MALF'S DISEASE.
By Lieutenant-Colonel H. G. Winter,
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On page 269 of No. 4, Vol. lxxii, April, 1939, of this Journal, under the heading "Polydactylysm, Syndactylysm, or Both?" Lieutenant-Colonel K. P. Mackenzie, R.A.M.C., published an X-ray photograph of the hands of an Indian gardener.

The accompanying print, again of the hands of an Indian gardener of small stature, may also be of some clinical interest.

A CASE OF PSEUDOCYESIS.
By Captain J. L. Martin,
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The following are notes of a case one reads about in textbooks, but seldom meets. Besides its rarity it has its debatable points.

Mrs. X. Y. Z., aged 36, nullipara, normal regular menses since puberty, well developed in body and limb, and of normal mentality, reported at the ante-natal clinic in November, 1938, that she was pregnant. She
complained of amenorrhœa since June 26, 1938, morning sickness which
had lately ceased, increasing distension of the abdomen, frequency of
micturition, enlarging mammary glands, and also that fetal movements
were being felt. She was married, not on the strength, in October, 1938.
She was duly recorded as pregnant, and accommodation booked about
April 3, 1939, for her confinement.

On February 1, 1939, on palpation, a tumour of thirty to thirty-two
weeks was felt in the abdomen with not quite the typical normal sensation,
resembling a tense resilient "bag of water" extending from above the
umbilicus down into the pelvis.

When standing she appeared obviously pregnant. No fetal parts
were palpable and no fetal heart could be heard. She was definite about
fetal movements. A vaginal examination proved unsatisfactory as the
patient besides being difficult, would not relax sufficiently to allow proper
vaginal examination with one finger. It was, however, ascertained that
there was no blueing of the vulva, and no softening of either the vagina
or cervix, though this latter could not be properly palpated.

On March 15, 1939, the tumour was only up to the level of a twenty-
six to twenty-eight weeks' uterus in height. She still felt fetal movements.
No fetal parts were felt, and no fetal heart was heard. Percussion over
the tumour was resonant. The breasts showed no engorgement, and no signs
of lactation were noticed. Blood-pressure and urine were normal. The
case appeared very suspicious, and an X-ray was suggested, which, however,
could not be carried out until March 1, 1939, when no fetus was seen.
The X-ray was interesting in showing a circular shadow over the 2nd, 3rd,
and 4th lumbar vertebrae about the size of a grapefruit, which at first sight
might appear to be a fetal head without a body, presenting at that level.
This proved to be the stomach, well outlined with air—an unusual
phenomenon.

Until the X-ray the patient strongly maintained that she was pregnant,
and was definite about fetal movements. She was surprised there was any
doubt, and it came as a great shock to both her and her husband that
this was not the case. For months past she had knitted clothes in
preparation for the baby and bought the pram. The day after she was
informed she was not pregnant she wore her corsets again, a thing she had
been unable to do "since last October," and her abdominal wall rapidly
retracted to within its normal limits.

On April 1, 1939, she had her first menses since June, 1938, which
lasted six days, the first two days being very heavy and the last four were
normal. Her health was good and she had got over her disappointment.
Following this period she was admitted to hospital to have all her teeth
extracted under general anaesthesia and the opportunity was taken to
examine her pelvically. The uterus and cervix were normal in size, shape,
position, and consistency, and there were no abnormalities in the adnexa.
Abdominal palpation revealed a lax abdomen without abnormality.
It is easy to be wise after the event. Perhaps the condition should have been diagnosed very much earlier on.

Up to the end of the year she had been seen by three medical officers, and the straightforward history of a healthy married woman which she gave was almost conclusive of pregnancy. Later when suspicion had arisen, the X-rays taken, and the late marriage, "off the strength," came to light, the case was obvious.

A Zondek-Aschheim test earlier on would have saved a lot of trouble and expense.

My thanks are due to Lieutenant-Colonel R. W. Galloway, D.S.O., R.A.M.C., Officer Commanding Military Hospital, Bovington Camp, for permission to submit this article for publication, and to Major D. W. M. Mackenzie, R.A.M.C., for reporting on the X-rays.

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Echoes of the Past.

TWENTY YEARS AFTER.¹

By H. SKIPTON STACY, M.D., Ch.M.(Syd.), F.R.A.C.S.

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Until man has evolved a more intelligent means of settling his disputes than he has shown thus far in history, it must be the duty of the A.M.C. to keep in the forefront of medical and surgical knowledge, that the results of war may be mitigated as much as possible.

An officer of the A.A.M.C. has remarked to me that the conditions under which C.C.S. worked in the Great War will be looked upon as barbaric by those attached to one in the next war. My hope and trust is that this will be so. One of the most important features of the equipment will be portable X-rays. He visualizes (a) Numerous specialists; also (b) sera and various proprietary remedies of a curative nature.

As regards (a) I am afraid I am not optimistic, unless there is some other plan than voluntary enlistment. As regards (b) here again there are limits. "I once was young but now am old," and have observed that the enthusiasm for some of these remedies in private practice is not reflected in the more coldly scientific atmosphere of a teaching hospital.

These notes made in 1916–17 lay untouched in a drawer for twenty years; most members of the profession (like their lay friends) wished to

¹ Reprinted from *The General Practitioner of Australia and New Zealand*, July, August, September and October, 1938.