Hysterectomy for Hydatid Mole.

By W. E. FOTHERGILL, Manchester.

F.A., a woman, aged 26, who had had two children, the last three years ago, was admitted to St. Mary's Hospital on June 6, 1913, as an urgent case. She was thought to be about six months advanced in pregnancy, and had gradually become extremely ill. On admission she was delirious. The pulse was rapid and the temperature was high. The abdomen was so enormously distended with free fluid that it was impossible to feel the uterus through the abdominal wall. There was milk in the breasts, the cervix was soft, but the os was not dilated. The legs and the labia were much swelled. The urine contained a large quantity of albumen. The patient was in a condition of profound toxæmia. The distension of the abdomen prevented the formation of any hypothesis as to the state of the organs within the peritoneal cavity. It was therefore decided to remove the fluid through an exploratory incision, and the patient was anæsthetized with open ether and put on the table. The writer then dilated the soft cervix enough to admit a finger, and extracted a couple of large vesicles which made it clear that there was vesicular degeneration of the chorion. Under the circumstances rapid dilatation of the cervix was considered more risky than abdominal section. The incision having been made an enormous quantity of clear fluid was removed, and the uterus was then found to be as large as one eight months pregnant. It was quickly removed, the lower portion of the cervix being left. The specimen shows that the uterine wall was not at any point perforated by chorionic villi.

During the few days following the operation there was considerable improvement. The patient became quite rational and took food well. The temperature and pulse approached the normal. The swelling in the legs and the labia disappeared. The albumen in the urine greatly lessened. For ten or twelve days it seemed possible that she might recover. The toxæmia then gradually appeared to gain the upper hand. The legs and labia swelled again, and free fluid slowly collected in the abdomen. The breathing and the action of the heart became much impaired. The mental condition changed for the worse, and the end came on July 3—twenty-seven days after the operation.

In the opinion of the writer there were two distinct conditions present, namely, vesicular degeneration of the chorion and the state for which we have not yet any better name than "the hepatic toxæmia of pregnancy." Unfortunately no post mortem examination was permitted. Had it been possible to examine the liver it is

Dr. Fothergill's specimen of vesicular degeneration
of the chorion.

probable that the lesions of that organ so often observed in the toxæmias of pregnancy would have been seen to be present in very marked degree. The two conditions are so constantly seen separately that there is not the least excuse for imagining any causal connection between them. The presence of free fluid in the abdomen is not common in either. It is interesting to note that it was a feature of a case of vesicular degeneration of the chorion recently described by Dr. Haig Ferguson, in which he also selected supravaginal hysterectomy as the method of treatment.

This operation appears to have been recorded as done for hydatid mole five times, as follows:—

1. Christopher Martin, *Trans. Edin. Obst. Soc.*, 1896.
2. R. Favell, *Trans. N. of E. Obstet. and Gyn. Soc.*, 1907.
3. Sauvage, *Annales d'Obstet. et de Gyn.*, April 1912.
4. Haig Ferguson, *Trans. Edin. Obstet. Soc.*, 1913.
5. The present case, mentioned by Haig Ferguson, *Trans. Edin. Obstet. Soc.*, 1913.

These cases show that the removal of the uterus by the abdominal route for vesicular degeneration of the chorion may be demanded by various circumstances.

Dr. Fletcher Shaw has examined the specimen, and kindly provides the following short description of it:—

“When in the fresh state this uterus was the size of an eight months pregnant uterus, regular in shape and cystic to the touch. Both ovaries were attached, a little enlarged but not cystic, nor did section of them show any lutein tissue. In the preservative the specimen has greatly shrunk, being now only $8\frac{3}{4}$ in. in length and $5\frac{3}{4}$ in. in width. The cervix is dilated sufficiently to admit one finger. On bisecting the specimen the uterine wall is found to be very thin, $\frac{3}{8}$ in. being its greatest thickness, but in no part has perforation taken place. The interior of the uterus is completely filled with the typical, small, clear, thin-walled cysts of a hydatid mole. Sections taken through the wall of the uterus show it to be invaded by these small thin-walled cysts typical of chorionic vesicular degeneration. There is no evidence of malignancy either macroscopically or microscopically.