

Anencephalic Fœtus removed from the Uterus during an Acute Attack of Gonorrhœal Endometritis; subsequent Cœliotomy for Gonorrhœal Salpingitis.*

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THE patient, aged 24, had been married four years. Three months after her marriage she aborted, and from the description given by herself and her husband, it would appear to have been a molar pregnancy. In the same year she again conceived, and was very ill during her pregnancy, which terminated in the sixth month. The fœtus was dead, but perfect. She again conceived thirteen months subsequently, the pregnancy terminating at full period with a living child, which is alive and healthy. Ever since this labour she has had a vaginal discharge, for some days before each period, which latter has always been attended with considerable pain; in fact, she has never felt well.

The patient consulted me for dragging pains in the lower part of the abdomen and inability to take exercise. She was last unwell two months previously. When I saw her there was no discharge from the vagina, but later on a slight sanguineous discharge appeared. The pains increasing, with recurrent sickness, she was kept under observation, and on the seventy-ninth day of the pregnancy a considerable discharge of pus tinged with blood escaped from the uterus. The report on the former was as follows:—

“The discharge is highly purulent, and contains a very large number of organisms; these are chiefly bacilli which retain Gram’s stain. The gonococcus is present in fair numbers.”

On the following day I operated and removed the fœtus exhibited.

Dr. Cuthbert Lockyer’s report on the fœtus was as follows:—

“The calvarium is represented by a flaccid membrane a few lines in thickness, on opening which the base of the skull and the foramen magnum are exposed, without the intervention of any brain tissue. The orbital plates are present, and the squamous portions of the temporal bone are outlined. The occipital bone is represented by its basal part only, the os eparium being entirely absent. The petrous portion of the temporal bone is represented by membrane only. This is, without doubt, an anencephalic.”

There was recurrence of a purulent discharge on the sixth day

* Read at a meeting of the Obstetrical Society of London.

after operation. From this time the uterus was douched and cleaned out daily, and various applications were made, succeeded by iodoform packings. Gradually the discharge lessened and the uterus diminished in size, the cavity of seven inches at the time of operation being reduced to five inches. She had a period five weeks after the operation, but when this ceased some discharge showed itself, which again proved to contain the gonococcus.

Fifty days after the operation she was seized with severe abdominal pain. The temperature rose to 102·8°, and the pulse to 112. The next day the temperature rose to 103°. There was now pain with tenderness over the lower part of the abdomen. On the following day I performed coeliotomy, removing both tubes and ovaries. On viewing the pelvis I found the rectum and the uterus covered with soft lymph posteriorly, and layers of the same exudation spread in various directions over the pelvic viscera and the bowel. The right tube was especially enlarged and inflamed, and pus was flowing from its fimbriated extremity. The tubes were removed up to the uterine cornu, from which a small wedge-shaped portion was taken before closure.

With a small piece of natural sponge I carefully cleaned off all the exuded lymph from the bowel and pelvic surfaces, then cleansing the pelvis with a weak formalin solution. The patient is now perfectly well. I have examined the uterus a few times since the operation, and it appears quite healthy. There is no discharge.

Bacteriological Report.

"Coversmear preparations were made from the pus in the tube, and it proves to contain only a very few bacteria, all of which are the gonococcus. Various culture media have also been inoculated from the pus, but the medium has in each instance remained sterile."

Histological Report.

[Unfortunately, the right tube, *the larger of the two*, which was removed separately, was not sent to the laboratory.]

"The specimen consists of the left Fallopian tube and the ovary united by the mesosalpinx, and the right ovary.

"The tube was slit open longitudinally. In doing this it was found to contain pus, and from this films were prepared for bacteriological purposes.

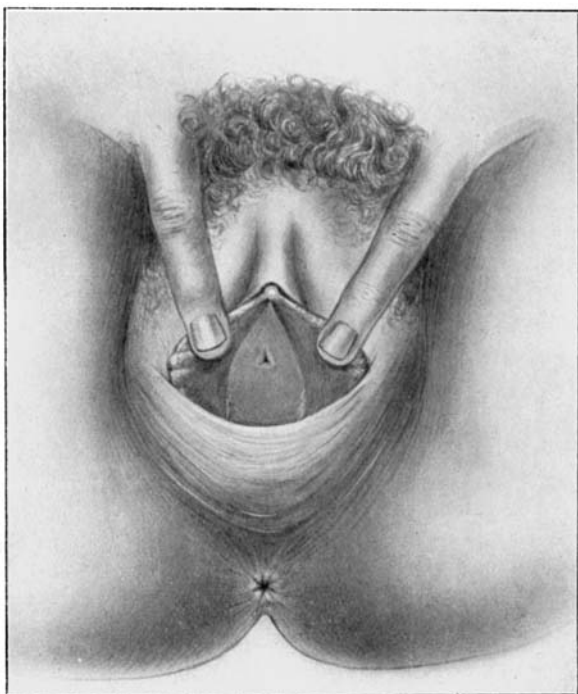
"The lumen of this tube is divided into segments by bridles of fibrous tissue. The mucosa is very swollen and succulent, and pouts out beyond the cut edges of the muscular wall. The latter is not

notably thickened, the stress of the inflammation falling on the mucosa alone.

"The left ovary is slightly enlarged. It contains several small cysts, which on microscopical examination prove to be distended Graafian follicles. There is some round-celled infiltration in the cortex of the ovary, just beneath the tunica albuginea. A well-marked epithelial lutein cyst is seen, the epithelium having a columnar shape. No healthy follicles have been found. The density of the stroma varies; in parts there is œdema, in parts fibrosis. The general condition is one of chronic oöphoritis.

"The right ovary is smaller. It contains a cyst, whose diameter is equal to that of a shilling, formed by degeneration in a corpus albicans. There are many follicles containing ova. In several the ova persist, even though the follicles are quite cystic. There is a good deal of dispersed degeneration lutein tissue throughout this ovary.

"The general condition is that of chronic oöphoritis."



Showing cutaneous fold concealing posterior part
of the Introitus.