

SUMMARY.

The case of Mr. W. is of interest in that : (1) The incubation period was forty-one days which is the average period for a bite in an untreated case. As stated above, there is no evidence of a bite but only the probability of a lick. (2) The duration of the illness was fifty-six hours which is the average in an untreated case. (3) With one possible exception—pain at the site of the bite—she exhibited all the classical symptoms and from the first moment of seeing her the diagnosis could not be in doubt. In addition to headache, however, the patient complained of severe pain in the back of the neck and it is possible that she was licked there and so infected. A lick in this position would have the same effect as a bite elsewhere and would consequently account for the incubation period.

This case emphasizes the terrible nature of the disease and the necessity for medical officers to impress on all possible contacts that immunization by treatment is essential if there is the faintest doubt as to the possibility of infection.

All the information necessary as regards this disease will be found in the very excellent pamphlet issued to all hospitals and medical officers in 1933 by the Government of India.

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A CASE OF HYDATIDIFORM MOLE.

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HYDATIDIFORM mole, is a comparatively rare condition, occurring in about 1 in 2,500 pregnancies, so I think the following case is worth recording.

The patient, a multipara, aged 25, who had had two normal confinements previously, attended at the Out-patients' Department. She gave a history of slight uterine hæmorrhage for ten days prior to her visit. The hæmorrhage was accompanied by slight abdominal pain and vomiting. Her last menstrual period had occurred twelve weeks previously.

On examination, her uterus reached about two inches above the umbilicus, it was symmetrical, and had a boggy feeling. No foetal parts could be palpated. Examination *per vaginam* revealed a soft patulous os, which just admitted the tip of one finger.

The patient was admitted to hospital and a radiogram was taken, but no evidence of a foetus could be seen. There was, however, a large diffuse shadow, which extended over the abdomen.

The diagnosis of hydatidiform mole having been made, medical induction was tried, but this failed. The following day the patient was given a

general anæsthetic. Her cervix was dilated up to the largest Hegar's dilator, and a plug of sterile gauze was packed into the cervical canal. Following this the vagina was tightly plugged with sterile gauze. The patient was then taken back to bed and given $\frac{1}{2}$ cubic centimetre of pituitrin; this was followed in four hours time by another $\frac{1}{2}$ cubic centimetre of pituitrin.

The patient had some good pains during the afternoon, and her uterus was contracting well. The plug was removed after six hours, but nothing came away.

The next morning the patient was given another general anæsthetic. On examining her a large portion of the mole could be felt at the external os. Her vagina was plugged again, and $\frac{1}{2}$ cubic centimetre of pituitrin was given. Two hours later she started getting very strong pains, the plug was then removed, and shortly afterwards the mole was expelled.

The mole was very large and weighed $3\frac{1}{2}$ pounds. The vesicles were tightly packed together; they varied greatly in size and the interstices were packed with blood. No portion of the fœtus could be found, although a thorough search was made through the contents.

The patient had a moderate hæmorrhage after the expulsion of the mole, but this ceased shortly afterwards. Salines were given per rectum and the foot of the bed was raised on blocks. Later on the patient was taken to the theatre. Her uterus was explored with a finger, and any remaining portions of the mole were removed. This was followed by a hot intra-uterine douche.

Owing to the liability of these cases to become septic, sterile glycerine was put into the uterus, and the patient was given a prophylactic dose of anti-streptococcal serum. The next day she had a slight temperature, and her pulse-rate was raised; the intra-uterine glycerine and the anti-streptococcal serum were repeated. Following this, the patient's temperature and pulse-rate dropped to normal, and she made steady progress.

About fifteen days after the expulsion of the mole, the patient was curetted, and the curettings were sent to the laboratory for examination. The result of the examination showed the endometrium to be quite normal.

Two days after the curettage the patient had a fairly severe hæmorrhage, but this was controlled by pituitrin. She left hospital, and remained at her home for a period of three weeks, during which time she kept well.

About the twenty-first day, after attending to her household duties, she started a slight hæmorrhage, but instead of reporting sick she continued with her work. The loss became excessive, and she was brought in to hospital in a very exsanguinated condition.

She was given pituitrin and the foot of the bed was raised. Salines and glucose were also given and the hæmorrhage ceased. As a result of the hæmorrhage she had a very severe secondary anæmia. Injections of iron and arsenic were given intramuscularly and she had four ounces of liver daily.

On this treatment the patient improved very rapidly, and was discharged hospital in a very satisfactory condition.