

fundus to the os externum, and appears very unsymmetrical, on account of the bulging of the cyst at its right upper corner. The walls are, posteriorly, from a fifth to a quarter of an inch thick, and the cavity is lined with a well-formed decidua.

The right side of the fundus is dilated, and rent asunder by a long ragged aperture, measuring two and a half inches when unstretched. The cavity thus exposed measures one inch and a half vertically, supposing the edges of the rent to be closed, and one inch antero-posteriorly. The walls are very thin along the line of laceration.

Anteriorly, the right round ligament springs from the outer aspect of the exposed cystic cavity which bulges freely, at its lower aspect, into the upper part of the interior of the uterus; at this part its walls are much thicker than above. The inner wall of the cyst, as we may term it, is very rough, resembling, to a certain extent, an auricular appendix. From some of its numerous pits or depressions hang broken-off tags of chorion, but there is not a trace of a distinct decidua.

The right Fallopian tube passes into the outer and anterior aspect of the walls of the cyst, expanding slightly into a funnel-shaped orifice, which opens into the cavity of the cyst, close to the rent in its walls. A stout bristle, introduced into the tube from without, passes readily into the cavity through the funnel-shaped orifice, which is lined with very smooth mucous membrane. On the outer surface of the portion of the cyst that projects into the uterine cavity is another funnel-shaped aperture with a smooth lining. A bristle has been passed from without, through this opening, into the cavity of the cyst without meeting with the slightest obstruction.\* This sufficiently proves the tubal origin of the cyst, there being no evidence of rupture of the wall of the uterus out of the line of the tube, as it runs through uterine tissue into the uterine cavity. Still less is there any ground for believing in a partially bicornute condition of the uterus.

The right ovary measures  $1\frac{1}{10}$ th inch in length, it is flattened and four follicles are dilated to a maximum of  $\frac{1}{12}$ th inch diameter. It contains a true corpus luteum of triangular form,  $\frac{3}{8}$ ths of an inch in its widest measurement, lying far from the free border of the ovary towards the ilium, having

ruptured on one side of the ovary. The left ovary is half an inch in its longest diameter, and contains no palpably dilated follicles, the left tube presents no abnormality.

The two sketches which accompany this paper are taken from drawings made by Mr. Sherwin. The first represents the relations of the cyst to the uterine cavity, the second shows the interior of the cyst and the rent in its walls. Before entering into general considerations, it will be advisable to compare this specimen with others that, existing in the metropolis, may be conveniently compared with Mr. Roberts' case by members of our Society.

I could find no specimens of interstitial or tubo-uterine pregnancy in the museums of St. Bartholomew's, St. George's, St. Mary's, Westminster, St. Thomas's, Middlesex, and Charing-Cross Hospitals, nor in the museum of King's College, or in the collection preserved at the Hospital for Women, Soho Square.

In the museums of three medical schools, only, do such specimens exist, and I have examined them all, in order to compare them with Mr. Roberts' case. The following brief notes may prove acceptable for convenience of reference.

*Guy's Hospital*, No. 2517<sup>65</sup>.—"The ovum was imbedded in the left horn of the uterus. The cavity is about the size of a horse-chestnut and is quite closed. The uterus is much increased in size, the cavity is filled by an exuberant growth of deciduous membrane closing the Fallopian tubes." Death from rupture occurred at about the second month, the case is recorded in "Guy's Hospital Reports," series ii. vol. iii., p. 272. The cyst is of precisely the same character as in Mr. Roberts' case, but of not half the capacity. The Fallopian tube runs into its outer wall. No communication of the cavity with the interior of the uterus is indicated.

No. 2517<sup>60</sup>. "At the fundus" of the uterus "is a large cyst, formed within its walls; in this the foetus," which is over four inches in length, "was contained, at its upper part a rent was seen. The cavity is about three inches in diameter, and is situated in the uterine walls adjoining the left Fallopian tube." The uterus is lined with a decidua, as in the last specimen; a corpus luteum exists in the corresponding ovary; the case is recorded in "Guy's Hospital Reports," series iii., vol. vi. p. 275. This is a beautiful specimen, the cyst is clearly continuous with the tube, and bulges into the uterine cavity as in Mr. Roberts' case,

\* This patulous condition of what represents the uterine orifice of the tube has been already observed in similar cases by Peppell, as quoted by Parry.