SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.

A Case in which Pregnancy was Complicated by the Presence of a Hydatid Cyst in the Pelvis.

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Hydatid cysts so rarely complicate pregnancy or labour in England that the following case seemed to be worthy of record.

E.H., aged 27, was admitted into the London Hospital on December 27th, 1907, complaining of bearing-down pain of 3 weeks duration, "pressure on front and back passages," and increasing difficulty in defæcation and micturition. For 5 days she had been unable to pass fæces, then, after a dose of castor-oil, she passed a small motion with great pain and difficulty on the day before her admission. In the last week she had vomited three or four times a day.

She was 32 weeks advanced in her third pregnancy. Her first pregnancy and labour, 6 years ago, was uneventful. At her second confinement, $4\frac{1}{4}$ years ago, she was delivered by forceps. She remained in bed 3 weeks and then was sent to the great Northern Hospital, as she was found to have an abdominal tumour. A few weeks later she was admitted and a hydatid cyst removed by Dr. Blacker.

On abdominal examination on December 27th, 1907, a median laparotomy scar was seen. The pregnant uterus reached almost up to the ensiform cartilage. The child lay with the back in front and to the left, with the vertex presenting.

On vaginal examination a large tumour was felt in Douglas's pouch, extending down almost to the anus. The tumour was elastic but extremely tense. The cervix was situated high up in front, above the top of the symphysis pubis. The posterior vaginal wall was œdematous.

Rectal examination showed that the rectum was pressed in by

the tumour to such an extent that it was converted into a semilunar slit.

The patient was relieved greatly by an enema and the passage of a catheter.

The foot of the bed was placed on chairs with much success, the patient complaining of no more pain for several days. After the first 24 hours she was able to pass water naturally. Three days after admission she passed a motion without the aid of an enema.

The tumour, though definitely elastic, was so tense that it might easily have been mistaken for a softened uterine fibroid. If I had not heard that Dr. Blacker had removed a hydatid cyst four years previously I should have thought that the tumour was ovarian. With the help of the previous history a diagnosis of hydatid cyst in Douglas's pouch was made.

It was evident that the patient could not be delivered, with the cyst *in situ*, except by Cæsarean section, so I decided to evacuate the cyst by means of a vaginal incision. As, however, it seemed possible that the change in position of the uterus which would follow evacuation might induce labour, I decided to wait as long as the patient had not much pain and there were no signs of suppuration in the cyst.

On January 2nd, 1908, the patient began to complain again of the feeling of pressure, and a blood-count showed a considerable increase in the proportion of eosinophile corpuscles.

On January 4th she was anæsthetised, and I incised the cyst through the posterior vaginal wall. Two pints of hydatid fluid were evacuated, together with numerous small cysts varying in size from that of a pea to that of a large marble. The fluid contained leucocytes and the cyst was apparently beginning to suppurate. There was slight hæmorrhage from the vaginal incision, necessitating the insertion of two sutures. A rubber drainage tube was left in the cyst cavity. The cervix came down to its normal position immediately. A suppository containing half a grain of morphia was administered.

On January 10th labour came on spontaneously, and was uneventful except that during delivery a few small cysts was squeezed out of the collapsed cyst. The child weighed 5 lb. 12 oz. The mother made a good recovery. During the first week after delivery there was a slight degree of pyrexia, the temperature rising to 101° on two occasions. Mother and child left the hospital on January 26th. Nothing abnormal could be felt then except a little thickening of the upper edge of the vaginal incision.

Küstner (*Zentralbl. für Gynäkologie*, No. 44, 1907) reports a case which is very similar to my own. The patient had a hydatid cyst of the liver removed in October 1903. In January 1907 she was seen by Küstner. She was then 32 weeks pregnant. Behind the cervix there was a tumour about the size of a fist, fixed, situated chiefly in the

true pelvis. On February 15th, when the pregnancy had reached 35 weeks, Küstner performed Cæsarean section. The child, which weighed 2500 g., was born in a condition of asphyxia, and attempts at resuscitation failed. On pulling the uterus forwards a multilocular hydatid cyst was found and removed partly by cutting, partly by blunt dissection. It was impossible to decide whether its site was intra- or sub-peritoneal. The hæmorrhage which resulted was difficult to treat, so the uterus was removed to give more room. The patient made a good recovery.

Küstner refers to three other cases of Cæsarean section for obstruction due to hydatid cysts, all fatal, but all belonging to "the olden time."