DIABETES INSIPIDUS DEVELOPING SUDDENLY, WITH UTERINE FIBROIDS; HYSTERECTOMY.

BY JAMES OLIVER, M.D. EDIN., F.R.S.E.,
GYNÆCOLOGIST, HOSPITAL FOR WOMEN, SOHO-SQUARE, W.

THE occurrence of diabetes insipidus in the adult female is a rare event, and its sudden development in association with any extreme tension created by a neoplasm in the pelvis or elsewhere has seldom been observed.

The patient was a woman, aged 44 years, who had been married 16 years and had never been pregnant. She was menstruating regularly, and the discharge, which invariably lasted seven days, had always been excessive. Quite suddenly, four weeks before coming under my observation, the patient developed an insatiable thirst, and noted at the same time an inordinately frequent desire to pass urine. The first menstruation which occurred after the aforesaid disturbances was unusually painful, and it was the pain experienced at that period which induced the patient to seek immediate advice. The following physical signs were then noted. Examination of the abdomen even on deep pressure detected nothing abnormal. Per vaginam the cervix was located far back; it was not enlarged and the os was not open. In front of the cervix the vaginal roof was pushed markedly down by a small globular swelling of about the size of an orange. To the right of the cervix was an irregular extension of the uterus. The uterus, which was about five times its normal size, was practically immovable due to the location anteriorly and laterally of fibroids in its substance. During the first 24 hours of the patient's stay in hospital she passed 259 ounces of colourless urine, the specific gravity of which was just 1000. As I considered it injudicious to subject the patient to hysterectomy with urine passed equalling that of distilled water I decided to watch her for a week or longer if necessary. I prescribed for her a pill containing oxide of zinc and valerianate of zinc (2 grains of each), and this pill was taken three times a day. As the quantity of urine passed during the succeeding four days did not diminish and the specific gravity was still that of distilled water, I discontinued the pill and prescribed chloride of calcium in 10-gr. doses three times a day. Two days after starting the chloride of calcium the quantity of urine fell to 116 ounces and the specific gravity rose to 1004. The chloride of calcium was continued for eight days longer before operative interference was decided upon, and during those days the quantity of urine never exceeded 100 ounces and the specific gravity varied from 1004 to 1010. The urine never contained any albumin.

Operation.—Hysterectomy was performed. The operation was difficult because the uterus could not be brought up even into the abdominal wound until the fibroid located anteriorly had been enucleated from its bed and until the right broad ligament had been severed down to the pelvic floor. Both ovaries had to be removed with the uterus. The quantity of urine passed during the three weeks after the operation varied from 80 to 100 ounces, and the specific gravity kept steadily about 1004. The patient progressed satisfactorily, and when she left the hospital she was passing from 50 to 60 ounces of urine daily, the specific gravity of which was from 1005 to 1007.

Harley-street, W.

CASE OF ACUTE TETANUS WITH HÆMATEMESIS.

BY VIVIAN M. MÉTIVIER, M.R.C.S., L.R.C.P. LOND.

I AM indebted to Dr. J. B. Cook, medical superintendent of Isleworth Infirmary, for his kind permission to publish the notes of this case.

Patient admitted to infirmary on Feb. 22nd at 9 P.M. On Feb. 11th, while scrubbing steps a splinter of wood entered deeply under her right thumbnail. On the 19th she had pain and stiffness in her back and neck, which became more severe on the 20th, the sharp attacks of pain making her cry out. The unusual way the symptoms set in led to the wrong diagnosis of hysteria. On the 21st the mouth was opened with great difficulty. On admission the typical symptoms of tetanus were present. Opisthotonos not severe, but spasms came on every four minutes. The teeth could be separated sufficiently to give food. Full doses of chloral and bromides, and subcutaneous injections of morph. tart., gr. $\frac{1}{2}$, and 10 c.c. of 15 per cent. mag. sulph. solution were given statim. The wound in the thumb, which on opening up appeared healthy, was thoroughly cleaned and dressed.

Feb. 23rd: Patient slept for short intervals from 1 to 3.30 A.M. Spasms about every 20 minutes. After full dose of chloral at 3.30 A.M. she slept for longer intervals, and from 7.30 to mid-day sleep was fairly sound and only interrupted with spasms, when she was disturbed. Retention of urine made necessary catheterisation eight-hourly. At 1.30 P.M. spasms began to be troublesome again, and at 3.30 P.M. were more severe, coming on every five minutes. Antitoxin (B. W. and Co.), 1500 units, was given intrathecally under chloroform, also 7 c.c. of 15 per cent. mag. sulph. solution. Patient vomited curdled milk in afternoon. At 7.30 P.M. subcutaneous injection of 2 per cent. carbolic (10 minims) repeated eight-hourly. Vomiting continued, and patient was put on diluted peptonised milk; vomiting ceased in evening. At 9 P.M., under chloroform, an attempt to inject antitoxin into nerve sheaths in right ante-cubital fossa was not very successful, the greater part of 1500 units being injected into the tissues exposed. Full doses of chloral and bromides given at 11.15 P.M. During the night frequent spasms, and she did not sleep.

Feb. 24th: At 8 A.M. patient was sleeping and improved again. Menstruation started and continued throughout. 1500 units antitoxin and 10 c.c. mag. sulph. solution subcutaneously. She was quieter towards afternoon; teeth could be more widely separated. Slept from 6 to 9 P.M. Spasms now returned and gradually increased in frequency. At 10 P.M. full doses of chloral and bromides. She was fairly comfortable from midnight to 3 A.M. Feb. 25th: Spasms every 20 minutes during early morning. Chloral and bromides in full doses at 6 A.M. At 10 A.M. much less rigidity; mouth could be opened voluntarily. During day 2500 units antitoxin subcutaneously. Only 20 ounces of urine secreted in 24 hours. Bowels remained confined since the 23rd, in spite of enemata. Brownish fluid like beef-tea vomited in afternoon. Calomel 3 gr. given in small doses followed by saline aperient. Muscles of neck and back less rigid. Vomiting continued throughout evening, becoming darker in colour, with small lumps, and of "coffee-ground" character. No bleeding from tongue or gums. Adrenalin chloride (1 in 1000) one drachm in two ounces of iced water was given by mouth at 10.30 P.M., and patient put on modified Lenhartz diet. At midnight she became very collapsed—rapid, thready pulse, and cold extremities. Normal saline with 2 per cent. glucose solution started per rectum, foot of bed raised, and patient kept warm with hot-water bottles. Digitalin gr. 1/100 hypodermically.

Feb. 26th: Vomiting continued in early hours of morning. Adrenalin chloride repeated at 4.45 A.M. At 5.30 A.M. hypodermic injection of morphine and atropine. Vomiting ceased soon after. At 10 A.M. she was improving; pulse fuller and stronger. No spasms throughout the night. The teeth could be still more widely separated. The whole of the back touched the bed, and the neck was slightly bent forward on the pillow. Two very slight spasms during the day. Patient had had no chloral or bromides since the 25th, 6 A.M. Antitoxin, carbolic, and mag. sulph. injections discontinued. Ten ounces of urine withdrawn in 24 hours. Towards evening pulse became more feeble again; no vomiting. Rectal saline was recommenced. Pulse gradually became imperceptible. Digitalin and pituitary extract were given subcutaneously. Towards 6 A.M. on the 27th she became unconscious, [passed into a state of coma, and died soon after.

Necropsy.—The stomach contained about eight ounces of altered blood and fluid, and the small intestines blackish-brown fluid in large quantities. The mucous membrane of first part of duodenum was of a dark black colour over two areas—one the size of a shilling and another a little larger, and more irregular. This change appeared to be due to hæmorrhage into the mucous and submucous tissues. There was no sloughing or ulceration. The mucous membrane of the stomach showed deeply injected areas with prominent bright red capillaries varying in size from a contracted to a dilated pupil. One larger patch, about as large as a sixpence, appeared somewhat like a piece of skin deprived of its uppermost layers for a Thiersch graft.

Brentford Union Infirmary, Isleworth, W.

DEVON AND CORNWALL SANATORIUM FOR CONSUMPTIVES, DIDSWORTHY, AND KING EDWARD VII. MEMORIAL DISPENSARY.—The annual meeting of the friends of this institution was held on May 19th. The report showed that the charity had now 70 beds, 40 for men, 30 for women. The daily average number of patients was 60. During the year of the patients admitted 114 were in the first stage of the disease, 123 in the second, and 35 in the third stage. The committee had given the first call on beds to tubercular sailors and soldiers. The London Hospital Sunday Fund had subscribed £875, and ten beds were reserved for cases from London hospitals. 1200 patients had been treated at the dispensary since it was opened in 1910.