

## ON A CASE OF HYDATIDIFORM OVUM.

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As the opinion of the profession at large with regard to the nature and pathology of so-called uterine hydatids is still unsettled, the following contribution may be deemed worthy of publication. It will serve to illustrate the symptomatology of this morbid development, as well as to corroborate novel views recently put forth on this interesting subject.

On the 24th September, 1862, I was requested to visit Mrs. G—, a respectable married female, aged fifty, who was suffering from great irritability of stomach. Though naturally of a stout habit, she was somewhat emaciated, and appeared anæmic. On inquiry, it was ascertained that about the beginning of August her appetite, which had been previously good, became impaired, and in a short time nausea and vomiting supervened, almost every article of food being rejected soon after being swallowed. These symptoms, accompanied by a great sense of oppression at the præcordia, were present almost throughout the entire day. The sickness persisting, she states that on the 12th September she took for its relief a wineglassful of the infusion of ground-ivy (*Glechoma hederacea*), which she had heard from some of her female friends was a valuable remedy in such cases. On the same day she consulted a physician, who prescribed a mixture containing chiefly chlorodyne. On the morning of the 13th she took another draught of ground-ivy, and in the course of the day two doses of the mixture, each of which, however, was almost instantly rejected. Towards evening she received a shock by a sudden knock at her door, and shortly after a sanguineous vaginal discharge took place, followed by a small clot. During the interval that elapsed until she consulted me on the 24th, she states that the bloody discharge occasionally recurred, accompanied by some watery fluid, which came away in gushes with sneezing, coughing, or retching. The gastric symptoms also persisted with much severity, and she began to suffer in her general health. She informed me that she had had four children at full term and three miscarriages, and that she had not been pregnant for the last twenty years, during which period, however, she had regularly menstruated every four weeks until the 25th July, after which date nothing appeared until the time of the hæmorrhage above referred to.

When I first saw the patient, her tongue was thinly coated with a moist white fur; there was pain of stomach, though not considerable, attended with a sense of oppression, also slight tenderness of epigastrium on deep pressure; vomiting occurred almost after every meal. As the gushes of water which occasionally took place were supposed by the patient to come from the bladder, and the irregularities of the catamenia might be attributed to her advanced age, I then regarded the case as one of dyspepsia, and accordingly prescribed alkalies with sedatives, consisting of dilute hydrocyanic acid, chloric ether, chlorodyne, oxalate of cerium, *et hoc genus omne*. Though each of these remedies afforded temporary relief, the sickness soon returned with its pristine severity, and consequently, on October 1st, a full examination of the abdomen was instituted. There was still slight pain on pressure over epigastrium; but the most notable feature was a hard globular tumour, about the size of a child's head, occupying the hypogastrium, and extending as high as the umbilicus. This tumour, from its situation and relations, was evidently uterine, and to my mind at once accounted for the constant sickness, which was clearly sympathetic. As there had been slight hæmorrhage during the few days previous, the idea of polypus or fibrous tumour of uterus suggested itself, pregnancy having been left out of consideration, as the patient had not borne any children for twenty years. An internal examination was proposed, but she would not then submit to it, and begged me to try the effect of medicine a little longer. Accordingly, sinapisms were applied to the epigastrium, and sedative drugs again resorted to for some days; but as the vomiting still continued, and debility increased, she at length consented to an examination per vaginam, which was made on the 8th October.

The cervix uteri was found to project into the vagina; the os was patulous, so as easily to admit the finger; and when this was pushed into the uterine cavity, the latter was found filled with a substance which was soft and placenta like to the feel. As the finger, on being withdrawn, was covered with blood, the patient was directed to use the tepid-water douche and to keep in the recumbent posture. A few hours afterwards,

however, strong uterine pains set in, which soon expelled, with slight hæmorrhage, a vesicular mass nearly half filling a wash-hand-basin. I was immediately sent for, but on my arrival found the mass in question so broken up by the attendants while removing it to the basin, that to recognise its constituent parts was almost impossible. I discovered, however, on careful examination, some portions enveloped by the decidua, which was covered in two places with a thin lamina of coagulum; but the distinction of chorion and amnion could not be recognised, their places being occupied by a stringy vesicular substance nearly three inches in thickness. What appeared to have been a small cavity was discovered, but there was not a trace of embryo. The vesicular bodies were generally about the size of currants, though a few were larger. It is almost needless to state that the sickness and all other distressing symptoms at once disappeared, and the patient made a rapid recovery.

*Remarks.*—The foregoing case, while it bears a striking resemblance to one recently reported by Dr. Graily Hewitt in *THE LANCET*, affords corroborative testimony to the correctness of the views advanced by that distinguished obstetrice in the first volume of the “Obstetrical Transactions.” Several of the so-called hydatids, when examined under the microscope, exhibited numerous nucleated cells similar to those presented by the chorion villi, thereby inducing the inference that the cyst-like bodies were merely hypertrophied and œdematous portions of natural structures.

With respect to the mode of origin of this vesicular degeneration of chorion there is considerable diversity of opinion. Some think the transformation the result of perverted developmental force, and that it ultimately leads to the death of the embryo; whilst others, and especially Dr. Graily Hewitt, believe the latter event to be the first link in the chain of pathological sequence. Without entering at length into the controversy, I may observe that the circumstances of this case favour the opinion of Dr. Hewitt, and, when regarded in the light of his published observations on the subject, admit of easy explanation. As menstruation ceased on July 25th, and nausea began early in August, it may be assumed that conception took place shortly after the former date, and that fetal development went on normally until September 13th, when contraction of the uterus—induced either by the ground-ivy or the sudden shock—partially separated the ovum from its walls and gave rise to the hæmorrhage. This separation, though it destroyed the life of the embryo, was not, however, sufficient to produce abortion, and consequently the chorionic processes still embedded in the decidua continued to grow whilst they degenerated into the cyst-like bodies afterwards expelled. As the embryo at its death could have been only about seven weeks old, and therefore probably about the size of a small bee, it is not surprising that no traces of its existence were discovered more than three weeks subsequently.

The rapid enlargement of the uterus characteristic of so-called hydatid growth was well displayed in this case, as the organ had attained to the dimensions usual at the sixth month of gestation, though its contents could not have begun their development earlier than ten or eleven weeks previously. The entire absence of suspicion of pregnancy on the part of the patient, coupled with her advanced age, at first rendered the case obscure, but its termination satisfactorily removed all the difficulties previously surrounding it.

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