

A CASE OF OSTEOMALACIA.

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CAPTAIN.

THE following case of what is known as a rare form of pelvic deformity obstructing labour may be of interest.

The patient—a Maratha (Hindu) woman—was admitted to the civil Hospital, Satara, on August 7th, 1906, at 3-30 P.M., suffering from obstructed labour. I was at once sent for by the Hospital Assistant.

I found the patient in labour which had begun at 4 A.M. so that she had been in labour for twelve hours; a very long time for a native woman, especially a multipara. A good many "dhais" or native midwives had already attempted to deliver her before admission.

She gave a history of six previous labours; the first four quite natural; the fifth difficult and the sixth very difficult. She said she had been suffering from "rheumatism" for the last two or three years.

The patient was very deformed. The lower extremities were in a condition of extreme flexion; the thighs flexed on the abdomen and the legs on the thighs. The limbs were fixed thus and the bones appeared to be quite hard. Externally over the sacrum was a well-marked depression.

The vulva was extremely swollen and cedematous.

On vaginal examination the os was found to be fully dilated and drawn up over the head which was presenting. The head could not enter the brim of the pelvis and was freely moveable above it. There was an enormous caput succedaneum.

The pelvis was a triadiate malacostean pelvis. The pubes was pushed forward and beak-shaped and the pubic arch so narrow that it would only admit one finger. The promontory of the sacrum was easily felt and also the tubera ischii. The pelvis would not allow the hand to be passed through it. The bones were not in the least pliable but quite hard and fixed.

Cæsarian section was refused. Craniotomy was performed, and a small child with some difficulty delivered.

The general condition of the patient was such that I thought it best to postpone making exact measurements till the next morning, but the woman was removed from the hospital by her friends in the night.

♠ DISTOMUM CRASSUM.

BY ASST.-SURGN. H. LYNGDOH, L.M.S.,

Dhubri.

THE following is a case of distomum crassum (*V. opisthorchis* Buski) which came under my care some little time ago, and a short account of which, illustrating some points in clinical

symptoms, treatment, and the helminthology of this rather uncommon form of worm, may interest my readers—

A man named Manu, an Assamese, Hindu, aged 28 years, came to hospital complaining of fever and acute diarrhœa. He was a fairly well built youth but had manifestly been very ill of late. He wore an anxious expression of face; had a hot, dry skin, a coated tongue, a slightly enlarged spleen and a temperature of 102°F. He was admitted to hospital at once. On the following morning, finding the patient had passed copious watery stools, well coloured with bile, I administered an ounce of castor oil with 15 minims of the tincture of opium, which had the desired effect of checking the diarrhœa. The morning and evening temperatures on that day were 99°F. and 100°F. respectively, and thirst was a prominent symptom. The diet was restricted to milk and farinaceous food.

On the following morning, the loose yellow motions appeared again and the temperature rose to 103.4°F. On examining one of the stools, I noticed a reddish lump floating in it that gave me the impression of being a clot of blood. On closer inspection, I was able to recognise it as a parasite belonging to the Trematoda genus of entozoa. Seeing this, I gave the patient 30 grains of thymol followed by two other doses of 10 grains each, at intervals of an hour. Shortly after the last dose of the anthelmintic, the patient passed two specimens of the same kind of worms. Later in the day he complained of intense headache and thirst, as well as a feeling of weakness. I followed up the thymol treatment by administering a dose of castor oil on the following morning, as the result of which several watery stools were passed and I was able to collect 30 more parasites. The temperature on that day varied from 103° to 104°F. Next day 8 more worms were passed in three stools, while the temperature continued at 103°, and the patient felt the same symptoms of headache, thirst, and weakness. On the fourth day, 7 more distomes and 3 round worms (*ascaris lumbricoides*) made their appearance, the temperature being less high, 101° to 102.4°F.

From that day the patient began to get better, the temperature gradually returned to normal, as did also the stools. The appetite improved, the feeling of distressing thirst vanished and the patient, though still weak and thin, began to 'pick up' remarkably well. The diarrhœa he originally suffered from, had a tendency to give place to constipation, necessitating the use of a mild aperient later in the course of the treatment.

Exactly a month after the date of his admission the man was discharged from hospital quite fit and able to return to his duties and with no abnormal symptoms.

In all 48 specimens of the worm were collected which on further examination were