Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF TAPEWORM ACCOMPANIED BY HÆMOGLOBINURIA.

BY W. E. MASTERS, M.D. BRUX., L.R.C.P. LOND.

THIS case is of interest because of a very severe hæmoglobinuria that suddenly followed the expulsion of a tapeworm by male fern after the patient had taken "four bottles of beer."

The patient, a Belgian aged 22, had been in the Kasai region of Central Africa for two years. It was his first sojourn in the tropics. He had been troubled with tapeworm the whole time and had been treated on three different occasions for it, but without success. The patient consulted me on June 20th, 1915. He stated that he had often fallen down from weakness. He had abdominal pains always, which he called "constant colic." The bowels were opened four or five times daily, no blood, appetite excessive, and he had lost 5 to 6 kilogrammes in weight during the last year. He often took alcohol to excess. The temperature on admission to hospital was 101·8°F.; pulse 150. He was much exhausted from travelling, pale, thin, and very weak. The temperature became normal in a few hours and his pulse-rate fell to 100. The urine was normal. The patient was placed on starvation diet and was given sulphate of magnesia and 1½ drachms of male fern followed by sulphate of magnesia in the ordinary way. The whole of the worm was passed. He began to take food and felt sufficiently well to walk about the hospital grounds. Unobserved by us he went to a Belgian friend in camp that evening, with whom he admitted later that he had taken "just four bottles of beer." The next morning the conjunctivæ and the whole skin were deeply jaundiced; the temperature was 104·4°, pulse 120. He laughingly reached from under the bed some thick blackish-brown urine, about 100 cubic centimetres, which he had tried to hide. The urine after standing gave a dark brownish deposit; it was alkaline in reaction, gave albumin on boiling, a dark pink froth on shaking, and required much water to dilute it; by the spectroscope it gave the typical methæmoglobin bands, and under the microscope it revealed granular casts and débris, but no red blood cells. The urine resisted decomposition for ten days in an average temperature of 82°. Incessant vomiting set in at once. The bowels were open frequently. Blackish-green material was passed by the mouth and rectum. High rectal salines were returned. Subcutaneous salines were given. Digitalin, caffeine, and morphia injections were given *seriatim*, but did not improve the condition. In 24 hours his red cell count was 850,000 per cubic millimetre of blood. In a differential count no parasites were seen and there were no blood changes of a marked nature. There was not an increase in the mononuclear elements. All the usual measures were applied, but not a drop of urine could be obtained. The bladder was empty. The temperature fell to normal on the second day after the black urine, but the pulse-rate remained high. On the fourth day the uræmic symptoms were marked. There were Cheyne-Stokes breathing,

epistaxis, hæmatemesis, and a short uræmic seizure finished the scene. The vomiting and diarrhœa had practically ceased 14 hours before death.

The patient claimed that he had never had malaria and that he had taken 0·25 gramme of quinine hydrochloride daily for two years. His urine had never been black before.

In this case it appears as if the alcohol, together with the unexcreted male fern, acting upon a weakened constitution freed the latency to hæmoglobinuria.

Leverville, Congo Belge.

A CASE OF COMPLETE INVERSION OF THE UTERUS.

BY C. LACHLAN FRASER, F.R.C.P. EDIN.,
F.R.C.S. EDIN.,

SURGEON TO THE BERWICK INFIRMARY, ETC.

IT has been my misfortune to encounter two cases of inversion of the uterus, and after my experience with both I conclude that one method of reduction is faulty and inadvisable, whereas the other has been successful and is a safe procedure. My first case took place many years ago and was of the classic description—i.e., taking place when the placenta caused trouble. That event I published (recovery after great bleeding). The recent case comes under a very different category and must be very rare.

The patient is a very delicate woman, and at her confinement had no strength for anything. The usual procedure had to be gone through—viz., chloroform and forceps—and that resulted in a very simple delivery. The placenta caused no trouble and the uterus contracted well enough. All went well for 14 days, during which the patient was recovering strength. On that date the nurse had her up at stool, when during pressure a pain was felt and "something seemed to come down." On arrival two hours later I found the inverted fundus protruding and still being extruded. The bleeding was not severe and was easily controlled. An hour later Dr. MacLagan gave chloroform, and I proceeded to attempt reduction. The method of direct pressure on the fundus was dangerous on account of the soft friable condition of the organ, and was done with a very due regard to possible consequences and not long persevered with. Then I passed my hand into the vagina, and with the tips of my fingers grasped the neck and began patiently to knead it in. With my left hand on the abdomen I began to feel the bulk there increasing, and after five minutes' work was gratified to feel the fundus meet my left hand with a snap. The recovery was uneventful.

I trust that these few notes may assist some brother practitioner should he be unfortunate enough to find himself in trouble of a similar kind.

Berwick-upon-Tweed.

LOAN EXHIBITION OF JAPANESE WORKS OF ART.—A remarkable loan exhibition of Japanese works of art and handicraft is being held at 127, New Bond-street in aid of the funds of the British Red Cross Society and the Order of the Hospital of St. John of Jerusalem in England. The collection, which includes exhibits lent by Her Majesty the Queen and His Excellency the Japanese Ambassador, has been selected by experts from 70 English collections. The exhibition will be open every week-day until Nov. 13th, and affords a unique opportunity of seeing choice specimens of the beautiful art work of our Eastern ally.