

women in Salem town in the month of September 1932. She was said to have been pregnant for 18 months and was admitted for colicky pains which were mistaken for labour pains.

On examination, the abdomen was found to be of the size of a full-term pregnant woman. It was tympanitic all over. A round globular swelling was present in the middle line of the lower abdomen and extending up to 3 inches above the umbilicus. She had no difficulty in passing urine or stools. Frequency of micturition was a very distressing symptom. She had colicky pain with passage of blood and mucus simulating dysentery. One early morning, two days after admission, while she was passing a stool a small hand appeared at the anus; this frightened her. While examining the patient I pulled out the protruding hand and the whole of the right forearm from the elbow downwards came out easily. I had the patient taken to the Headquarters Hospital and put her on the table and examined her under chloroform. On rectal examination I felt the head 3 inches from the anus and also the stump of the remaining portion of the right arm. On pulling this down by gentle traction, the whole macerated fetus aged about six months came out followed by the placenta, all in one mass. The woman was in the hospital for eight days. Her recovery was uneventful.

I met her again in February 1939 after seven years. She was hale and hearty. She had had no more pregnancies.

Evidently this was a case of tubal rupture into the peritoneum. It could not be verified as no abdominal section was done. Her history was that she had some sort of pain about a year prior to her admission in the hospital and was treated at home by a quack.

The rupture must have taken place at six months, and the fetus was extruded into the peritoneum. Nature came to her rescue. Adhesions were formed around the fetus enclosing it in a sac and it remained there for a year after rupture. Latterly, the fetus ulcerated through the wall of the rectum and came out.

A CASE OF ECLAMPSIA*

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A HINDU FEMALE, aged 17 years, primipara, was admitted on the 4th November, 1940, with a history of fever and rigors for 3 to 4 days and fits since the morning.

Family history.—She was a pampered child of the family; her mother had hysterical fits during one of her pregnancies and eclampsia during two of her confinements.

Present history.—The patient was attending the out-patients' department, and had a trace of albumin while three months' pregnant, which cleared up completely with treatment. She was constipated and her bowels had to be moved daily with laxatives. She kept well for 4 to 5 months but subsequently she started getting shivering attacks 2 to 3 times a day. She complained of pain in the left loin about 2 days before admission.

Condition on admission.—Healthy looking woman, temperature 90°F., pulse 92 per minute, tongue red and exfoliated due to large doses of alkalis. Uterus: full term size; L. O. A.; foetal heart sounds good; head not fixed. Urine: scanty, acid, albumin, pus cells and micro-organisms present. Blood pressure was within normal limits, the systolic being 116. Fits appeared to be hysterical.

Alkalis were continued in large doses and bowels kept moved. She got no more rise of temperature or pain in the loin, and by the 15th the urine was completely free from albumin, pus cells and micro-organisms. She had no fits for 11 days and was

therefore discharged on request to come back for delivery when pain started.

On 30th November, I was called again at 10-15 a.m., and found the patient suffering from a severe type of eclampsia, fits having started at about 8 a.m. She was getting fits one after another, and was completely unconscious. She had also become cyanosed and had bitten her tongue. She was given an injection of morphia and atropine immediately; this brought the fits under control but she remained unconscious. She was removed to the hospital and given an enema which had no effect. The catheter specimen of urine was high coloured and contained a fairly large quantity of albumin. Systolic pressure 116. Patient was not in labour as there was no uterine contraction; head was above the pelvis and no show was seen. Pelvic examination was not done in view of the contemplated Cæsarean section which was done at 1 p.m. A cyanosed female child was delivered. She got no more eclamptic fits after the operation and became conscious after about 7 hours. She behaved like a mental patient on the second day and got a temperature of 100°F. accompanied by shivering. The urine showed pus cells again. She was put on alkalis. Mother and baby are now both doing well.

Points of interest.—The case is of interest because the patient was kept under observation; urine was free from albumin till 8 days before the attack; bowels were kept moved and blood pressure was normal yet she developed severe eclampsia. Bowels had moved well that morning also and the patient was feeling quite well.

This is the second case under my care who developed eclampsia while the urine was kept free from albumin till a few days before the attack.

VESICAL CALCULUS IN A VAGINAL CYSTOCOELE

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A MOHAMMEDAN multipara was admitted in the second stage of labour. There was delay in the advance of the head through the lower canal.

Examination revealed that a normal labour was taking place, but a hard mass was felt in the anterior vaginal wall, and a cystocoele was seen to bulge below the pubic arch obstructing the progress of the head.

A no. 10 male silver catheter was passed per urethrem, with the tip pointing posteriorly, and, after taking a specimen of urine, the catheter was felt to grate against a stone in the cystocoele.

The bladder was incised through the anterior vaginal wall, and a stone about the size of a walnut removed. The fistula so formed was carefully sutured in two layers, and delivery completed by forceps so as to avoid prolonged pressure on the sutured wound.

Recovery was uneventful except for some cystitis, and no fistula resulted.

CORRIGENDUM

In the paper on 'Tuberculosis of the Female Genital Tract' by M. N. Sarkar *et al.*, published in our May 1941 issue, on page 259, under the heading *Summary and Conclusions*, para (2), line 3 should read 'From the post-mortem figures the incidence was 1.1 per cent in unselected deaths in females, and where death occurred from tuberculosis the percentage was found to be 8.9'.

The mistake originated in the authors' typescript.

* Rearranged by Editor.