

An exploratory aspiration was carried out and a few cubic centimetres of mucinous or pseudo-mucinous fluid was withdrawn.

The patient appeared to be in excellent general health otherwise.

A diagnosis of ovarian cyst or pseudo-myxoma of the peritoneum was made.

Operation.—At operation a large left-sided ovarian cyst was found filling the whole abdomen. This was partially evacuated and removed. The uterus was found to be pregnant and a corpus luteum of pregnancy in the other ovary. The duration of the pregnancy was about two months.

The patient made an uninterrupted recovery. Though abortion was feared this did not take place and the pregnancy is pursuing a normal course.

The tumour was found to be a pseudo-mucinous cyst of the usual type. It consisted chiefly of one large cavity from which over one and a half gallons of fluid were evacuated.

Comment.—I can find no reference in the available literature to the age incidence of ovarian cysts but the occurrence of a cyst of such dimensions in a girl of 17 years and 10 months is unique in my experience. The association of pregnancy with a tumour of such size is also of interest.

A STRANGULATED HERNIA

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A HINDU male, aged 40, came to the hospital at 5-15 p.m. on the 30th October, 1934, with a large tense scrotal swelling the size of a small football. He had severe abdominal pain and vomiting.

On examination the swelling was found to be a strangulated inguinal hernia of the left side. There was no impulse on coughing. It was reported, on enquiry, that the hernia had come down at about 1 p.m. on the same day and that the patient, as usual, tried to reduce it but in vain.

At first I tried taxis for some time without any success. Then I gave an injection of atropine sulphate 1/50th of a grain subcutaneously at about 6-30 p.m. and ordered water to be poured over the swelling constantly. I waited for half an hour and then tried taxis for a short time again. In the meantime ice was available and it was applied over the swelling for about one hour. Taxis was again tried, when the scrotal swelling began to diminish in size and it was completely reduced with gurgling sounds. The patient felt an immediate relief and was discharged on the same night.

A CASE OF POLYCYSTIC DISEASE OF THE KIDNEYS*

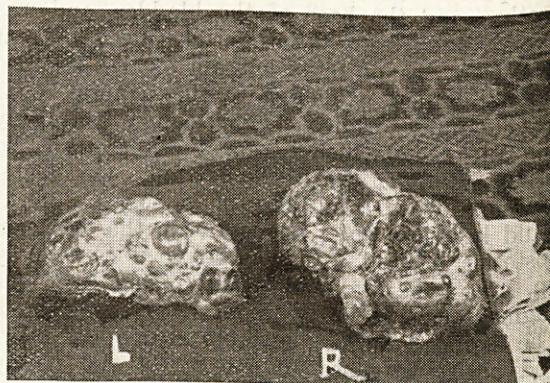
By A. C. DEY, L.M.F. (Cal.)

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D. G., Hindu, male, aged 40 years, medical practitioner by profession, was admitted into the Astanga Ayurved Hospital on 9th November, 1934, for the treatment of the following complaints:—

Bilateral tumour in the lumbar regions, persistent hæmaturia, and debility.

Previous history.—The patient said that he first noticed a growth in the right lumbar region about four years back. A few months after this the left side also became enlarged. There was no pain nor any discomfort in the beginning. About six months after the appearance of the tumours one morning he noticed a few drops of blood with his urine. He did not think this of much importance but that night he had an attack of severe pain in the region of the tumours. Gradually the tumours became enlarged in size and the hæmaturia used to occur off and on with occasional rise of temperature. He was treated by a village doctor without any good effect. For the last five months the patient says that the pain on the site of both the tumours has become constant and with each act of micturition he used to notice blood.



The condition of the patient was not good. He had pyorrhœa and the tongue was coated. His pulse was somewhat rapid and there were a few râles in his lungs. Blood examination revealed marked anæmia with 1,500,000 red cells and 47,000 leucocytes per c.mm.

Palpation of kidneys.—On the right an irregular fluctuating mass occupying the whole of the right lumbar and the major part of the right hypochondriac regions could be felt. A distinct gap could also be felt between the tumour and the enlarged liver. It was extremely painful to touch.

The left kidney occupied the whole of the left lumbar and part of the left hypochondriac regions and was entirely separate from the enlarged spleen. Its surface was irregular and deep fluctuations could be felt. It was also extremely painful to touch.

Examination of the urine.—The total quantity was on an average 15 to 20 ounces in 24 hours.

Physical examination:—

Specific gravity 1034
Reaction acid
Albumin present in fair quantity
Sugar nil
Phosphates nil

Microscopical examination:—Casts—blood, hyaline and granular present.

Red blood cells—present.

A diagnosis of polycystic disease of the kidneys was made by the writer.

The patient died on the 21st November, 1934.

The two kidneys were extracted post mortem and innumerable cysts from the size of a pea to a marble were found on the surface of both. The cysts contained reddish brown fluid containing albumin, triple phosphates and fat drops.

On section very little kidney tissue could be detected. The right kidney weighed one and three-quarter pounds and the left one pound.

* Rearranged by Editor.