

## PREGNANCY WITH HYDATIDS.

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consideration by Dr. Chowne (LANCET, page 226), as "involving an important medico-legal question," and considered by Dr. Reid as "very valuable," and likely "seriously to affect future medical evidence." A woman gave birth to a mass of uterine hydatids, of five months growth, and, wonderful to relate, the delivery was attended and followed by the ordinary symptoms of parturition. "Thirty-six hours afterwards," says Dr. C., "the labia were tumid; the vagina was relaxed and flaccid; the cervix uteri tumid; the os uteri thick, open to the extent of an inch or more, tumid and soft, and giving to the touch the sensation of being fissured. No hydatids remained in it, but there were small coagula passing away, with sanguineous-looking fluid. The parietes of the belly were loose, and the uterus was perceptible above the symphysis pubis. The breasts were large and distended, the areolæ elevated and very brown, the follicles elevated and large; there was also milk in the breast. The secretions from the uterus (seven days after) were such as would occur after labour. The woman, indeed, in every essential particular resembled exactly one in childbed." We are, then, called upon to wonder at this catalogue of symptoms, but should we not have been much more astonished at their absence? Physiological investigations have proved, beyond doubt, that *uterine hydatids* are invariably the result of impregnation. A pregnancy which terminates by the expulsion of an hydatid mass is, in its *early stage*, perfectly normal. At a certain period, however, the ovum, or a particular portion of it, becomes diseased; and generally the chorion or the placenta. Some abnormal mass (very frequently hydatid) is the result. After symptoms of pregnancy have continued for a longer or shorter time symptoms of *labour* supervene, and the mass is expelled. Dr. Chowne's description of the morbid product voided by his patient certainly renders the case plain enough. "The mass was formed of cysts, coagula intermixed with them and surrounding them, a great part of the mass being enveloped in a membrane resembling *decidua*."

In these cases, therefore, for the first few months after a successful sexual connection, the female is simply, naturally, and healthily, with child, and, of course, we are by no means to be surprised that she evinces symptoms of early pregnancy. And why is it to be considered extraordinary that the expulsion of this blighted ovum should be attended by all the symptoms of delivery? It is, indeed, *blighted*; but, for all that, it has increased more materially in size than it would have done had the life of the foetus been preserved. A woman with hydatid pregnancy is as large at the *sixth* month as at the *ninth*, and this is ordinarily a most valuable point in the *diagnosis*. But during

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To the Editor of THE LANCET.

SIR,—At a recent meeting of the Westminister Medical Society a case was offered for

the early months it is *utterly impossible* to distinguish between a healthy and an hydatid pregnancy. Thus we cannot wonder very much that Dr. Chowne's patient, when delivered of a "five months'" growth, should present the symptoms above recited.

I cannot, with Dr. Chowne and Dr. Reid, feel surprised that a lax state of the vagina should precede the delivery, as in ordinary parturition; I have myself seen two similar cases, of course attended by this state of the soft parts. Much less can I join Dr. Reid in his assertion that these cases diminish the value of the areola as a symptom of pregnancy. The woman, without doubt, *had been pregnant*.

I should answer the question proposed by Dr. F. Bird, "*Was it really milk that was secreted?*" by assuring him that it really was. Dr. Chowne, indeed, acknowledges that he omitted to test it by the microscope, but "it was rich and white, and differed in its characters on certain days." Besides, "a pupil tasted it, and found it very agreeable." Lastly, the object of introducing this case, however charitable and humane, namely, the fear that a female discovered to have these symptoms of recent delivery might be charged with destroying a child which was never born, might be met with the reply, that such a case could never occur under the superintendence of a medical jurist who knew his duty; for if summoned to examine a woman having all these symptoms he would not positively declare that she had been recently delivered of a *child*, but he would affirm confidently that such a state of things could only be a consequence of previous sexual intercourse.

Such is the common law respecting "delivery," considered in a medico-legal point of view. "So far," says Beck, "he can pronounce with safety, but if the question have a bearing on the charge of infanticide *the existence of the child* should be proved." (Elements of Med. Jurisp., 6th edit., p. 155.) I am, Sir, your obedient servant,

W. C.

Borough, Nov. 23, 1843.