CLINICAL NOTES.

A CASE OF MOLE-PREGNANCY.*

BY ALBERT A. MACDONALD, M.D., TORONTO.

Before giving a history of the case to which it is my wish to refer, I may be excused for making a brief statement with regard to the origin and development of moles.

The two varieties most commonly met with are the mola sanguinæ and the mola carnosa. They consist of altered products of conception and blood clots, varying in size between an egg and an orange. They are usually expelled from the uterus between the third and fifth months. It may be difficult to tell the difference between an ordinary abortion, and the expulsion of such a mass. Molar formation is due to extravasated blood being thrown out in considerable quantity upon the uterine surface of the decided vera, or between the reflexa and chorion. Pressure by the extravasated blood, upon the ovum, leads to rupture and escape of the amniotic fluid. The retained coagula and membranes form the molar mass. When the coagula are fresh the mass is termed the "blood mole," and when of older date the "fleshy mole." The hydatidiform mole I need only mention now, as "it has nothing to do with the case." It is merely a dropsy of the villi of the chorion, which causes them to swell, and form ovoid vesicles, comparable in shape and size to gooseberries or grapes. At one time they were supposed to be true hydatids. The history of the present case of mola carnosa will illustrate both the difficulties of diagnosis and the manner of treatment.

On the 15th day of September I saw this patient. She was the mother of three living children, and had had one miscarriage and one abortion of a fleshy mole some few years previously. This time she had menstruated regularly, but five weeks before I saw her she was seized with rather sudden pain in the uterine region, which kept up in an intermittent manner. The discharge of blood continued and it was mixed with shreds and mucus.

On vaginal examination the os was softened; cervix softened and bent, and the fundus uteri could be felt pressing back upon the rectum; it had a hardened and inflamed feeling. Above the pubis and towards the left side a hardened tender mass could be felt. Though it was irregular, and almost nodular, I could make it out as a part of the uterus. I gave my opinion that the retained products of conception were gradually coming away, and advised antiseptic douches, anodynes, tonics and an expectant plan of treatment.

On the 22nd, seven days after my first visit, I received another rather urgent message from her physician, who felt uneasy on account of the continued pain and shreddy discharge, and the feeling of the enlarged uterus pressing back upon the rectum. He felt that some suspicion of extra-uterine pregnancy might be entertained. On examination I found that the general condition of the patient had improved since my last visit, though her state was still quite low, as she had suffered considerably and could not take much nourishment.

The uterus remained about the same, the cervix was a little shorter, and the os softer. No appearance of any extra-uterine enlargement.

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