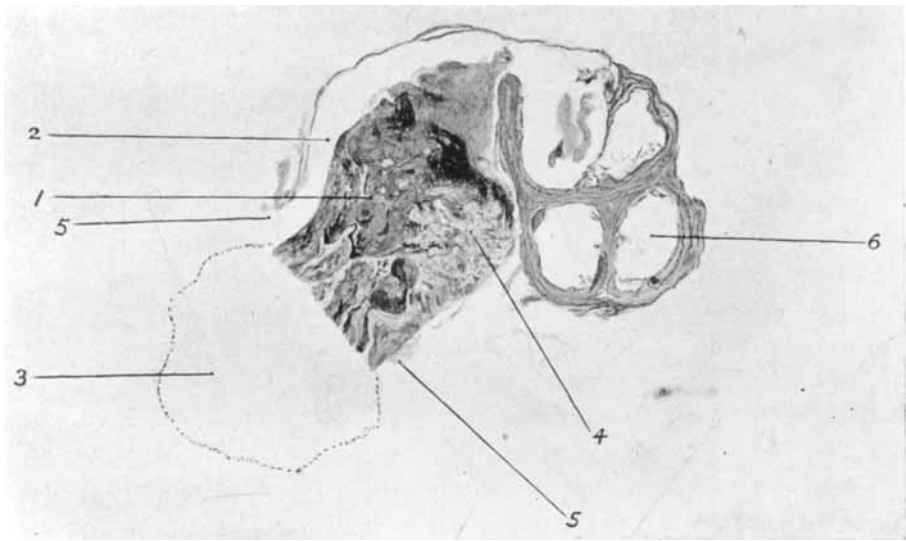
was felt to the right of the cervix and behind it. The fornices were apparently free. Examination was, however, difficult owing to the pain it caused.

Three days later, October 2nd, 1903, she had another severe attack of pain, with increased swelling of the abdomen, and feeble and irregular pulse of 130.

On October 3rd, 1903, the patient was operated upon. She was placed in Trendelenburg's position, and an incision in the usual situation was made in the median line. On opening the peritoneal cavity about half a pint of dark fluid blood and several black clots, equal in size to a shelled walnut, escaped. In the median line a globular pinkish swelling, equal in size to a large orange, with intestines adherent to its posterior surface, was seen. It was almost fluctuant on palpation, and was looked upon as a pregnant uterus. On passing the hand into the pelvic cavity an oblong swelling, like a German sausage, was felt lying across the base of Douglas's pouch, and extending to the right. This was surrounded by recent adhesions to intestine and uterine wall, and was lying in dark fluid blood. On separating the adhesions and bringing the swelling to the surface it was found to consist of a much thickened right tube, with a blood-clot at its fimbriated end (see drawing). The broad ligament was ligatured and the mass cut away. The left tube was distended to the size of two fingers, and convoluted and adherent to the rectum. Hystero-salpingotomy was now carried out, the uterus being removed at the level of the internal os uteri. The flaps of the cut cervix were brought together by two layers of sutures, and the stump dropped into the pelvic cavity. A glass drainage tube was inserted, and the abdomen closed by three layers of sutures. The patient made an easy recovery after a mild attack of thrombosis in the left femoral vein.

Examination of Parts Removed.

Uterus. Weight, 6 oz. Dimensions: length, $2\frac{3}{4}$ ins. without the cervix; breadth at the fundus, $2\frac{3}{4}$ in.; sagittal circumference, 8 ins. It was uniformly enlarged and globular, and curiously elastic to the touch, giving the impression of containing an ovum. The anterior half of the uterus was reflected by a coronal incision from below upwards, exposing the decidua. The thickened mucous membrane was then split up and the uterine cavity exposed. It was found to be lined by a thickened vascular decidua, irregularly thrown into folds. At the uterine cornu the decidua was 9 millimetres thick; it gradually lessened in thickness from above downward to the internal



Longitudinal Section of pregnant Fallopian Tube ; cut in paraffin (nat. size).

1. Firm blood clot. 2. Space produced in preparation by shrinkage from the wall of the Fallopian Tube. 3. Outline indicating size and shape of clot when removed from abdominal cavity. 4. Amniotic cavity. 5, 5. Dilated ostium abdominale. 6. Section of tortuous and dilated Fallopian Tube showing atrophy of normal living membrane.

(G. L. Cheattle).

os uteri, where it became almost unappreciable. Otherwise the uterine cavity was empty.

The left Fallopian tube was enlarged, convoluted, and retort-shaped, and filled with clear serous fluid, which was translucent. It measured 4 ins. in length and 3 ins. in circumference at its widest portion. The abdominal ostium was closed, and the surface of the tube was covered with flakes of recent lymph.

The right Fallopian tube was enormously distended and convoluted, and of a dark-purplish colour. The inner two-thirds was quite elastic, and the outer one-third was very much firmer to the touch as if occupied by a blood-clot. Projecting beyond the external abdominal ostium was a globular-shaped mass of blood-clot (see drawing), covered with flakes of lymph, and resembling a swollen deeply-congested glans penis. The total length of the tube was $6\frac{1}{2}$ ins.; its circumference was 5 ins. at its widest portion, including the blood-clot, which projected $1\frac{3}{4}$ ins. beyond the tube. The circumference of the blood-clot itself was $4\frac{3}{4}$ ins. On making a longitudinal section through the tube it was seen to be occupied by an extensive blood-clot which was continuous with a globular mass seen projecting beyond the external ostium. In the centre of the blood-clot was a more or less triangular-shaped cavity, lined with smooth glistening membrane, thrown into irregular elevations and depressions by the blood-clot beneath. This was the amniotic cavity, but no trace could be found of an embryo.

A microscopical section of the tissue near the amniotic cavity shows the usual syncytial arrangement.
