

Case Reports

MISSED ABORTION

MRS. B., aged 38, multipara, bore her last child about four years prior to her last menstruation in the latter end of December, 1908, that is, between Christmas and the New Year. This was followed in January or February, 1909, by nausea and vomiting, which lasted till the end of March or the beginning of April. Her breasts became swollen and painful in February, and the patient considered herself pregnant and consulted a physician for confirmation in the latter end of February, 1909, as far as her memory serves. No definite opinion was given, and in June, 1909, four months later, she was reexamined and no increase in the size of the uterus was found. During the interval she had had no show of hæmorrhage, no illness, and in her history there was nothing definite or even suggestive enough to fix the time of foetal death. Her morning nausea ceased the latter end of March, the mammary tenderness disappeared, and she was in her usual state of health. At the time of her examination in June, the uterus was but slightly enlarged, was retroverted, and was manually replaced, and she was fitted with a pessary, which she wore continuously thereafter.

Presumably, foetal life was not continued later than the third month, likely March, 1909, as a decided uterine enlargement most certainly would have been made out at the time of the second examination in June, 1909. During the evening of March 28th, 1910, she noticed a slight show of blood; there was no pain then or later. During the day of April 14th, 1910, there was a watery pink discharge accompanied by pain in the back, and this latter increased in severity during the 15th, and especially about 5 p.m., when the patient states the pain was like "labour pains," and prevented her from eating her evening meal. Then there was a lull and she went to the theatre, and on retiring proceeded to take her usual evening douche, when a complete cast of the uterine cavity came away. There had been very little bleeding during the afternoon and evening, and there was none following the expulsion of the cast.

I saw her about half an hour later, and found that the cervix was large, soft, and patulous; the os nearly as large as a silver dollar; and there was a little blood in the vagina. There was no odour to the

specimen nor to the uterine discharge during her uneventful convalescence. When I paid my last visit I re-introduced a ring pessary, the uterus was in normal position, and beyond a much relaxed outlet, there was nothing abnormal.

She resumed her menstrual life one month later, May 5th, 1910, this being the first menses in seventeen months. It lasted one week and was free from pain. At no time during the period of amenorrhœa did she have chills, fever, or putrid or offensive leucorrhœa, and was, for her, unusually well. From the last menses till the extrusion of the placental remains it was one year and four months, less eleven days.

During 1909 she had been examined by two physicians, who told her, rightly enough, that there was no evidence of progressing pregnancy, and in the absence of any symptoms pointing to an early abortion or even to the death of the foetus, they likely doubted the pregnancy from the first. The amenorrhœa of fifteen months the patient at least attributed to an early menopause.

In this case the remains of a foetus were retained in utero for about thirteen months after the date when life likely ceased. The medico-legal significance of the recognition of such cases is apparent, and yet I find but one instance where it has been of importance. This was a case of eighteen months' duration in 1892-3-4, reported by Landucci in Webster's "Text-book of Obstetrics," 1903.

The pathological report on the specimen is as follows: S.—10—232, Montreal General Hospital. The mass, 6.5x5.5x3.5 cm. with a smooth anterior face and a rough pinkish convex posterior surface, is pear-shaped, like the cavity of the uterus. On section it shows irregular reddened surfaces with, near the lower pole, a small, smooth-walled cavity. It weighs 53 grms. Under the microscope, the slides show necrotic, placental tissue, decidual cells, villi, and areas of old hæmorrhage. Diagnosis—necrotic placental tissue.

Montreal.

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