

The legs of the other foetus were brought out, but we had the same difficulty in delivering this too as the abdomen was also very big. We punctured the foetal abdomen below the umbilicus, in the hope of getting it reduced, in case there was foetal ascites. Only an ounce or two of straw-coloured fluid drained out. The size of the abdomen remained the same. With considerable difficulty this was also delivered. The circumference of the abdomen was 16 inches. The patient was having hæmorrhage, and as she was still under the anæsthetic I thought it best to remove the placenta manually. On passing the hand into the uterine cavity no definite placenta was felt but the whole cavity was lined by a soft velvety membrane, which felt very much like a vesicular mole. I scraped this as much as possible with the finger tips. The amount of this was about a bucketful (about 1 gallon).

After this she was given an intra-uterine douche with weak lysol solution. The uterine cavity was swabbed with 5 per cent. solution of tincture of iodine. The vagina was packed with iodoform gauze.

Examination of Fœtus. 1st Fœtus.—To find out the reason of this abnormal size of the foetal abdomen, we opened it and found that it contained a tumour exactly like the other two removed from the uterine cavity.

It was attached by a thin rudimentary mesentery to the posterior wall of the abdomen; and next, close to the mesentery, attached to the tumour was a bunch of very small intestines, looking like a coil of greyish coloured string. All the other organs were very small excepting the liver, which was about the normal size. The ribs and clavicle were cartilaginous and so the arms looked as if they were attached to the back.

2nd Fœtus.—On opening the second foetus, we found a similar tumour in the abdomen, attached in the same way and looking exactly like the first one. The tumour was 12 inches in circumference. The foetus was quite œdematous. There were no eyes, but only fissures without openings. In place of the nose there was only a ridge. There were lips, but no openings of the mouth. The skin was more than half inch thick and there was no muscular tissue underneath.

The patient made an uneventful recovery and was discharged cured on 31st March, 1929. She reported last on May 1st. She is quite well.

A DISTENDED BLADDER SIMULATING A FULL-TERM UTERUS.

By CAPTAIN C. C. DAS GUPTA, M.B.,
C. M. O., Gopalpur Group of Tea Estates,
P. O. Gopalbagan, Jalpaiguri.

ON 12th January, 1929, I was asked to see a coolie woman, aged 25, multipara, said to be pregnant—full term, complaining of suppression of urine for 48 hours.

Past History.—Previous deliveries normal. Amenorrhœa for about 4 months. She previously passed urine normally.

History of Present Illness.—For the last two days she had not passed any urine. She noticed her abdomen growing bigger and bigger, causing her great discomfort.

Physical Examination.

Inspection.—I found the patient reclining on the mud floor with her head supported by a woman. Her legs were extended. She was in great agony. The abdomen was enlarged up to the xiphoid cartilage.

Palpation.—Abdomen was tense and tender. Foetal parts not palpable.

Percussion.—Distinct fluid thrill present. Liver and spleen normal.

Auscultation.—Foetal heart sounds and uterine soufflé not audible.

Differential Diagnosis.

(1) Pregnancy, full term:—Foetal parts not palpable. Foetal heart sounds and uterine soufflé not audible. Amenorrhœa of 4 months' duration only.

(2) Ascites:—Though fluid thrill was present, the sudden onset without any previous history of urinary trouble was against this.

(3) Enlarged bladder:—Stoppage of urine for 48 hours, attended with gradual enlargement of abdomen and pain suggested this.

A catheter was passed and a few pints of urine drawn off. The patient obtained instant relief and was able to move about.

Her abdomen was again palpated. The uterus could not be felt.

The abdominal swelling had almost disappeared.

Conclusion.—The retention of urine was probably due to spasm of the urethra. In introducing the catheter no stone or foreign body was felt.

The attending doctor had administered some homeopathic medicine to hasten delivery. He mistook her condition for delayed labour and did not believe her menstrual history.

A CASE OF ELEPHANTIASIS CURED BY ARRHENOL.

By MD. ABDUL QUIYUM, L.M.P.,

Medical Officer,

District Board, Darbhanga.

A MAHOMMEDAN male, aged 19, attended the Jainagar dispensary as an out-patient, during my incumbency, with swelling of his left leg.

On questioning, he narrated that about six months previously, he had had an attack of fever associated with intense pain in the left leg with a reddish, painful, linear mark extending throughout the limb. This lasted about a fortnight, but disappeared on application of some embrocation from a local sympathiser. Then, after a month or so, he began to notice a painless swelling of his limb which continued to increase for six months; the limb grew to double the girth of the other sound leg.

On examination I found that the swelling was solid, painless, and not pitting on pressure to any notable degree.

From the above history and the present condition of the patient I made a provisional diagnosis of filariasis. As arsenic has been said to be of much value in the treatment of such filarial cases, I chose arrhenol, an organic preparation of arsenic. The following morning I injected him intravenously with a solution of arrhenol (gr. ii to 1 c.c. of distilled water) and gave the following mixture.

R	Tr. Ferri perchlor.	..	min. v
	Glycerine ʒi
	Magn. sulph. ʒii
	Spt. chloroformi min. xv
	Aquam ad ʒi

One dose thrice daily.

The intravenous injection of arrhenol was given every alternate day. To my great surprise, the swelling began to decrease just after the second injection. On finding some improvement I augmented the strength of the solution to grs. iii to 2 c.c. and continued the injection at the same intervals. The swelling went down marvelously, day after day, till after the last, the sixth, injection the leg recovered its normal size, almost equal to the healthy fellow limb in all respects. The patient was apparently cured to all aspects, but his blood was not examined to give a positive proof of a radical cure.