Narsingarh State, was admitted to the Agency Hospital, Sehore, C.I. on 29th. April 1922.

Condition on admission.—The patient was very weak and emaciated and had an enormously distended abdomen.

She measured 31 inches round the chest and 60 inches round the abdomen just below the umbilicus. The swelling on palpation appeared to consist of two oval smooth masses containing fluid and united in the middle line. There was no fever, nor much pain. Dyspnœa, loss of appetite and great inconvenience from the size and weight of the swelling were the chief complaints.

Latterly she had become very much weaker and emaciated. Heart sounds normal but weak—Pulse 60 regular but weak—Respiration 18. No albumen was found in the urine.

History of the Swelling.—18 months ago the woman was in good health and having missed 2 periods she suspected a pregnancy. There was a slight swelling in the lower part of the abdomen but no further signs except the amenorrhœa. This swelling gradually increased and she still thought it a pregnancy in spite of experiencing no fœtal movements. After 9 months as the swelling was still growing she consulted some women friends who also considered it a pregnancy. When the swelling had existed for 14 months and nothing had happened she went to the hospital at Narsingarh and was advised to go to Sehore for treatment. She returned home and waited for a further 3 months and finally came to the Agency Hospital.

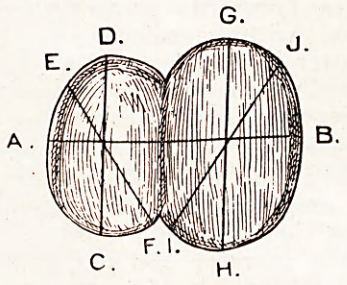
The family history is good. She has had 4 children, 3 of whom have died from small pox and the last aged 6 is alive and well. Gives no history of ever suffering from venereal disease. Her husband also is in good health and never had venereal.

An ovarian cystic tumour was suspected and operation was advised—but was absolutely refused. The hospital nurse examined the woman and reported that the uterus was apparently normal. There was no discharge.

On 1st May the husband was very anxious that some fluid should be removed by tapping as she was suffering very much from dyspnœa. This was done and 11 gallons of brownish coloured fluid were drawn off slowly, this gave great relief. Operation was again advised but resolutely refused. The woman died on the night of 4th. May and her husband consented to a post-mortem. She never had any fever or much pain while in hospital—took very little nourishment and the dyspnœa and discomfort of the tumour were the chief symptoms she experienced. No drugs gave her any relief.

Post-mortem.—This was performed at 8 a.m. on 5th May by Sub-Assistant Surgeon Rao Sahib Narain Canoji Rao. On opening the abdomen an enormous mass was found consisting of two oval tumours united together in the middle line and filling up most of the abdominal cavity. The larger cyst was to the left.

The tumour was freed from all adhesions and removed, it weighed 84 pounds.



Measurements of Tumour.

A B.	was 48	inches,	largest circumference of tumour.
C D.	„ 34	„	smaller half.
E F.	„ 30	„	do
G H.	„ 43	„	larger half.
I J.	„ 35	„	do

The larger cyst contained a thick brown muddy coloured fluid while the smaller one clear yellow fluid. Between these two main cysts there was a collection of smaller cysts some containing clear fluid, and others clear fluid and caseous masses of degenerated ovarian tissue. No pus was found in any of the cysts.

The uterus was examined and appeared quite healthy and normal in size. The liver was rather small and contracted, spleen normal in size, stomach and intestines appeared healthy. The mesenteric glands were slightly enlarged.

There were no signs of any peritonitis. The abdomen measured 30 inches in circumference after the tumour had been removed.

This case of ovarian tumour is the largest yet seen in this Agency Hospital. It was a great pity that no operation was permitted as the woman's life might have been saved by its removal at an earlier period.

POST-MORTEM EXAMINATION IN CEREBRAL MALARIA.

A New and Simple Method of Demonstrating Parasites in the Capillaries of the Brain.

By R. N. RAJA, L.R.C.P. (Edin.), L.F.P.S. (Glas.), late Captain, I.M.S. (T. C.),

Civil Surgeon, Thaton, Lower Burma.

A piece of brain tissue from the cerebrum or cerebellum is pressed between two slides and the material thus obtained is transferred to a clean slide and spread out with the edge of

POST-MORTEM EXAMINATION IN CEREBRAL MALARIA.

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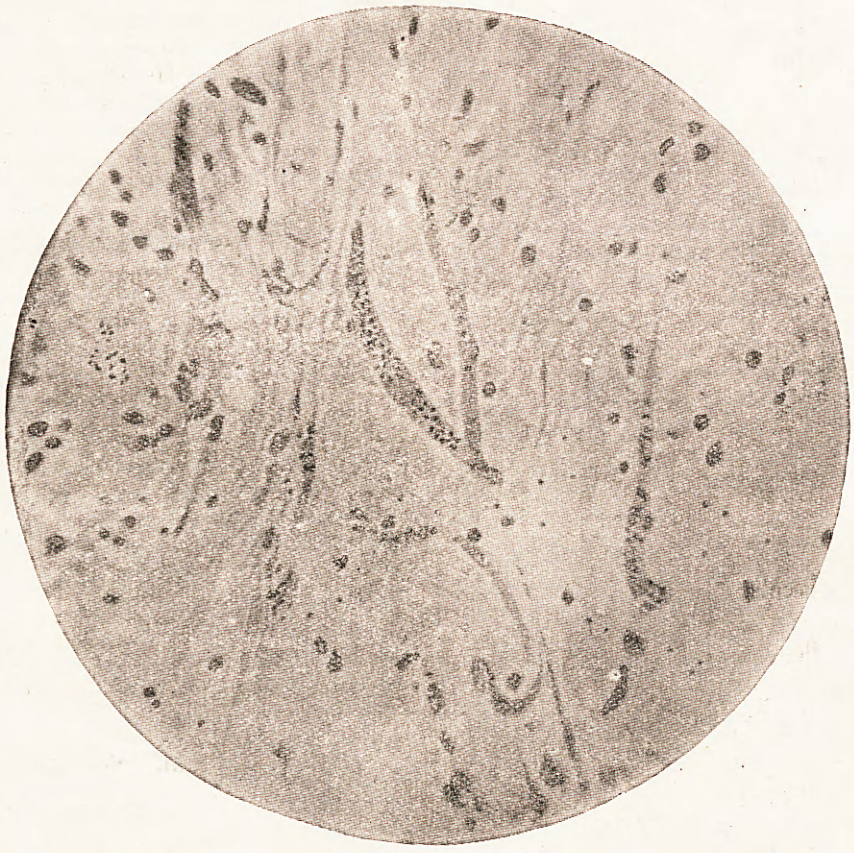
Civil Surgeon, Thaton, Lower Burma.

PLATE 1.



another slide taking care to draw the spreader in only one direction. The smears are dried in the air or over a flame, fixed with alcohol or equal parts of alcohol and ether and stained by Giemsa's method or by diluted Leishman's stain; or they may be stained by the ordinary Leishman's method without preliminary fixation. Smears prepared in this way usually contain several portions of capillaries of varying lengths which, in cases of cerebral malaria, are filled with malarial parasites. (See plate.)

Altogether four cases of cerebral malaria have come to my notice at the post-mortem examination and in all of them I have been able to demonstrate the parasites clearly by the above method. No special apparatus is required and the diagnosis can be made in a few minutes. A few remarks about these cases may be of interest :—

Case No. 1.—A Mahomedan labourer, aged 24, no history available, was said to have attended the morning sick parade. He was marked for "medicine" and "no duty," and was found dead in his tent the following morning.

Post-mortem.—Brain markedly congested; spleen small, surface mottled; naked eye appearance of other organs normal.

Case No. 2.—A Chinaman, aged 28, marked jaundice, temperature subnormal. He was brought to hospital unconscious in the evening, died during the night.

Post-mortem.—All the organs were bile-stained; spleen enlarged and congested, brain congested.

Case No. 3.—An elderly Indian. He was picked up by the Police in an unconscious state and sent to Hospital in the evening. Temperature on admission subnormal. He died during the night.

Post mortem.—Spleen enlarged and congested; surface of brain of a peculiar "dusky" colour; other organs pale and anæmic.

Case No. 4.—A middle-aged Indian. Admitted to hospital with high fever and an enlarged spleen. The blood examination showed a heavy infection with subtertian rings and crescents. The patient did not respond to quinine treatment and died within two days of admission.

Post-mortem.—Spleen enlarged and congested; brain congested; other organs normal.

It will be seen that of the four cases only one was diagnosed as malaria, before death. In cases Nos. 1 and 2, the blood obtained at post mortem was examined and found to contain large numbers of sporulating forms of P. falciparum.

In conclusion, my thanks are due to Sir Andrew Balfour and Dr. Manson-Bahr for kindly examining the smear and to the former for very kindly having drawings made and exhibiting them among the collections of the Wellcome Bureau of Scientific Research, South Kensington. My thanks are also due to Lieut.-Col. T. H. Gloster, I M. S., for encouraging me to publish these notes and to Major A. Whitmore, I. M. S., for his lucid expositions of post-mortem technique.

A CASE OF MULTIPLE HÆMORRHAGES.

By S. R. PRALL, M.B., B.C. (Cantab.),
CAPTAIN, I.M.S.,
Indian Station Hospital, Hyderabad, Sind.

A. W., aet. 23 years, was admitted to hospital on 17th August 1921, complaining of spitting up blood.

History of present condition:—Patient stated that for the first time in his life he spat up blood, bluish in colour, frothy, and about six ounces in amount. He spat it up in the same manner as phlegm and it tasted bitter. Previous to this hæmoptysis he had been in perfect health. He denied having been bitten by a snake.

Past History:—Occupation before joining the Army, was a "glass blower" for a period of twelve months. Resident in India for one year and had never previously lived in the Tropics. No history of malaria, ague, or hæmophilia.

Condition on admission:—T-98.4°F., P-92, R-16. General condition, good and constitutional disturbances, nil. Sallow complexion. Eyes, normal. Tongue, neither furred nor swollen but hæmorrhages present both at the tip and the base, consisting of circular patches about one-third of an inch in diameter. These hæmorrhages had partially clotted but on removing the clot oozing continued. Gums not spongy but there was bleeding at the junction of the teeth and gums. The teeth were not loose and there were no signs of pyorrhœa.

Breath was very foul. No blood effusions under the angle of the jaw. Lungs were emphysematous and some bronchitic rales heard on right side. No signs of tubercle, and no cough. No loss of weight recently. The heart was dilated downwards and outwards and a murmur heard at the apex, probably hæmic in origin, since it was not conducted. Spots of a dull red colour, which were circular in outline, varying in diameter from a millimetre to a centimetre, which did not disappear on pressure, and which were not raised above the surface, were scattered over the whole of the thorax, abdomen, and limbs. They had no special relation to the hairs and