

II.

Calcareous Fibro-Myoma of the Right Ovary Complicating Delivery in a Primigravida æt. 22.

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THE following rare and interesting case came under my notice some few months ago. I saw the patient for the first time January 24th, 1907, after she had been in labour for six days. The following is a short history of the case.

The patient, Mrs. R., æt. 22 years, was married three years ago. She had always enjoyed good health until five years ago when she slipped off a chair and bruised herself; two months after this she had retention of urine and it was found necessary to catheterize her. Since this time, however, the patient had again enjoyed good health, with the exception of feeling, during the past two months, a dull aching pain in the right side whenever she was at all tired or had walked any distance.

She was admitted to the Coombe Hospital, Dublin, January 24th, 1907, at 10 p.m., with the statement that "a foot was in the passage." As a matter of fact a lower limb was protruding from the vulva.

The following is a short account of the events of the week immediately preceding the patient's admission.

Friday, January 18th, 1907. This morning patient had pains of a bearing down character, which lasted all day and became more severe as the evening wore on. She also had pains radiating from the small of the back round toward the front and down the legs. She slept very little that night and by the next day the pains had become continuous. The following morning patient sent for her doctor who strongly advised her to go into hospital because, he said, there was a "lump" in the passages, interfering with the birth of the child. This, however, she was unable or unwilling to do; so she remained at home, suffering all the time much pain of a bearing down character. This pain continued during the next two days and on Thursday morning, January 24th, she experienced a severe "shedding." On accidentally putting her hand down to the vulva she noticed a limb protruding from the passages. She again sent for her medical

attendant and he once more strongly advised her to go into hospital, since he found it impossible to deliver the child, owing, he told her, to the aforesaid lump being directly in the passages and preventing the descent of the child. Mrs. R. now took the doctor's advice and came to the Coombe Hospital, which she reached after driving four miles in a cab.

On admission, the patient was found to be having violent and continuous pains, and she bore traces of prolonged labour. From the vulva, a leg was seen protruding. On making a vaginal examination I found a large hard mass about the size of a foetal head, completely blocking the passages, except that portion through which the leg had become prolapsed. The mass was very hard, and irregular ridges could be distinctly felt on it; it filled the pelvis and was resting on the perineum. It extended forwards toward the symphysis pubis to within an inch and a quarter of it, the space between the symphysis and the hard mass being completely taken up by the prolapsed limb. The leg was firmly jammed and could not be moved in any direction. The patient was anæsthetized and still neither tumour nor limb could be dislodged—in spite of the Trendelenburg position being employed. The tumour was so firmly fixed that it actually seemed to grow from the sacrum. I was now convinced that I could not dislodge the mass and consulted the Master (Dr. T. G. Stevens, F.R.C.S.I.). We decided that Cæsarean section was the only method of delivery left to us. The patient was therefore prepared for operation and on being deeply anæsthetized (ether) another and last attempt was made to dislodge the obstructing mass. Fortunately our efforts were this time rewarded with success; the mass was pushed up and receded as far as the diaphragm. The child was delivered as a "footling"; some difficulty was experienced with the after-coming head, and on being delivered the child had the appearance of having been dead for some time. From this time the patient did very well and she was discharged from the hospital in ten days.

After labour it was found that the tumour could be freely moved in all directions—from the diaphragm to the pelvis, especially so on the right side.

Some weeks later the patient returned to the hospital for operation.

On opening the abdomen I found a very hard, round tumour of the right ovary, equal in size to a foetal head. This tumour was extremely movable, had a long pedicle and, what struck one parti-

cularly, was remarkably free from adhesions. The pedicle was ligatured, the tumour removed, and the stump top-stitched. The abdomen was closed, the skin incision being occluded by means of clamps. These latter were removed on the eighth day, recovery having run a very normal course. She remained in the hospital for 3 weeks, after which she was discharged home well.

The patient now (June, 1907) is enjoying excellent health and has no untoward symptoms.

On microscopic examination Professor McWeeney found the tumour to be a fibro-myoma of the ovary undergoing calcareous degeneration.

I wish, in conclusion, to express my gratitude to Dr. Stevens for permitting me to publish the case and for having allowed me to perform the operation under his instructions, and also to thank Dr. Orbell for his kind assistance.