Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PREGNANCY AND AN OVARIAN CYST CONTAINING 32 PINTS OF FLUID.

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THE patient, aged 30 years, was admitted to the Westminster Hospital on Nov. 2nd, 1911, with the following history. She had become pregnant at the end of February, 1911, and nothing abnormal had been noticed until August, when she considered herself greater in circumference than on the two previous occasions of pregnancy; the enlargement had taken place rapidly. During the following months the patient had complained of pain in the back and abdomen and was inconvenienced by the enormous abdominal enlargement, but she had continued to do her household work until Oct. 28th, when she was attended by Mr. Gilbert E. Cope and was delivered of a child weighing 5½ lb. Mr. Cope had had some difficulty in delivering the placenta, and finding that the abdominal enlargement had scarcely diminished he had called in consultation, on Nov. 2nd, Dr. G. Drummond Robinson. After examination Dr. Robinson considered that it was an ovarian cyst, and advised removal to the Westminster Hospital.

On admission the patient's respiration was greatly embarrassed, the bases of both lungs were cedematous, and the whole of the body surface showed signs of cedema. The circumference round the waist measured 59 inches. Preparations were made for an immediate operation for removal of the cyst, but as the anæsthetist considered the administration of a general anæsthetic very dangerous Dr. Robinson plunged into the cyst through the abdominal wall a bladder trocar, by this means drawing off 29 pints of fluid consisting of the usual colloid material. On the following day, the patient's condition being greatly improved, a general anæsthetic was administered, and by a mesial abdominal incision Dr. Robinson removed the cyst of the right ovary; it was adherent to the diaphragm, abdominal wall, and pelvis, thus obliterating the whole of the abdominal cavity; an additional three pints of fluid were found. A few days after the operation the patient developed phlegmasia of the left leg. On the eighteenth day about four pints of thin fluid of a sero-purulent nature burst forth from the lower end of the abdominal incision, and on pressure of the left thigh more fluid was obtained; this discharge continued for some days.

The patient made good progress and is now discharged from the hospital.

I am indebted to Dr. Robinson for permission to publish this case.

London, N.W.

NOTE ON A CASE OF PULMONARY THROMBOSIS.

BY J. MOORE BENNETT, M.D. DURH.

THE patient, a woman, aged 37 years, had been married for five years, and this was her fourth confinement. She had three children living, all of whom had been born before my arrival on the respective occasions. To this fourth labour I was called to about 8 A.M., and I saw the patient, who lived about three miles away, at 8.40 A.M. I found her walking about and restless, the pains being irregular and weak. On examining per vaginam I found the os uteri fully dilated, the membranes intact, and the head in the first position. The pulse was weak and soft, but regular. I persuaded the patient to lie down. In about five minutes after the vaginal examination the waters broke and the head was born, then the shoulders. Suddenly the patient's legs were drawn up and she tried to grasp her chest and throat with her hands. There was slight frothing at the mouth, the face and skin at the same time being deeply cyanosed, and respiration ceased at once. I placed my hand over the patient's heart and could only faintly feel two

or three beats. Hot cloths were at once applied over the cardiac region and an injection of strychnine was given, but the patient was practically dead at once and before the child was completely born; in fact, it seemed like an epileptic fit occurring during the second stage of labour, and exactly coincided with Playfair's able description in his book on midwifery (Vol. II., pp. 365-66).

The pulmonary artery is especially liable to thrombosis. Its relationship to the venous circulation explains this, as Dr. J. Humphrey has pointed out. Before entering the lungs it breaks up at once into a number of branches, which radiate from it at different angles to the various parts of the lungs. Consequently a large extent of surface is presented to the blood, and there are numerous angular projections into the currents, both of which conditions are calculated to induce spontaneous coagulation by retarding the blood current. Then, again, certain conditions of the blood seem to favour coagulation—first, the presence of micro-organisms and their products; secondly, an increase in the platelets. The micro-organisms may assist thrombosis by producing a clumping of the red corpuscles. An increase of the platelets has often been observed in anæmia. It is said that in the later months of pregnancy the tendency to coagulation is increased. Possibly this is due to the excess of calcium salts in the blood, as has been pointed out by Blair Bell (and mentioned as one of the causes of commencing labour). The blood contains an excess of fibrin which largely increases in the later months of utero-gestation until, as has been pointed out by Andral and Gavarrel, it not unfrequently contains a third more than the average amount in the non-pregnant state.

The patient in the present case was a thin, anæmic woman, and had not been professionally attended for some time.

Woodley, Notts.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

Resumed Debate on Syphilis.

THE fourth and concluding meeting of this debate was held on July 8th, under the presidency of Sir HENRY MORRIS.

Dr. H. R. DEAN said that according to Mendel only a small proportion of idiots showed the classical signs of congenital syphilis. But the view of several writers was that congenital syphilis was an important cause of idiocy, and though the child might not show the usual signs of the disease, a definite history of it was traceable to the parents. It must be remembered that a positive Wassermann had been obtained in some cases of frambœsia, trypanosomiasis, and certain cases of leprosy, as well as malaria. But as those diseases were rare in this country a positive Wassermann in any person might be safely taken to mean syphilis. It might be the only sign, for the person might appear to be in perfect health. Among 330 cases of idiocy at an institution on the continent 15 per cent. gave a positive Wassermann. The later the age at which the test was done the smaller was the percentage of positive results, and there was a marked diminution after the sixteenth year of life. Subjects of general paralysis of the insane were generally those in whom the early symptoms of syphilis had been mild or even unnoticed by the patient. Half the cases collected by Mott showed no signs of syphilis, but they had syphilitic parents. Congenital syphilis must be a very important cause of mental deficiency, and it would be well if every member of families containing one or more idiots could be examined by the Wassermann test. He would place cases in which syphilis affected the central nervous system into three groups: 1. Infants born with marked evidence of syphilis. In these the brain and other organs showed marked change, and the subjects usually died within a short time of birth. 2. Children apparently healthy at birth, but developed mental defect at or before puberty. They included juvenile general paralytics. 3. Cases of mental deficiency and idiocy, in many of which the Wassermann reaction constituted the sole evidence of the