The frequency with which pregnancy occurs in the presence of pelvic tuberculosis is unknown. Probably many cases have not been reported because the diagnosis had not been established before pregnancy occurred. Recently a patient was seen in the antenatal clinic who four years previously had had bilateral tubal swellings which were thought to be tuberculous salpingitis. Should pregnancy occur it may be extrauterine, or, if intrauterine, abortion may ensue. There is suggestive evidence that unsuspected pelvic tuberculosis may rapidly progress in the presence of advanced pregnancy, possibly resulting in the death of the mother or infant, or both. To what extent modern antibiotics may alter the prognosis remains for future assessment.

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Medical Memoranda

A Lithopaedion in Twins

A married woman aged 29 first attended the surgery towards the end of July, 1950. Her period starting on June 14 had lasted only four days instead of the normal seven days, but the one before that had been at the beginning of May, making a six-weeks interval. Up to this time her periods had been quite regular. She was the mother of one child, then nearly 18 months old. After that confinement, which was perfectly normal, she had a retroverted uterus and a cervicitis for which cauterization was done. The uterus was replaced and a pessary inserted; but this failed to correct the retroversion, for which no further treatment was given, as it was not causing any symptoms.

At this time (July 18) it was presumed that she was five to six weeks pregnant and she was told to report again in six weeks' time unless there was any further trouble.

She next attended in the middle of September, when the uterus was found to be about the size of a 16–18 weeks' gestation. It was ascertained that there had been twins on the maternal side two generations previously, and an aunt of the father was also one of twins. The question then arose whether there were twins present, or whether the last period should be taken as the one at the beginning of May, either of which would fit in with the size of the uterus.

A month later the patient complained of pain low down in the right side. Examination revealed the uterus to be now almost to the umbilicus, with tenderness on the right side, about 2 in. (5 cm.) below McBurney's point. The B.P. was 110/70 and the urine was negative, including a culture. The temperature, pulse, and respirations were normal. The patient was kept under observation, but, in view of the fact that there was no vaginal loss and the pain subsided gradually, nothing further was done at that time.

By the middle of December the uterus was a little less in size than one of 30 weeks. The foetal heart seemed to be normal and the position was R.O.A. The patient herself was very well. As the baby did not appear very large it was presumed that the period in June was the last normal one, and that the expected date of delivery would be March 21, 1951.

When she was examined at the end of January, 1951, the uterus was equivalent to one at 34 weeks and a breech presentation was found. The foetus was easily turned to a vertex position, and the head slipped into the pelvis very easily. Nothing abnormal was noted on vaginal examination. The baby still seemed to be on the small side, with a fair amount of amniotic fluid. *X*-ray examination showed one foetus, with no abnormality. The position was now R.O.A. The patient was seen again in one month, when everything seemed quite normal. The foetal heart was heard. The B.P. was 110/70, the urine was clear, and the position was still R.O.A. with the head engaging.

As the patient had not been confined at the beginning of April, when she was two weeks overdue, a medical induction was carried out, and she went into labour immediately. While in labour a rectal examination revealed a ? prolapsed arm. A vaginal examination was done, and she was found to be three-quarters dilated, with a thin firm mass beside the head which felt like an arm, but was definitely not one. As there was plenty of room for the head, and the pains were strong and every two minutes, labour was allowed to continue under strict observation. A little over an hour later the patient was fully dilated. Coming down in front of the head was the mass which had felt like an arm and which was now found to be an almost completely calcified foetus, with the back presenting; the whole thing being curled round the occiput of the after-coming baby. No difficulties were presented, and a living female child of 5 lb. 4 oz. (2.4 kg.) was delivered.

Examination of the placenta revealed an infarction about the size of a duck's egg in the place where the cord of the lithopaedion arose. This calcified foetus was one of about four months, and the cause of the pain in the right side at about the fourth month could now be attributed to the infarction.

COMMENT

Masson and Simon (1928) state: "Lithopaedion is invariably the result of extrauterine pregnancy. It is extremely doubtful if a foetus retained within a normal uterus ever undergoes this transformation, because there the occurrence of infection leads rather to destruction of the tissues of the foetus and skeletonization." Cave (1937), reporting a case of lithopaedion, states that the pregnancy must be extrauterine. It is true that about half a dozen cases of intrauterine lithopaedion are reported in the very early literature; but since none have appeared within the last hundred years their authenticity must be regarded with extreme scepticism.

It is to be assumed, therefore, that the above is an unusual case of one foetus, in a twin pregnancy, dying owing to an infarction or a small haemorrhage in the neighbourhood of the cord, and becoming almost completely calcified.

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