CLINICAL NOTES FROM MILITARY FAMILIES' HOSPITAL, PORTSMOUTH.

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Case I. Pregnancy and labour, complicated by double mitral disease and abnormal presentation.—Mrs. S., wife of a private in the Royal Marine Artillery, aged 25, two children, was admitted at the thirty-fourth week of pregnancy on account of her cardiac condition. On examination she was found to have double mitral disease, with considerable dilatation, cyanosis, dyspnœa, and a pulse irregular in rate and volume. There was a history of rheumatic fever soon after the birth of the last child.

The point to be decided was whether this was a case to be treated expectantly, with rapid delivery at term under general anæsthesia, or whether Cæsarean section under spinal anæsthesia was warranted. Expectant treatment was chosen. During her stay in hospital she had several attacks of acute dyspnœa, but on the whole her condition improved somewhat. Labour commenced on the expected date. On examination immediately after rupture of the membranes the cord was found prolapsed, but pulsating strongly; the face presented incompletely extended in the first position (right mento-posterior). The gloved hand was introduced into the vagina and the cord pushed up above the presenting part. The patient was then placed in the genu-pectoral position, pending preparations for anæsthesia and delivery.

Anæsthesia was maintained with chloroform and open ether. Dilatation of the os was completed manually. The head was further extended and the chin rotated to the front and held in position whilst axis traction forceps were applied. The child was quickly delivered without laceration of the perineum; it was in a state of white asphyxia, but soon revived under artificial respiration carried out in a bath, at a temperature of 105° F. Three minims of ether were injected hypodermically. The further progress of mother and child was normal and uneventful.

Case II. Embryotomy *versus* Cæsarean section.—Mrs. W., wife of a corporal in the Royal Marine Light Infantry, *primigravida*, admitted at the thirty-fourth week of pregnancy. In stature a dwarf, with multiple signs of rickets. Pelvimetry contra-indicated the birth of a viable child, the pelvis being of the small, round, generally contracted type. Examination by "Müller's impression" method revealed the head floating above the brim and no engagement possible.

Embryotomy had the following disadvantages: The mother desired a living child. Future pregnancies were probable with a recurrence of risks and dangers, possibly abroad, and out of reach of hospital treatment. Cæsarean section, besides giving a living child, gave an opportunity of rendering the woman sterile, which in this case was thought advisable.

Cæsarean section was performed at full term on May 2. Anæsthesia, by means of chloroform and then open ether, a hypodermic of a quarter of a grain of morphia being previously given. Incision, paramesial. The placenta was found situated in front; an attempt to deliver the child through the placenta was quickly abandoned, and the placenta was removed first without any trouble: the child was delivered a moment later. No difficulty was found in establishing respiration.

The uterus was closed by Sanger's method with silk sutures. Portions of both tubes were removed. Bleeding was controlled by manual pressure of the uterus, wrapped in hot wet towels. The abdomen was sewn up in layers, the skin closed with Michel's clips, supported by a few silkworm-gut sutures to take the tension off the clips. One cubic centimetre infundin was given intra-muscularly, and a rectal saline injection on return to bed. The mother suffered very little from shock, considering that rather more blood than usual had been lost owing to the anterior situation of the placenta. The child was a lusty female, and was bottle-fed, as the mammary glands of the mother did not show the slightest sign of activity.

Case III. Amenorrhœa and thyroid.—Miss X., aged 21, nullipara, gave the following history: Since the onset of menstruation at the age of 16, the periods never lasted more than two days and amenorrhœa frequently went on for three or four months at a time, but the menstrual molimena were present in varying degrees of severity at irregular times, mastodynia being a prominent symptom. She suffered from obvious lassitude and depression. Several courses of different kinds of treatment for "anæmia" had been tried. Change of climate had no effect. When the patient first walked into the room, slight asymmetry of the neck in the region of the thyroid was noticed; the right lobe was found to be somewhat enlarged. Calling to mind a paper on "Internal Secretions and Female Characteristics," read by Dr. Blair Bell at a recent meeting of the Obstetrical and Gynæcological Section of the Royal Society of Medicine, it was decided to try the following treatment. Thyroid extract three grains was ordered to be taken at bedtime, commencing on the twenty-fourth day of the cycle, and continued until the function was well established each month. The result was rather striking, for since commencing this treatment menstruation has been quite regular for the last three months, and for the first time in the patient's life; moreover the general condition of slackness has markedly improved.

Case IV.—In this external pelvimetry was misleading.—Mrs. S. (husband in Royal Marine Light Infantry), aged 27, *primigravida*. First note in case-book. April 1.—"Large stout woman; measures, inter-crestal, 11½ in.; interspinous, 10½ in., external conjugate, 8.

Noted a slight depression just above and to right of sacrum; on internal examination however the promontory could not be felt. Fœtal head at brim, but amount of engagement difficult to gauge owing to obesity.

Second note.—May 20.—Podalic lie, head in right hypochondrium. External version attempted, but failed, owing to tenseness of abdomen, and uterus contracting strongly on manipulation. On remembering the depression above noted it was decided not to persevere in a further attempt at version, since if any flattening existed the lie might be favourable rather than otherwise.

Labour notes.—May 26.—Labour commenced at 2 p.m. At 6 p.m. membranes ruptured and right foot presented. After birth of the breech and legs, it was found that the head and extended arms were impacted at the brim. Pulsation in the cord was very feeble. Chloroform was at once given, the arms brought down with difficulty owing to the large size of the child, and the contraction found at brim. It was quite impossible to get the head through. The pulsation in the cord ceased and craniotomy was performed. The crushed head was delivered after much difficulty. There was now an opportunity of examining the brim; the true conjugate measured just under 3 in. and there was very little room at either side of the promontory. The child weighed $10\frac{3}{4}$ lb.

SURGICAL NOTES.

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Private G. E., aged 17.—Separation of the lower epiphysis of the right femur backwards.—Patient stated that on September 29, 1910, whilst at gymnastics he was ordered to jump a pole, and that he slipped and struck the pole with his knee. He was transferred from an outstation twelve days later, and on admission to hospital at Devonport on October 10 the knee was seen to be much enlarged with a marked depression below the patella. He was unable to extend the knee, keeping the joint slightly flexed. The nature of the injury was not diagnosed. An attempt to extend the joint was made with a weight extension. The patella moved laterally over a rough surface. On the 11th the knee was less swollen, but the tibia was displaced backwards. On the 14th he was examined under chloroform. The knee was flexed and extended and adhesions broken down; the leg moved on the femur more than normally. No separation of the upper epiphysis of the tibia was discovered. A tentative diagnosis of rupture of the crucial ligaments was made. On 17th an X-ray negative disclosed a separation of the lower epiphysis of the femur with the diaphysis pointing forwards. Under chloroform on October 18, the deformity was reduced by placing a sand-bag under the leg, with its upper border reaching to the patella. One assistant made extension just above the ankle, another assistant grasped and steadied the condyles, pressing them forwards, whilst the operator put his whole weight on to the shaft of the femur and pressed it backwards. An X-ray