

COMMENT.—Emil Novak, M.D., Baltimore, in an article entitled "Intra- and Extra-uterine Pregnancy," in the "Journal of Surgery, Gynecology and Obstetrics," Vol. XLIII, 1926, points out that there are on record some two hundred cases of combined intra- and extra-uterine pregnancy. In only nine of these cases were both children delivered alive. The reason why the vast majority do not go to full term is the rupture of the ectopic pregnancy necessitating abdominal section.

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A CASE OF HEAD INJURY.

(With kind permission of Mr. D. J. DAUTH, Hon. Assistant Surgeon, General Hospital, Johannesburg.)

At 8 p.m. on March 7th, 1927, a well-built native male, aet. 36, was brought into Hospital in an unconscious condition. He had been knocked down by a motor bus three quarters of an hour previously. His pulse was feeble, the rate being 64 per minute. Respirations accompanied by expiratory grunt were 18 per minute. The smell of alcohol was detected.

The following injuries were noted:—

1. Haematoma and swelling over left zygoma
2. Abrasion over right temporal region.
3. Abrasions over right elbow, fore arm and dorsum of hand.
4. Abrasions over right and left knees.
5. Abrasions over inner side of right ankle and foot.

Pupils were unequal, the right being larger than the left, but both reacted to light. No subconjunctival haemorrhage. No deviation of the eyes. No blood or Cerebro-spinal fluid issuing from the ears or nose. A slight amount of blood was seen in his mouth, but this was found to come from two loose front teeth. The heart and lungs showed nothing abnormal.

REFLEXES.—Abdominal reflexes not elicited. Knee jerks and ankle jerks normal. No signs of paralysis of the limbs. By the time the patient was put to bed he had become extremely restless and it was necessary to give him Morphia.

During the afternoon of the 8th a lumbar puncture was performed (under an anaesthetic, as the patient was still extremely restless) and 6 fluid drachms of bloodstained fluid were removed. Fluid was still running freely when the needle was withdrawn. After this, the patient became less irritable, and he was able to take some nourishment in the form of milk.

On the 9th, the skull X-rayed; a fracture of the occiput was revealed. The patient was once more unable to take drinks by mouth and rectal feeds were resorted to.

On the 11th (4 days after admission) herpes appeared on both eyelids and surroundings. There was twitching of muscles of right side of face and right arm. For the first time it was noticed that the right leg and right arm were paralysed. His back muscles were rigid and there was definite head retraction. Kernig's sign was present; plantor reflex extensor. He was lumbar punctured again and l.c.c. of slightly turbid fluid, not under pressure, was withdrawn and sent to the S.A. Institute of Medical Research for examination. They reported the presence of a few pus cells and lymphocytes. No bacteria were seen and cultivation subsequently afforded a negative result.

On the 17th (10 days after admission) the herpes round the eyes and nose had almost disappeared and twitchings were not pronounced, but the right arm and leg were still paralysed. He was still unconscious and incontinent, and, as he was unable to retain rectal feeds, nasal feeding was commenced.

DIAGNOSIS AND TREATMENT.—The localising signs determined the diagnosis and the treatment.

OPERATION.—He was trephined, on the 19th, over the left parietal region, and approximately 2 square inches of bone were removed. When the dura was incised the brain bulged through. A clot of blood was seen and the brain was found to be lacerated. The clot was removed.

PROGRESS.—On the 21st the patient was able to take fluids himself, looked intelligent, and followed moving objects with his eyes, but it was not until the 26th that he made his first attempt at speaking.

On April the 1st (12 days after the operation) he moved his right leg and on April 2nd his right arm. He was only able to say two words, “ Aye ” and “ Ja.”

On April 9th he was able to walk (with assistance), his appetite was enormous and from then until his discharge from Hospital he was showing daily improvement. It was noticed that he seemed to be learning his language all over again.

COMMENT.—The interesting points of the case are:—

1. The patient was unconscious for 14 days, during which time he was fed artificially.
2. No attempt at decompression was made until localising signs became definite.
3. Recovery of function appeared in the order:—Leg, arm, speech; that is, the more highly specialised functions showed slower recovery.

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A CASE OF PERNICIOUS ANÆMIA.

(By kind permission of Dr. R. L. GIRDWOOD.)

HISTORY.—J. S., a married man, aged 68 years, recently a store-keeper, and born in Russia, was admitted to Ward 14 on the 29.8.28, under the care of Dr. Girdwood, complaining of “ Weakness, yellowness of whole body, loss of weight, and shortness of breath.”

In 1923, patient suddenly became “ jaundiced ” and very weak. Was admitted to Hospital, whence, after two months’ treatment, he was discharged as “ Improved.” He remained fairly well till 1927, when the condition recurred with similar signs and symptoms. Was again treated in Hospital, where he improved considerably. In March of this year, patient developed the present attack. He gradually became weaker until he could barely walk, while the tinge of yellowness over his whole body, which had persisted since 1923, became very pronounced. Shortness of breath, which is now well marked, has run a course parallel to his weakness in its gradually increasing severity. On occasion, has slight attacks of palpitation, but he has not noticed any swelling of legs nor puffiness round the eyelids. Has no tingling nor numbness of extremities. Has lost 20 lbs. in the course of a few months, his weight now being 80 lbs. (Height, 5 ft. 6 in.)

HABITS.—Nothing abnormal to be noted.

PAST HISTORY.—Blackwater fever in Russia about 25 years ago. Otherwise quite healthy until 1923.

FAMILY HISTORY.—Nothing bearing on the case.