

There have been eight cases reported since 1901.

Including in the conservative treatment of these cases those in which there was no surgical interference and those in which simple incision and drainage was done, we get apparently the largest number of recoveries. However, the proper treatment in these cases is a disputed point, Keen³ stating that in the most cases an exploratory operation should be done. In our opinion, death would have followed an immediate operation in our case, and it seems to us that no fixed rule should be laid down; each case should be treated on its own merits.

It should be borne in mind that only cases of subcutaneous rupture of the kidney are considered in these reports and remarks.

AN UNUSUAL RUPTURE OF THE UTERUS

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Patient.—A woman, aged 35, was sent into the Clara Barton Hospital, Dec. 4, 1908, with the tentative diagnosis of ruptured ectopic pregnancy.

Condition on Admission.—When seen by us she was in a state of collapse with weak, thready, and intermittent pulse; rapid respiration, and a temperature of 98 F. She was not particularly anemic, however. Her abdomen was very much distended and she complained of pain over the enlarged uterus. No fetal heart could be heard and no movement of the child could be detected.

History.—The patient gave a history of an uneventful pregnancy of seven months duration. At about five months she began to notice fetal motion which continued irregularly up to her present illness. At 3 a. m., Wednesday, Dec. 2, 1908, she was taken with a sudden pain in the lower abdomen and collapsed. Since when she had noticed no fetal motion and her bowels had not acted. Her attending physician had treated her expectantly until a consultation had decided the presence of a surgical phase, and she was sent into the hospital for observation. Ectopic pregnancy was ruled out owing to the patient's history, and the normal, symmetrical enlargement of the uterus. Rupture of the uterus seemed most probable with rupture of some of the other viscera as a possible alternative. However, the fact that the woman was not in labor and had not been; had sustained no accidents, and had been perfectly well throughout her pregnancy made us hesitate in making a positive diagnosis.

Termination of Case.—It was clearly a surgical case, but the woman was practically moribund and operation was out of the question. Four hours later she died.

Autopsy.—The peritoneum showed signs of inflammation. About 500 c.c. of blood and exudate was taken from the pelvic cavity. The tubes were folded behind the uterus, enlarged and adherent and at the fundus the fetal head was protruding.

Careful questioning of the husband elicited the fact that the woman had had an instrumental delivery several years previous, after which she was ill for several weeks.

She probably then had a severe infection which produced the adherent tubes and the fixed uterus which the autopsy disclosed.

The cause of rupture was probably a degeneration of the uterine muscle, together with fixation of the uterus by inflammatory adhesions and a consequent inability of the womb to grow in the same ratio as did the fetus.

Rupture of the uterus under any circumstances is a rare accident of pregnancy. Authorities range in their statistics from 1 in 1,200 to 1 in 4,000 of cases of pregnancy.

Presumably, spontaneous rupture is so unusual that separate statistics of this condition were not given by the authorities consulted. When the site of rupture is considered the fundus is the rarest of all; and the time of rupture is almost invariably during labor. The causes of spontaneous rupture are: a previous endometritis, an atrophy or degeneration of the uterine muscle, a previous myomectomy or a Cesarean section.

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A CASE OF PURPURA

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In the following case I have regarded the condition as a distinct malady for descriptive purposes, since hemorrhages were the dominating feature. Symptoms of slight fever and weakness seemed not causative, but natural results respectively of ferment in the ecchymoses and loss of blood.

Family History.—The patient's family consisted of father, mother and four children. The patient was the eldest child. The second child, aged 6½ years, had marked mitral insufficiency. The mother's pulse-rate was 90 and above. Otherwise the family was without abnormality, peculiarity of predisposition, or taint of previous disease.

Patient.—A boy, aged 8, first seen April 27, 1906. At this time the patient had frequent and severe hemorrhage from the nose, gums and palate. Blood exuded from the gums during sleep, soiling the pillow, and leaving small clots distributed generally over the mucous membrane of the mouth and pharynx. There were many ecchymoses in the skin without order as to distribution. The general condition was one of prostration. The temperature varied from subnormal to 100. The parents stated that the condition had been present in the spring, recurring at this period for the previous four years, and that it tended to spontaneous improvement as summer came on. No treatment seemed to have the slightest influence. There was no previous history of rheumatism, no apparent cause for scurvy, and no discoverable toxic influence. There was no pain, swelling, arthritis, diarrhea or constipation. Nervous symptoms and involvement of special senses were absent. The urinary apparatus and excretion were normal. Unfortunately, it was impossible to make blood examination. The coagulation period of the blood was normal. Hemorrhage was the dominating symptom; occurring frequently through the day from nose and mouth, it seemed to defy attempt at treatment. The slightest contusion in the cuticular tissues was followed by a large ecchymosis. Secondary infection and abscess formation, fortunately, did not occur.

Treatment.—This was necessarily directed first of all to control of hemorrhage. Nasal tampons and the use of various styptics gave results only after many trials and with much difficulty. General antiscorbutic diet was arranged. The patient was fed gelatin, but no gelatin injections were used. Various drugs were employed, Bland's pill for anemia seeming to have a helpful influence in recovery from the hemorrhages. Calcium sulphid and hydrastis after a time seemed gradually to reduce the frequency and amount of the hemorrhages, and the patient was treated by them consistently and persistently. Adrenalin seemed without effect.

Course of Disease.—The patient gradually improved from April to November. In the following spring (1907) a slight

2. *Florchén-Beitr. z. klin. Chir.*, 1907, liv, 308: One case, incision, suture, drainage, recovery.
Andrew: *Lancet*, 1907, p. 213: Two cases. Case 1, single kidney, death. Case 2, incision, drainage, recovery.
Geauvert, Kiel, 1901: One case, incision, drainage, recovery.
Barclay: *Louisville Month. Jour. Med. and Surg.*, January, 1907, p. 253. Four cases. Case 1, incision, drainage, recovery. Case 2, nephrectomy (also had ruptured colon and peritonitis), death. Case 3, nephrectomy (also had tuberculous), death. Case 4, incision, drainage, death.
3. *Annals of Surgery*, 1896, xxiv, 138.