

an opportunity of seeing one fatal case in the practice of another surgeon in which no treatment had been adopted. Seeing, therefore, that the condition may have a serious termination, my own inclination would be for the more radical measure, except in cases where the other testis was absent or diseased.

Alexandria.

NOTE ON A CASE OF ELEPHANTIASIS VULVÆ.

BY J. SINCLAIR MANSON, M.B., CH.B. EDIN.,

LATE SENIOR HOUSE SURGEON TO THE OLDHAM INFIRMARY.

A MARRIED woman, aged 42 years, was admitted to the Oldham Infirmary on June 27th, 1907, under the care of Dr. A. H. Godson. She complained of large growths between her legs which prevented her from sitting down. Very briefly the history of the case is as follows. Four years previously she noticed a lump on the left side of the vulva of about the size of a pigeon's egg. This continued to enlarge painlessly until its size gave her some concern. She then sought advice at a gynæcological hospital in a neighbouring city. She was admitted for a few days and was then treated as an out-patient for some time. Two years later a similar growth appeared on the other side, while that on the left side had now reached a considerable size. She again became a patient at the aforementioned hospital. She now began to have difficulty in micturition and on several occasions a medical man had to be called in to pass a catheter. The growths continued to enlarge and her difficulties in walking, sitting, and micturating increased proportionately until her life became a misery. On examination her general appearance was that of a fairly healthy woman. On separating the thighs three large growths could be seen attaching themselves to the vulvar region. The lateral growths were each of about the size of a cocoanut and they hung down by a broad pedicle from each labium majus. The middle growth was smaller and was attached by a broad pedicle to the left labium minus. The right labium minus was thickened but did not present any prominent growth. (These appearances are shown in the photograph which is here reproduced.)



Reproduction of a photograph taken just before operation.

The surface of the growths was everywhere irregularly nodulated and was covered by unbroken skin. There was no sign of ulceration or fungation. Much decomposing secretion lay in the folds of the groin and where the growths lay in contact with each other and with the skin of the thighs. The whole mass was offensively odorous.

The diagnosis was not very certain, but it was thought

that lymphatic obstruction had much to do with the swellings from the larger labia. In order to facilitate the lymphatic flow the central mass (that from the left labium minus) was amputated. The patient was put on a course of izar baths and the larger tumours diminished somewhat. There being no marked improvement both were amputated at a later date. The patient made a good recovery and left the hospital on Oct. 7th. Four months later she was examined and no sign of recurrence was present. She was quite well and at work.

A histological examination proved the growths to be non-malignant and to be composed chiefly of fibrous tissue with enlarged lymph spaces and groups of small round cells congregated round the blood-vessels.

The history, clinical appearances, and the histological examination all point to a diagnosis of elephantiasis, the causal agent being unknown. Dr. G. F. Barbour Simpson of Edinburgh who has examined the photographs and section agrees with this view.

I am indebted to Dr. Godson for permission to publish the case and to Mr. Sneyd, the radiographer, for the photograph.

Warrington.

A CASE SHOWING THE VALUE OF WATER AS A DIET FOR PREMATURE INFANTS.

BY A. G. WHITEHORNE-COLE, L.R.C.P. LOND.,
M.R.C.S. ENG., M.I.H.,

AND

J. E. PRENTIS, L.R.C.P. LOND., M.R.C.S. ENG.

Mrs. — gave premature birth on Nov. 15th, 1907, to a male child at the sixth month. The labour, which was natural, altogether lasted one hour. Immediately after birth the infant was wrapped in cotton-wool. Since he made no effort to suck when put to the breast the milk was withdrawn and the child was fed with it but he could not digest it. He was then fed hourly for the next 12 hours with 3 drachms of warm water to which a quarter of a grain of bicarbonate of sodium was added, and in addition spiritus ammoniæ aromaticus, \mathfrak{m} iii., with distilled water to 1 drachm, was given every hour. For the following 24 hours the water diet was given as before and the aromatic spirit of ammonia every three hours. The child was then put to the breast again, but he still had no idea of suction; the milk withdrawn was given to him but still he could not digest it. The milk was then used diluted to various strengths with sterile water, barley-water, and lime-water, but in each case it disagreed with the child. He had now lived four and a half days and showed signs of improvement. Fully peptonised milk in the proportion of 1 of milk and 7 of water was now tried; this he continued to take for two and a half days, when he became fretful and flatulent. Half a grain of grey powder was given, also a little aromatic spirit of ammonia and peppermint water, and the "water diet" adopted for a day. Peptonised milk in the above proportions was now given for two days and "water diet" on the third day. This alternate method of feeding continued until the child was 31 days old. At this age the child was in good condition; he had gained 10½ ounces (he weighed 2 pounds at birth); the cheeks had filled out; the yellowish discolouration of the skin which was present at birth had disappeared; the umbilicus was healed naturally; the child had a much stronger cry, slept well, and showed quite a keen desire for his food.

On his thirty-first day he suddenly became cold and rigid; the jaws were fixed; the respiration was slow and very shallow; the pulse was weak and rapid; the colour was unaffected; there were no twitchings, and the legs were not drawn up. This attack passed off rapidly on the child being immersed in hot water and a little brandy (\mathfrak{m} v.) being given. For the next three days the child was put on the "water diet," but his progress was most unsatisfactory, frequent doses of brandy having to be administered. He then had another attack of a similar nature to the previous one, which he did not survive. The infant lived 34 days.

Remarks.—This case is rare and of considerable interest for the following reasons. The infant survived 34 days (very exceptional).¹ There must have been very fair

¹ Jellott: Manual of Midwifery, p. 107; also Edgar: Practice of Obstetrics, p. 85.