

**EXTRA-UTERINE FOETATION
AND GESTATION,
AND THE EARLY SIGNS
WHICH CHARACTERIZE IT**

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Extra-uterine foetation and gestation, and the early signs which characterize it by Stephen Rogers

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STEPHEN ROGERS

**EXTRA-UTERINE FOETATION
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EXTRA-UTERINE
FETATION AND GESTATION,

AND THE

LANE LIBRARY
EARLY SIGNS WHICH CHARACTERIZE IT;

SYMPTOMS OF THE FATAL HEMORRHAGE INTO THE PERITONEAL
CAVITY, ITS USUAL TERMINATION:

SUGGESTIONS FOR THE POSITIVE DIAGNOSIS OF THIS FATAL CONDITION;
AND A PLEA FOR THE TREATMENT INDICATED IN IT, WITH
THE VIEW OF SAVING THE LIFE OF THE WOMAN.

BY

STEPHEN ROGERS, M. D.,

NEW YORK,

PHYSICIAN TO THE DEMILT DISPENSARY, ETC.



EXTRACTED FROM THE
TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

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1867.

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As it appears peculiarly appropriate that this memoir, whose object is to save dying woman, and the "New York Woman's Hospital," whose mission is to relieve and to cure afflicted woman, should share a common protection; therefore it is respectfully dedicated to the wives and mothers, managers; and to the eminent gentlemen composing its Medical Board; in token of the high esteem in which the object as well as the management of that most useful and charitable institution is held by the author.

STEPHEN ROGERS.



P R E F A C E .

It is a source of congratulation to me that I am able to present this memoir in a much nearer perfect form than it appears in the *Transactions of the American Medical Association*.

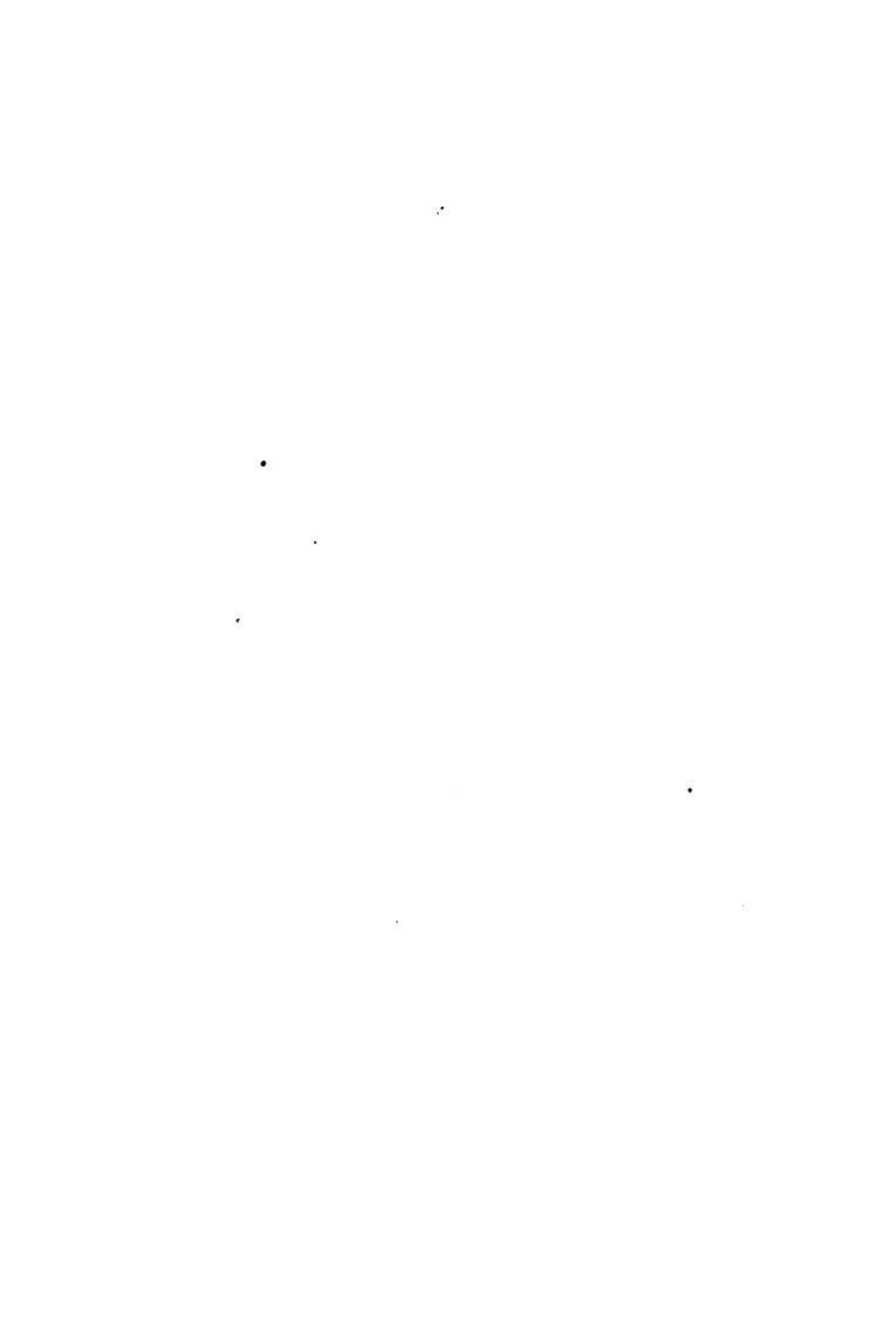
No one can regret more than I do, that my most assiduous efforts to obtain the material for the final correction of the paper, were not successful till too late for the amendment of the Association's edition. The material addition will be found at page 48, or page 120 in the *Transactions*, and was required to definitely reply to the inquiry, whether recovery is known to have ever taken place after a rupture of an early extra-uterine foetal cyst? This I regard as completing the paper upon this point, and feel quite dissatisfied that it is not also in the Association's copy. It may be useful to the Association however, to know that its own unalterable rule is entirely to blame for this imperfection; for this correction was offered to the Committee of Publication quite early enough to have been introduced without an hour's delay of the publication.

For the purpose of facilitating reference, I have also added an index.

For the means of obtaining data relating to the literature of the subject, I am especially indebted to Dr. S. S. Purple, to Profs. E. R. Peaslee, James R. Wood, A. Jacobi, and Emil Noeggerath, besides those gentlemen mentioned in the course of the paper.

232 WEST 34TH STREET, NEW YORK.

August 2d, 1867.



EXTRA-UTERINE FETATION AND GESTATION, ETC.

THOUGH this abnormal condition is comparatively rarely met with by the physician, still I hope to show that it is sufficiently so to merit the time and labor I have devoted to it. However rare its occurrence, the well-known desperate character of the accident of extra-uterine gestation alluded to in the title to this paper, is all the incentive any physician should require, and is certainly all I need, for any possible effort to devise means by which to avert its calamity.

This object would, in my estimation, be a sufficient reason for writing an essay, even were the occurrence of these cases a hundred fold less frequent than it actually is, or as rare as the medical practitioner generally supposes.

A reference, however, to the pages of the medical journals will convince any one that it is rather a common matter to find several of these cases reported every year. Coroners not unfrequently meet them among their cases of sudden and unaccountable deaths, and beside all these records, it is thought not at all improbable, by those who have a right to an opinion in the matter, that many cases occur in our city and country annually, which are not reported at all. Dr. Wooster Beach, Jr., whose experience in the coroner's office of this city entitles his opinion in this matter to great weight, kindly furnishes me with the following statement, viz: "In making post-mortem examinations for the coroners during the past ten years, I have met with several cases of death from this accident of extra-uterine fotation, but have not preserved the minutes of them.

"In several instances where sudden death occurred in women, and where no autopsies were permitted, the symptoms preceding the death, and the appearance of the cadaver pointed almost unequivocally to the hemorrhage from a ruptured foetal cyst, as the character of the fatal accident.

"I feel confident from my own experience, and am supported in

this impression by the statements of those with whom I have been associated in the coroner's office, that extra-uterine foetation is not of decidedly rare occurrence; but that in consequence of the opposite opinion, so generally prevailing, it often escapes suspicion, and the death is attributed to various other sudden causes, and the post-mortem examination is dispensed with." I therefore see no reason for considering extra-uterine pregnancy as a very rare occurrence in fact; while in theory it might be looked for almost daily. Now any one who will take the trouble to review the subject of impregnation, so far as at present known, will soon find himself very much better prepared to appreciate the constant liability women are exposed to of suffering this abnormal form of it, and to concede to this whole subject the importance it really possesses. He would thus learn, that according to all analogy as exhibited through experiments upon the lower animals, and afforded in the evidences of human pathology, the wonder is, not that the ovum is impregnated and developed outside of the womb so frequently, but that it should not do so more generally. Professor Dunglison, after an elaborate review of the literature of this subject of impregnation in the human female, remarks that "it is obvious, then, from these facts, either that fecundation occurs in the ovary, or else that the ovum when fecundated in the uterus, travels along the Fallopian tube to it, and thence back again to the uterus, which is not probable. It has been said indeed that ovarian and tubal pregnancies are exceptions to the rule; but no adequate evidence has been afforded of this. The evidence certainly establishes the fact that fecundation does take place in the ovary, and we are in want of positive, well authenticated cases of its having been accomplished elsewhere."

Dr. Carpenter remarks, that experiments of a convincing character show that in many of the animals, "sexual union usually takes place previously to the escape of the ova from the ovary, and that sufficient time often elapses for the seminal fluid to reach the ovary, before their extrusion occurs; in such cases, therefore, it would seem probable that fecundation is effected in the ovary itself. That such occasionally happens in the human female seems to be unequivocally proved by the occurrence of tubal or even of ovarian foetation; the ovum having received the fertilizing influence immediately upon quitting the ovi-sac, or even before it has entirely extricated itself from the ovary, and having been in