

A CASE OF INFECTIVE GRANULOMA NECESSITATING
CÆSAREAN SECTION.

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A NATIVE woman, aged 27, was brought to me at the hospital at Kasauli on September 4, 1912, said to be suffering from "obstructed labour." She was a primipara at full term, and was said to have been in labour four days. On examination the whole of the vulva, perineum, and anus were found to be involved by an infective granuloma; the disease extended up on to both groins and buttocks. The vagina was so narrowed by scar tissue, that it was with difficulty that two fingers could be introduced. Part of the vaginal mucous membrane was sloughing and there was a foul-smelling discharge from the whole of the infected area. The general condition of the patient was good, which made the history of four days' labour somewhat doubtful. Examination elicited the fact that the head was presenting and the os patulous and about one-fifth dilated. The case was seen by Lieutenant-Colonel M. P. Holt, R.A.M.C., and it was decided that the only possible way of delivering a living child was by Cæsarean section, and that, as the condition of the vulva and vagina was not likely to improve, the growth being too extensive for removal, Porro's operation should be done at the same time.

The patient was given a hot bath and having been anæsthetized with chloroform and the abdomen painted with 1 per cent iodine and spirit, an incision was made and within four minutes the child was handed to a medical officer waiting to receive it. Up to this time no attempt had been made to check hæmorrhage, but now the bleeding points were secured and hysterectomy completed. The ovaries and appendages were not removed. The abdominal wall was closed without drainage. Considering the nature of the operation there was comparatively little hæmorrhage and the patient stood the operation well. The child was somewhat blue at first but quickly recovered. On return to the ward the patient was given a saline and brandy enema. In the evening her temperature rose to 101°, pulse 128, and the abdomen was distended. She was ordered $\frac{1}{2}$ oz. of castor oil. This had no effect, and the following morning her temperature was 102°, pulse 128. She was ordered another $\frac{1}{2}$ oz. of castor oil and an enema every four hours until a good action of the bowels was obtained. This had no effect until the following day when she had eight stools which relieved the distended condition of the abdomen, and her temperature dropped to 99.4°, pulse 115. The next day her temperature was 99.6°, pulse 104, the abdomen quite soft, and she seemed quite comfortable. The following day her temperature rose again and remained up for some seven days. This, I think, was solely due to the condition of the vulva, &c., from which a foul discharge was still coming; carbolic fomentations every four hours were ordered and

after two days of this treatment her temperature fell to normal and remained so during the rest of her stay in hospital.

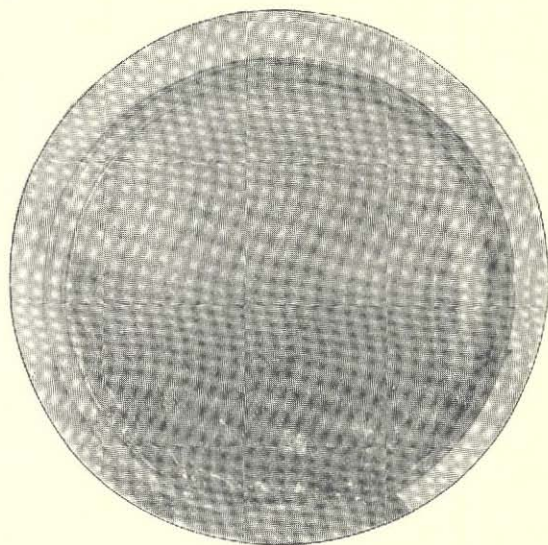
The stitches were removed on the eighth day, when the wound was soundly healed. She left hospital at her own request on the eighteenth day after the operation apparently quite well.

NOTE ON THE "CARRIER" IN PARATYPHOID FEVER.

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THE accompanying photograph of a Conradi-Drigalski plate, showing a pure culture of *Bacillus paratyphosus* Δ , throws some light on the mechanism by which typhoid fever is spread by the "carrier." The culture was obtained by the passage of the fingers of a chronic urine



carrier over the media, after the man had micturated and adjusted his dress. The man was not told what was going to be done, and he could have washed and dried his hands prior to leaving the lavatory had he so wished. Major Herrick, R.A.M.C., very kindly photographed the plate for me.

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