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NOTES ON A CASE OF MOLE PREGNANCY, HYDATID MOLE, OR MORE PROPERLY SPEAKING CYSTIC DEGENERATION OF THE CHORION.

BY ALEXANDER DAVIDSON, M.B., M.R.C.S. ENG.

Mrs. W., *æt.* 45, of dark complexion, has borne several healthy children, last pregnancy was five years ago, when she was delivered of a healthy child, since then she has menstruated regularly until about the middle of January, 1885.

This lady consulted me on the 13th of March, 1885, complaining of being "completely out of sorts," had a constant feeling of nausea. her breasts were enlarged and painful, the areola around the nipple was quite dark in colour, with raised papillæ on its surface, the veins over the breasts were very distinctly marked, she had not menstruated since 18th of January last and her tastes and disposition were quite changed, to use her own expression she said "If it were not for my age I would consider myself pregnant again." Having assured her that although it was somewhat rare for pregnancy to occur at her time of life, yet her age was not an absolute barrier to the occurrence of conception, and her symptoms pointing so markedly to the existence of pregnancy, I deemed that to be her condition. I advised her to go home and wait the course of events, as there then existed no symptoms which should make me apprehensive of her case.

Upon this advice she acted, again returning to my office on the 18th of March, when she informed me that since our last interview she had "turned unwell," and that she also observed a "lump" in the lower part of her abdomen, and suffered no pain. I then made a physical examination of the uterus, which revealed the following condition. The abdominal walls were thin and flaccid, just above and behind the pubes in the mesial line, was a pear-shaped tumour to be felt, bi-manual examination now confirmed this tumour to be the uterus enlarged to about the size the organ assumes at the third month of pregnancy, the cervix was soft and thick, it was also fissured, the os uteri was patulous enough to allow the introduction of my index finger to nearly the whole length of the cervical canal, I could find nothing presenting. I may here mention that upon bi manual examination the enlarged uterus seemed to have more of a soft feeling like a bag of bran than the firm resisting feeling of a truly pregnant uterus.

I now saw my patient from day to day until April the 11th, when the hydatid was expelled. The flooding continued at intervals, sometimes in small quantity, sometimes in considerable quantity, and sometimes absent altogether for as long a period as twenty-four hours, the hæmorrhagic discharge was not the thick red of normal blood, but seemed to consist more of the watery element of the blood, as if the liquor sanguinis had been expressed from the blood clotting in the interior of the uterus.