

preventing the complete closure of the eyelids, with opacity of the lens. The mother stated that when two months pregnant she was frightened one day on going into her dimly lighted coal cellar by a large toad jumping out.

The chief clinical interest in the case was the difficulty of diagnosing the exact presentation until a late stage, the doughy feeling of the vascular mass taking the place of the cranial vault making the diagnosis very puzzling.



*Necropsy.*—On reflecting back the vascular covering it was found to be resting on the base of the skull, the bones composing which were thicker than natural, the mass consisting of connective tissue. There was no cerebrum but the medulla and the spinal cord in its upper part were adherent to the connective tissue. There was no trace of any optic nerves.

This case would appear to be an instance of that form of anencephalia described by Geoffrey St. Hilaire as real anencephalia. In D. Macalister's valuable translation of Ziegler's "Pathological Anatomy" he states that the arrest of development or agenesis of the cerebrum must take place at an early stage of the development of the foetus. The maternal impression at two months, which I have quoted for what it is worth, might correspond with the time in which the intra-uterine changes causing the agenesis took place.

Banbury.

## APPENDICITIS AND PREGNANCY:

### NOTES OF A CASE WITH OPERATION AND RECOVERY.

BY H. A. LEDIARD, M.D. EDIN., F.R.C.S. ENG.,

HONORARY SURGEON TO THE CUMBERLAND INFIRMARY,

AND

R. E. SEDGWICK, B.A., M.B., B.C. CANTAB.

ABORTION or miscarriage—with the possible loss of two lives—constitutes the main barrier to operation and especially to abdominal section during pregnancy. Operation is at times imperative and many cases are on record in which ovarian and other tumours have been successfully removed without interfering with the normal course of pregnancy.

Judging from records appendicitis is not, so far as we

have been able to trace, a common complication of pregnancy and the following case has been noted because of the somewhat unusual concurrence of appendicitis and pregnancy and because of its unusual and fortunate termination. In discussing the question of operation during pregnancy Jonathan Hutchinson, jun.,<sup>1</sup> records a case of a young woman who, in the ninth month of labour, was seized with true gangrenous appendicitis and diffuse peritonitis. After excision of the appendix and free drainage she recovered and bore a living child a month later. Kelly,<sup>2</sup> in discussing operation during pregnancy, mentions appendicitis as one of nine main conditions in which operation may be demanded. He refers to a case of appendicitis during pregnancy with consequent death quoted by Clement Godson in the discussion of H. Michie's paper.<sup>3</sup> He reports also in brief two cases in his own experience in which pregnant women were confined to bed with attacks of appendicitis. Both recovered and were delivered at term without surgical operation. The same author quotes a case, recorded by Mundé, of appendicitis during the last month of pregnancy. The patient on the sixth day was delivered of a dead child and six days later a localised appendical abscess was opened and drained successfully. McArthur's two cases are also referred to by Kelly. In the first of these gangrenous appendicitis was found in the fourth month of pregnancy. Abortion followed the operation with subsequent death from general peritonitis. In the second, which occurred during the fifth month of pregnancy, the abscess cavity was partially walled in by the uterus. Abortion followed operation, with death from general peritonitis.

These last three cases are included in a list of cases which appears in a monograph on the subject by Pinard.<sup>4</sup> This author tabulates and criticises 45 cases which he has collected chiefly from American and French sources. 30 of these cases were operated on. The results were as follows:—

	Maternal mortality.	Infantile mortality.
Cases operated upon, 30 ... ..	10 = 33 % ... ..	11 = 36 %
Cases with <i>local</i> peritonitis, 22 ...	5 = 25 % ... ..	—
"  " <i>general</i> "  8 ... ..	5 = 62 % ... ..	—
Cases not operated upon, 15 ... ..	2 = 13 % ... ..	2 = 13 %
Cases with <i>general</i> peritonitis, 1 ...	1 = 100 % ... ..	—

From a consideration of his own and other cases Pinard concluded that in such cases delay was dangerous, and he therefore advised immediate operation as soon as the diagnosis was assured, believing that by such means the best interests of both parent and child were secured.

The following are the notes of our case. The patient was 40 years of age and married. At the latter end of August, 1904, she was seized with pains in the lower right half of the abdomen, she being nearly six months pregnant at the time. The pain continued and was accompanied by constipation but without vomiting. Poulticing relieved the pain and after being in bed for four days she got up and did her routine work, which was rather more arduous than that of the ordinary housewife. On the sixth or seventh day pain again came on and she returned to bed with fever and constipation. The pain in the right iliac region was accompanied by swelling and tenderness. On Sept. 3rd she was visited in the country in consultation by one of us (H. A. L.) and was found to have acute tenderness in the appendix region with probable pus formation. On the succeeding day the patient was brought to Carlisle for operation, which was performed two hours after arrival as it was considered imprudent to wait longer. She was a thin, very spare, and very nervous woman who had borne eight children in nine years besides having had a miscarriage. Her mental perception and memory were not acute. She had a goitre of moderate size which had "descended" from her mother, one sister being similarly affected. She had had two attacks of "inflammation of the bowels," both occurring in the same part of the abdomen at two previous and separate pregnancies—she thinks "about the fifth month." Her temperature on admission was 99° F. and her pulse-rate was 80. Her tongue was dry and brown. The abdomen showed the fundus of the uterus at the umbilicus while between the umbilicus and the right anterior superior iliac spine there was some slight swelling.

The patient was anaesthetised with chloroform and the

<sup>1</sup> Manual of Operative Surgery, Treves, second edition, p. 7.

<sup>2</sup> Operative Gynecology, vol. ii., p. 403.

<sup>3</sup> British Gynaecological Journal, August, 1895, p. 169.

<sup>4</sup> Annales de Gynécologie, Mai, 1898.

incision through the parietes in the usual place allowed omentum to bulge forward into the wound. This omentum covered an abscess cavity containing about three ounces of pus (not foul). A gauze drain was inserted and the patient was put back to bed. The wound speedily became clean and granulating but gaped considerably, and stitches were from time to time inserted to try to close it. The plugging was removed on Sept. 6th. Pregnancy was obviously advancing further and the movements of the child were both seen and felt. This did not tend to the formation of a good scar. At the end of three weeks omentum began to protrude from the wound. This was ligatured and cut off and subsequently the wound began to close. A month after operation—namely, on Oct. 2nd—the patient was moved on to a couch for a short time and within 24 hours she miscarried in the sixth month of pregnancy, the child being dead. There were no complications and she was discharged at the end of a fortnight—namely, on Oct. 15th—wearing a bandage.

Throughout her illness the patient had a singularly rapid (counted) pulse. No other explanation than nervousness could be given, her carotid (visible) pulse being normal during conversation. Her temperature was almost uniformly subnormal, never rising above 99° except on Oct. 4th, 5th, and 9th.

In this case the diagnosis of suppurating appendicitis was fairly clear and operation was not delayed, since it was felt that unless removed the tendency of the pus was to track upward towards the liver in the path of least resistance. In view of the rapid growth of the uterus during the latter months of pregnancy the advisability of procuring miscarriage was discussed. For some days after operation the wound seemed to get more and more extensive and gaping and omentum was protruded. It was felt that when the wound *did* heal several unpleasant possibilities might present during labour. The scar, recent and thin, might rupture; a large ventral hernia in all probability would form either during labour, with possible intestinal constriction as a result, or afterwards, in which case a second operation would be necessary for its cure. The risk of procuring miscarriage was thought to be sufficiently great to counter-balance what were after all only reasonable possibilities or probabilities and nature finally and fortunately came to the rescue and solved all difficulties.

Carlisle.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### A CASE OF FRACTURE OF THE SURGICAL NECK OF THE HUMERUS IN AN OCTOGENARIAN.

BY PHILIP E. HILL, M.R.C.S. ENG.,  
SURGEON TO THE CRICKHOWELL WORKHOUSE INFIRMARY.

A MAN, aged 80 years, was admitted into the Crickhowell workhouse infirmary on Oct. 20th, 1904, suffering from a fracture of the surgical neck of the right humerus. On examination the arm was found to be swollen considerably with ecchymosis extending from the shoulder to the wrist and the patient was in great pain. Some days prior to his admission he had been seen by a medical man who had placed a pad in the axilla and strapped the arm to the side. Coaptation having been effected a pyramidal pad with its base upwards was placed in the axilla and two splints were applied, an angular one to the inner side of the arm, and an outer one extending from the shoulder to the elbow. The arm and chest were then bandaged together and the hand and wrist were enveloped in a sling. The patient was placed on a water bed and necessarily kept there during the whole of the treatment. Unfortunately, at the end of six weeks he died from cardiac failure induced by the excessively low temperature which prevailed at the time.

I made a post-mortem examination of the limb in order to ascertain what amount of repair, if any, had taken place. I found that the fractured ends were accurately adjusted and that firm bony union had been accomplished, a result hardly

anticipated in a man where the reparative processes are presumably deficient in consequence of the vital powers being exhausted by age and debility as evidenced by the fact that from the first there was incontinence of urine and faeces.

Crickhowell.

#### A CASE OF SURGICAL EMPHYSEMA IN PULMONARY TUBERCULOSIS.

BY R. D. ATTWOOD, M.R.C.S. ENG., L.R.C.P. LOND.,  
ASSISTANT MEDICAL OFFICER, SOUTHWARK UNION INFIRMARY.

A MAN, aged 38 years, was admitted into the Southwark union infirmary in June, 1904, with extensive phthisis of the right lung. On Nov. 12th his face was noticed to be extremely swollen; on examination he was found to have surgical emphysema of the face and right side of the chest. The emphysema spread to the left side of the chest and abdominal wall. The patient died on Nov. 18th. At the post-mortem examination it was found that the larynx and trachea were normal. There was no pneumothorax. The right lung contained many areas of consolidation and several small cavities. Near the right apex was a small cavity over which the lung was adherent to the chest wall, and which communicated with the parietes by a small opening in the third intercostal space.

#### A CASE OF ENTERIC FEVER DUE TO EATING OYSTERS.

BY JOSEPH CLOUGH, M.R.C.S. ENG., L.R.C.P. LOND.

THE patient was a boy, aged four years, who, about the middle of August, went for a two hours' sail at Scarborough. He was very sea-sick and vomited violently. On landing he ate two oysters from a street stall without any vinegar on them. Seven days afterwards he fell ill and 14 days afterwards he had distinct enteric fever spots. For the first three weeks of his illness he progressed favourably but at the end of the fourth week his abdomen became swollen and painful, and he suffered from vomiting, tendency to general coldness, and feeble circulation. During the first half of the fifth week he was sleepless and delirious, his temperature varied from 102.5° to 103.5° F., and there was diarrhoea, some motions being passed in bed involuntarily. I ordered him chicken broth with plasmon in it and castor oil in doses of about a teaspoonful, after which he immediately began to improve. His temperature did not become normal till the end of the seventh week of the illness. The boy is now as strong as ever.

Hunslet, Leeds.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

#### ST. GEORGE'S HOSPITAL.

THREE CASES OF DISEASE OF THE APPENDIX CÆCI.

Under the care of Mr. H. S. PENDLEBURY.)

CASE 1. *Intussusception of the appendix; excision; recovery.*—A girl, aged seven years, was admitted into St. George's Hospital on June 20th of this year and the following history was obtained from the mother. The child had been in indifferent health since an attack of scarlet fever 12 months previously but had had no serious symptoms until eight weeks before admission, when paroxysmal attacks of abdominal pain commenced associated with rectal tenesmus; the pain was referred mostly to the umbilicus and to the right side. Vomiting occurred whenever the pain was severe, the last occasion being ten days before admission. The