

**A lithopedion thirty-five years old / reported by James N. Vander Veer and Charles P. McCabe.**

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**Publication/Creation**

Albany : [publisher not identified], 1910.

**Persistent URL**

<https://wellcomecollection.org/works/ze4pkerg>

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*A Lithopedion Thirty-five Years Old Reported by* JAMES N. VANDER VEER, M. D. *and* CHARLES P. McCABE, M. D.

Mrs. M. G. R., aged sixty-five years, died on September 30, 1909, following an organic heart lesion, and had given a history as follows:

She became pregnant in August, 1874, and the day of her expected confinement was May or June of 1875. Within the week that her expected confinement was to take place she suffered from labor pains in a perfectly normal manner, and summoned her family physician at that time. He came and attended her the whole night through while the pains continued. But there was no presentation of any part, and so far as could be learned from the patient, the physician could not make out that the cervix was enlarging as it should. The following morning the pains ceased and since that time she had not suffered in any appreciable manner, until her later years, from what she supposed to be a false labor. No child was born. The patient had had one living child three years prior to this pregnancy and three years after this pregnancy she became pregnant once more and, within the normal period, was delivered of a living child, a girl now thirty-two years old.

In the interim, to 1909, she suffered no inconvenience whatsoever, except occasionally a bunch would present itself in her abdomen, which could be moved from side to side, but which, by choice, seemed to lie on the left side.

In June, 1907, she had an attack of grippe and pneumonia while in a nearby town, at which time Dr. McCabe attended her, and since that time she suffered from an organic heart lesion due to the grippe, followed by nephritis, and eventually an anasarca and an ascites developed, requiring tapping of her abdomen in the summer of 1908. Shortly after this her legs became markedly edematous, with large ulcerations of the calves of both legs, and general debility rapidly came on. For the last eight months prior to September, 1909, she had been unable to lie in bed, by reason of the kidney complication, and was compelled to sit in a chair during the entire twenty-four hours in order to obtain sufficient breath.



At the time of autopsy, September, 1909, she weighed about 170 pounds, was five feet two inches in height, and presented marked ulcers on the posterior surface of her legs, especially in the region of the calves, thrombotic in character. Upon opening the abdomen the lithopedion was found free in the left side of the abdominal cavity, with small intestines loosely matted together, and beneath and behind. The omentum was adherent on the anterior surface of the lithopedion, as well as a small bit of the mesentery from the sigmoid. There were multiple adhesions throughout the entire abdominal cavity, but none were found that seemed to have done any particular injury. The left ovary was small and contained numerous cysts, with the fimbriated extremity of the left tube adherent behind and beneath the ovary. The right ovary was sclerosed and hard, containing calcareous deposits in its walls, was cystic in character, and about the size of a horse chestnut. This cyst contained a thick, gelatinous, dark-looking substance resembling clotted blood. The right tube had lost its fimbriated extremity, and its distal end seemed to give the evidence that the foetus had been an extra-uterine pregnancy near the ovary and had made its escape therefrom. The uterus was enlarged, especially in the left horn, and contained a myoma the size of a horse chestnut, which was exceedingly hard to the touch, while a smaller myoma was found in the posterior part of the uterus. The liver was enlarged and fatty, extending four fingers' breadth below the free border. Both common and hepatic ducts were patent. Stomach was quite distended, lying below the umbilicus, as viewed from the incision in the abdominal wall. The gall-bladder contained two irregular-shaped stones the size of small hickory nuts, faceted, but the patient had never given any symptoms of trouble from gall-stones. The right kidney was markedly enlarged, adherent to the liver on its under surface, as well as the right adrenal, and contained about a half-dozen small cysts just beneath its capsule. The ureter apparently was normal and patent throughout. The capsule was stripped with some difficulty from this kidney. The left kidney contained foetal lobulations, with a multiple cystic condition, especially at the lower pole. The capsule was very friable and stripped easily from the organ. The cysts were filled



with a clear, gelatinous material and only one contained a sero-purulent material. The kidney itself was very friable and dark in color. Pelvis seemed to be normal. Ureter normal in size and patent to the bladder. Spleen enlarged and congested to about double normal size, while the substance was exceedingly friable. Appendix lay in normal position, but was greatly atrophied. The heart apparently was dilated and hypertrophied, with about one ounce of free fluid in the pericardium, the majority of hypertrophy being found in the left ventricle, as well as the same being dilated, while the walls were thin and there showed a brown atrophy of the heart muscle. There was extreme arterio-sclerosis of the mitral valve, as well as marked sclerotic patches in the aorta.

Dr. Ordway, of the Bender Laboratory, kindly made the histological examinations of the specimens that were brought to the laboratory, which are appended as follows:

Uterus and Adnexa.—Uterus is slightly and irregularly enlarged. Toward the left cornu there is a rounded tumor mass. On section this is sharply circumscribed, 3x3 c. m. in diameter. Its surface shows interlacing, glistening, fibrous bands, the consistency of which is firmer than the surrounding tissue. The cervical canal is filled with a tenaceous mucous. On scraping this away numerous cysts from .2 to 1 c. m. in diameter are found containing the same material.

Fallopian Tubes.—The right is considerably dilated and it is curved backward and inward, being adherent to the posterior anterior surface of the uterus by firm elongated bands of fibrous adhesions.

Right Ovary.—Is firmly adherent to the tube and is represented by an enlarged mass about 3x5 c. m. in diameter, the surface resembling whitened ovarian tissue, and section discloses a cyst filled with thick, tarry fluid.

Left Tube.—Is much elongated, the distal two-thirds being dilated and adherent to a large cystic mass 10x12 c. m. in diameter. The thin transparent walls contain a clear, somewhat viscid fluid. At the lower pole of this cystic mass is a firm nodule having the size and general appearance of an ovary. The distal extremity of the tube, which in the outer 3 c. m. of its course is firmly adherent to the cystic mass just described, is curved downward and inward and is firmly ad-



herent to the posterior wall of the uterus near the cervix, in a manner similar to the right tube.

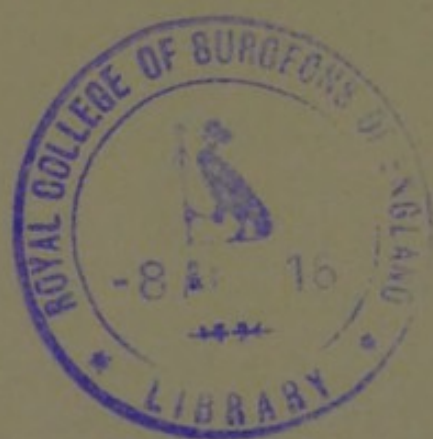
Kidneys.—Slightly larger than normal. Capsules have apparently been stripped in places, leaving a granular surface enclosing numerous circular depressions, apparently portions of small cysts. At the lower pole there are numerous cysts, some protruding slightly, and others markedly, from the surface of the kidney. These contain clear fluid. On section, peripelvic fat seems to be considerably increased. In addition to this kidney there is a small mass resembling kidney tissue, measuring 3x5 c. m. in diameter. On section of this numerous circumscribed areas are disclosed, some having a peculiar whitish color, others transparent. These vary in size from .2 to .5 c. m.

Spleen.—A small, irregular "chunk" of spleen about 6x5 c. m. in diameter. Section of this shows numerous small, sharply-circumscribed areas .1 x .3 c. m. in diameter and of opaque whitish to a transparent appearance. Owing to conditions of the specimen when received, no information can be given as to color, markings, and consistency.

Liver.—Small fragments of tissue 2x1 c. m. resembling liver tissue. On section numerous circumscribed and slightly elongated areas of general opaque whitish color are seen, varying from .3 to 1 c. m. in diameter.

Miscellaneous Specimens.—Another fragment of tissue of a general whitish-gray color, shape of which resembles a large lymph node. Two other specimens consisting of a friable yellowish-white material, irregular in outline, about 5 x 3 c. m. in diameter. This yellowish-white color merges at one end to a brownish-red color. The general appearance, color, and consistency of these two masses resemble post mortem "chicken-fat" clots commonly found in the chambers of the heart. Two small calculi, .5x1 c. m., of greenish-brown color and showing "beechnut-like" facets.

Anatomical Diagnosis.—Chronic pelvic peritonitis, chronic salpingitis, chronic perimetritis, leiomyomata of the uterus, multiple cysts of the cervix, hemorrhagic cyst of right ovary, simple cyst of left broad ligament, hydrosalpinx, chronic ovariitis, fibroid change of myometrium, chronic nephritis, multiple cysts of kidneys, gall-stones.





To Illustrate Dr. Vander Veer's and Dr. McCabe's Article on "A Lithopedion  
Thirty-five Years Old".

*Albany Medical Annals, April, 1910.*



Figure 1—Front View.

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Thirty-five Years Old".

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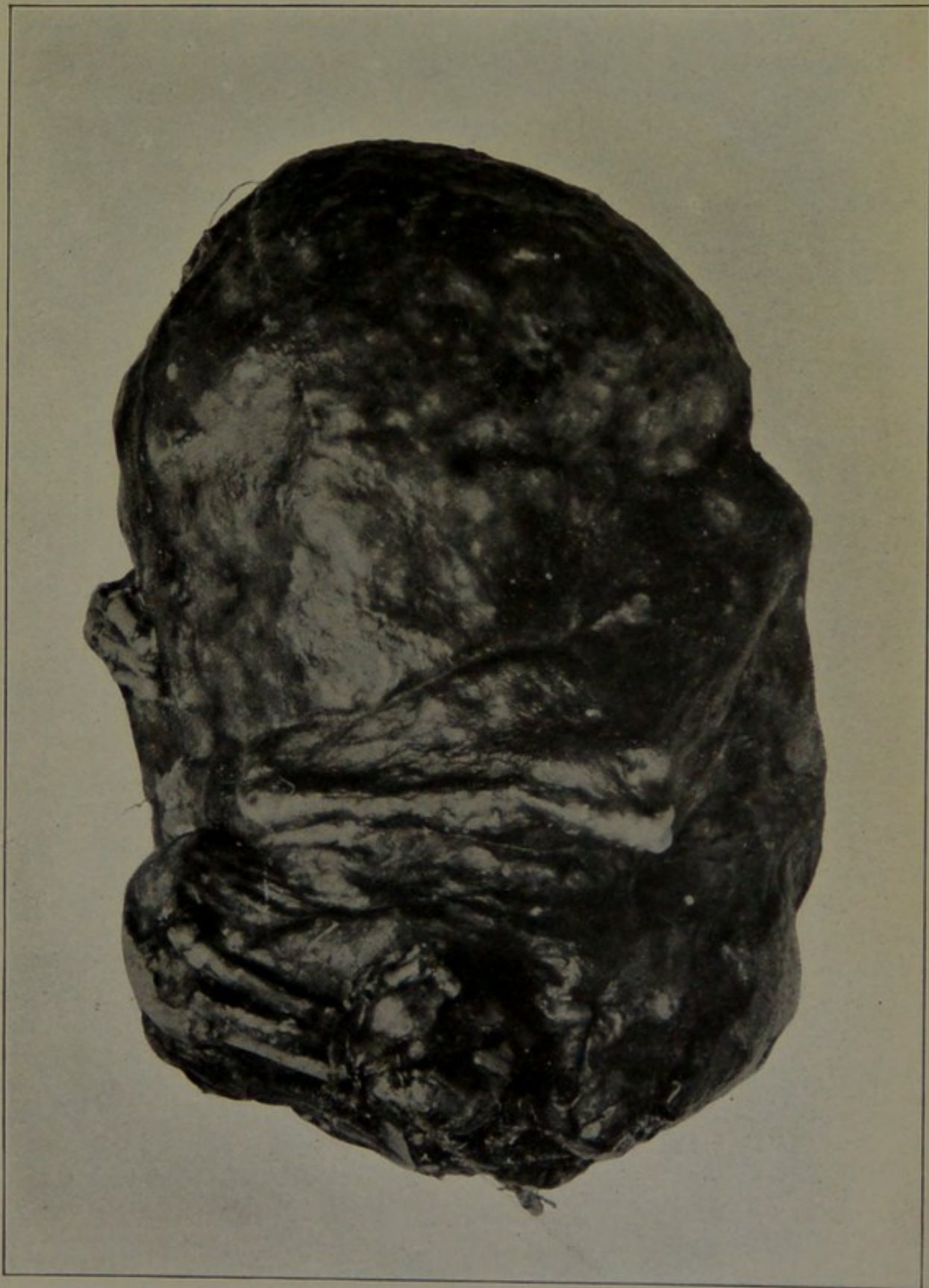


Figure 2—Left Side.





The peculiar and interesting feature of this case would seem to be the fact that this woman for thirty-odd years carried a foetus within her abdominal cavity, without any untoward symptoms other than those of occasional discomfort, and suffered no marked disease therefrom, while having also a normal child born three years after this extra-uterine pregnancy.

In behalf of Dr. McCabe I wish to put this case on record, in so much as he made the diagnosis when first called to see her in 1907, and obtained from her an acquiescence to the wish that an autopsy be held whenever her death should occur, and be it said in fairness to the patient and her husband that so soon as she had passed away he immediately communicated with the doctor and carried out her desire.





