Clinical and other Notes.

CASE OF RUPTURED TUBAL GESTATION.

By Major H. C. Hildreth, D.S.O.
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I was called to see Mrs. H., aged 29, at 9 a.m., on February 22, 1924. She had suffered for three weeks from amenorrhoea; periods had previously been regular, but four months ago she was two days overdue. She stated that she then suffered from acute pain in the right side. Normal period was twenty-eight days of four to five days' duration. Her bowels had been constipated for three days; she took a dose of salts on the 21st and the bowels acted on the 22nd. The pain was slightly relieved by the action of the bowels. On commencing her household duties, she was seized with an acute pain in the right iliac region.

On examination, the pulse was 84, temperature normal, respirations 20, tongue clean but flabby; there was abdominal pain referred to McBurney's point, no rigidity or evidence of tumour could be detected, but tenderness was elicited on pressure over McBurney's point. Patient was kept under observation and fomentations were applied to the abdomen. She was visited every four hours during the day and up to the 10 o'clock visit her condition was satisfactory, temperature and pulse were normal and the pain had subsided.

At 10 p.m. her temperature was 99, pulse 90; there was recurrence of pain which she described of a pricking nature; tenderness was marked but no rigidity. Arrangements were being made for her transfer to Cork, when, as the result of getting her ready, haemorrhage set in, followed by symptoms of shock, pallor, restlessness, coldness of extremities and a tendency to vomit though she never actually did so.

On vaginal examination the uterus was found anteflexed, cervix normal, there was no abnormal swelling or pulsation detected, but tenderness was marked in the region of the right ovary. The diagnosis of ectopic gestation was more than suspected, but as the woman's condition did not permit her removal to Cork, the symptoms of shock were combated and the patient was kept under observation for the night.

She passed an excellent night. In the morning her temperature was normal, pulse 80. The tenderness and pain had disappeared, but the abdomen presented a more distended appearance; it was slightly tympanitic with slight rigidity; there was no dullness in the flanks. If I had not had the opportunity of continuous observation, and been fortunate enough to see her immediately after the haemorrhage, which was dark red in colour,
and intermittent, the preliminary suspicion of appendicitis might have been justified, especially as her condition was even better than when first seen. The case however was diagnosed ectopic gestation and sent to Cork. She was operated upon on the following morning (February 25, 1924).

**HOUSE SURGEON’S REPORT.**

The abdomen of Mrs. H. was opened and blood clot found in the peritoneal cavity. Right fallopian tube was found to be perforated and fætus extruding. The tube was ligatured at the uterine and ovarian ends. She is progressing very satisfactorily.

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**A CONDITION OF ANAPHYLAXIS DUE TO DIETETIC ERROR.**

**By Major R. F. O'T. DICKINSON, O.B.E.**

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No. 5944950 Gunner ——, aged 19, service, one year eleven months, reported sick on the morning of February 12, 1924, with a marked urticarial rash on the hips and thighs. He complained of a slight headache, but his general condition was good, no temperature, and no gastro-intestinal symptoms.

He had been on guard the night before, and while on sentry go he felt dizzy and had to be relieved. The rash consisted of large, raised red wheals of irregular and sinuous shape and was irritable. These wheals were of various sizes, but were mostly large, many of them being three inches long by one inch across. The rash was well marked on the hips and thighs, and the next day had extended to the feet and chest, and later to the forehead and scalp, in fact, the rash at this period covered more than half the superficial area of the body.

He was put to bed and given a smart saline purge, after which he was put on calcium chloride ten grains t.d.s., and small doses of adrenalin chloride solution (1 in 1,000). The rash disappeared on February 15, 1924, He was put on a soda and gentian mixture and ordinary diet. He was discharged to duty on February 18, 1924, none the worse for his attack.

The interest of this case appeared to lie in the fact that it was due to a hypersensitiveness to some foodstuff. On investigation it was found that the man was taking no drugs, nor had he had any vaccines or serums, and there were no symptoms of food-poisoning. The ration food was above suspicion.

After a little pressing I got the man to admit that he had eaten twenty bananas the day before he got ill. I think that most probably he had eaten a good many more. It is well known that certain articles of food, such as egg albumen, milk, fish, etc., originate supersensitiveness or anaphylaxis, and in view of the history given above it would appear that the bananas were the cause of the condition described.