A Case of General Œdema of the Foetus with Foetal Ascites and Hydramnios.

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Mrs. A. A., age 30, was admitted into the City of London Lying-in Hospital under the care of Dr. Comyns Berkeley, on June 6 1912.

Previous history. During the last eight years the patient has had five children, all of whom are dead. The first two were born naturally at full term, but died of broncho-pneumonia, at the ages of 4 and $2\frac{1}{2}$ respectively. The third and fourth both died the day after birth; the cause of death was probably jaundice in the one, but was unknown in the other. Both were born at full term. The fifth child was premature (32 weeks) and stillborn. Apart from a slight swelling of the legs during the first pregnancy there was nothing abnormal noticed by the patient during the above pregnancies. The patient's general health has been good; no history of any serious illness. She states also that her husband has always been healthy.

History of present pregnancy and labour. The last menstrual period occurred from October 1 to 4 1911. During the latter half of this pregnancy the patient was troubled with varicose veins and swelling of both legs. She also stated that the abdomen was larger this time than before. Labour began six hours before admission. Examination of the patient revealed œdema of both legs with varicosity of the veins.

The abdomen measured 42 inches in circumference at the level of the umbilicus; a fluid thrill was easily obtained across the uterus; the fundus of the uterus reached the ensiform cartilage. The foetal head was felt floating above the brim; foetal heart beat heard on right side in position corresponding to third vertex, rate 150 per minute.

Per vaginam, os nearly fully dilated, membranes bulging, head just felt.

Urine normal; *heart* and *lungs* also normal.

The membranes ruptured half an hour after admission; the liquor amnii measured, in all, $3\frac{1}{2}$ pints. The head engaged, but in spite of the strong pains no appreciable advance was made. Forceps were then applied and the head extracted. There was some difficulty in delivering the shoulders and still greater difficulty in extracting the trunk, strong traction having to be made. The child (a female)

was born in a state of white asphyxia, and the usual methods of resuscitation were unsuccessful. The placenta and membranes were expelled spontaneously in ten minutes.

Post mortem appearances. A fœtus $17\frac{1}{2}$ inches long, weighing $7\frac{1}{4}$ lbs., showing marked anasarca of the whole body, especially prominent in abdomen and chest; the subcutaneous tissues, on section, ooze fluid.

On opening the abdomen, straw-coloured fluid, in part blood-stained, escaped and measured 600 cc. Peritoneal bands and loose tags are noted in the lower part of the abdominal cavity. The œdema affects all the viscera both abdominal and thoracic. The brain, cord and meningeal spaces are markedly œdematous.

The only pathological lesion discernible, beyond peritoneal adhesions, affects the spleen, which is enlarged to $2\frac{1}{2}$ times the normal size. The pericardial and pleural cavities also contain a quantity of fluid. No developmental lesions are discernible.

The *fluid*, tested clinically, contains much albumen, .2 per cent. urea and is coloured by blood, but is straw-coloured in the pericardium.

The *spleen* is soft, œdematous and uniformly enlarged; *liver*, normal, firm and dark; *placenta*, soft, œdematous, much enlarged and weighs $3\frac{1}{4}$ lbs.

Histological examination. Kidneys. Small collections of leucocytes are found in the kidney substance, but there is no destruction of tissues. The cytoplasm of the tubal epithelium fails to stain properly and has a granular appearance. The tubal lumina are in many places filled with débris. The *suprarenal capsules* and *spleen* show nothing obviously pathological. The placenta shows marked vascularity of the chorionic villi, but otherwise no definite lesion. No spirochætes and no gram positive organism could be recognized by suitable staining.

I have to thank Dr. Comyns Berkeley for permission to publish this case.