

## AN INTERESTING CASE.

Dr. Percival White reports in the *Lancet* an interesting case of labour complicated by eclampsia and glycosuria, and delivery by Cæsarian section. The patient was a primigravida, aged 24, whose pregnancy was complicated by an attack of appendicitis, and an operation was performed as soon as the quiescent stage was reached. The pregnancy commenced in February 1912, in October, 27 grs. to the ounce of sugar were discovered in the urine. The pelvic measurements being small, and a conical cervix present, Dr. John Phillips, who saw the patient in consultation took measures to induce labour. At 3 a.m. the next day the patient had an attack of eclampsia followed by two others. At 5.30 a.m. Cæsarian section was performed, and a healthy male infant, weighing 6 lbs., was delivered.

At the time of the operation the urine drawn off contained a trace of albumen, and a slight amount of sugar. Later in the morning the patient had a recurrence of the fits, six taking place within 12 hours. Between the convulsions she was comatose. The following day the fits returned and the face and neck gradually became more oedematous. A drop of croton oil was administered in the morning which resulted in six large motions during the evening and night. Four days after the onset the patient showed signs of returning consciousness. After this she gradually improved until five days later the mind was apparently normal, except for loss of memory of events for the preceding month, although, for a time, the amount of sugar in the urine increased. Since that date the patient has been kept under continuous observation and treatment, and it is an interesting point that if she has one or two carbohydrate-free days a week, with a modified diet on other days, the urine can be kept sugar-free, unless she is subjected to very severe mental strain when the sugar may rise for a day or two to 7 grs. per ounce, and a considerable trace of diacetic acid be found.

In commenting on the case Dr. John Phillips remarks that diabetes may be considered one of the rare disorders complicating pregnancy in which the nervous system and the assimilative process are both affected. Cases of puerperal eclampsia requiring Cæsarian section are not uncommon, but the additional complication of marked glycosuria may be described as very rare. The Cæsarian section was carried out in consequence of the urgency of the symptoms and the impossibility of delivery through the long conical cervix. The question of operation was discussed with much anxiety. The result of the case has seemed to modify the general idea that surgical interference in diabetes is rarely successful and often fatal; it moreover invalidates the statement that owing to the almost universal death of the foetus in pregnancy diabetes the mother's life alone should be considered.

## INFECTIOUS DISEASES.

The ninth lecture under the auspices of the National Association for the Prevention of Infant Mortality was given by Dr. John Rolleston, M.A., M.D., Medical Superintendent of the Fever Hospital, Tooting, the subject being: "Infectious Diseases."

The lecturer said he proposed to deal with infection in general, and the means whereby it took place. He then proceeded to give a short description of the various bacteria.

He said a number of the infective bacteria were not as yet discovered—i.e., scarlet fever and measles, and chicken pox. In passing he alluded to the attempt to discriminate between scarlet fever and scarlatina, and pointed out that the latter was merely the scientific name for the disease. Among the various sources of infection he named the "carrier," to whom no doubt many an outbreak owed its origin. The spread of disease by insects, such as typhus by lice, plague by mosquitos, and in our own country typhoid by the common house fly. This insect he said was described by Sir James Crichton Brown as a "pestiferous, audacious little black devil." The house fly was sick incredibly often, and it would be well to remember that when it was seen crawling over food. The old distinction of contagious and infectious diseases no longer existed, all were infectious, but only those contagious that were transmitted by direct contact. It might seem a truism when he said that all diseases breed true, but he would remind his audience that not until the seventeenth century was a distinction between scarlet fever and measles recognised, and that between typhus and typhoid only in 1840; very few were now left of the old-fashioned who did not recognise German measles as distinctive.

Some terrible examples of hæmorrhagic small-pox were also shown on the screen. This form of the disease said Dr. Rolleston was always fatal. He pointed out how especially liable soldiers in camp were to infection, and said that small-pox and typhoid were the only two infectious diseases that could be successfully dealt with by inoculation. Anti-vaccinationists were especially dangerous at this time, and ought to be interned till the end of the war.

He threw on the screen a picture of Lady Mary Wortley Montague, and gave a very interesting and amusing extract from her life, in which she described the inoculation against small-pox by the old women whose trade it was: A number of persons would assemble together, and the old woman would insert, by means of a needle in a vein, the very best "sort of small pox venom." Among the Greeks this was carried out in the form of a Cross on the forehead, the two arms, and the breast, but as the suppuration produced a scar this custom died out.

Speaking of ringworm, Dr. Rolleston said that in the adult it was so rare that when it occurred, cases were shown at Medical Society lectures.

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