

Vaccine, 25 million, doubling the dose every 4th day until getting 200 million; continued latter for two further injections.

His temperature rose gradually each day till it reached 100 on the 4th day and then subsided.

POST OPERATIVE DIET.—FIRST DAY: Milk only.

SECOND DAY: Robinson's Patent Groats.

THIRD DAY: Strained porridge, Nutrine.

FOURTH DAY: Jelly, junket, and custard added to the diet.

At the end of the week, fine mashed Potatoes with Butter, Beef Juice and stale Bread crumbs, and a soft Boiled Egg.

On the 10th day he was put on to Minced Chicken one ounce, increased slowly. Then given convalescent diet. Horse serum dressings to wound expedited healing.

The patient left Hospital at the end of six weeks.

CONCLUSION.—The points of interest in this case are:—

(1) The patient had been indulging in fairly severe exercise without suffering any symptoms from the appendicular abscess.

(2) A blow, with a boxing glove, of only moderate force (the physique of the two brothers much the same) was sufficient to cause at one and the same time a rupture of the Jejunum and a bursting of the Appendicular abscess.

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#### A CASE OF COMBINED INTRA- AND EXTRA-UTERINE PREGNANCY GOING ALMOST TO FULL TERM.

On the 13th July, 1928, at 10.30 p.m., a native woman, aged 20, was admitted to the Non-European Hospital, Johannesburg, complaining of acute abdominal pain. Patient had given birth to an eight months child six days previously; the child had lived for three days. The pain of which she complained commenced immediately after the birth of child.

On admission her temperature was 102, her pulse 140 per minute. She appeared to be very ill. Her abdomen was distended and there was palpable a large mass rounded in contour and extending from the pelvis, whence it arose, to the level of the umbilicus. To the right of this was another mass which was identified as a foetal head. Toward the left hypochondrium could be felt the foetal limbs, movement of which was determined. On auscultation, foetal heart sounds were distinctly heard. Per vaginam it was decided that the mass to the left was the uterus. In the posterior fornix a soft boggy mass was to be felt. There was also a considerable amount of tenderness.

The diagnosis rested between a twin pregnancy with ruptured uterus, the uterus rupturing while the first child was being delivered per vias naturales, and a co-incident intra- and extra-uterine pregnancy. It was decided to operate immediately.

On the 14th July the abdomen was opened. The child was found lying across the abdomen, the head in the right hypochondrium and limbs in the left. The back of the child was towards the back of the mother. The placenta was attached to the right side of the uterus and the broad ligament. The umbilical cord was pulsating and the child was removed alive, and the cord had been ligatured and severed. The abdomen was then rapidly closed, the patient's condition not allowing time for marsupialisation of sac.

The child died half an hour after delivery, and the mother four days later from Broncho-pneumonia.

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.