

: : CASE REPORTS : :

Unusual Delivery.

At 5 a.m. on June 24th, 1953, the patient, a white, 24 year old housewife began to have what she believed to be "labor pains". Her calculated "due" date for this, her third pregnancy was August 3, 1953. During this pregnancy she had had considerable lower abdominal pain of a vague nature starting in the early part of the second trimester.

Past personal history did not reveal any serious illnesses or operations.

Past obstetrical history showed that she had two living children—the first delivered spontaneously and the second with the aid of forceps. Neither was complicated in the puerperal period.

Not believing these to be the true labor pains, the patient waited until 2 p.m. of the same day before coming to hospital.

Admission examination showed that the patient was in the second stage of labor and after taking urine and blood specimens and blood pressure she was soon moved to the delivery room.

Findings:

Blood Pressure—120/80

Haemoglobin—75%

Urine-Albumin—Trace

Urine-Sugar—Negative

Delivery:—The patient was placed in lithotomy table position. Abdominal and rectal examination proved non-contributory. After having been

in labor for ten hours and 21 minutes, the membranes were ruptured artificially. Up to this time the fetal heart had not been heard. Two liters of amniotic fluid escaped, the condition termed Hydramnios; as soon as the fluid escaped, the fetal heart could be heard in the lower left quadrant. Vaginal examination was done at this point and labor was progressing rapidly. Two loops of the umbilical cord had fallen into the vagina and this was followed by a footling presentation. There was a brisk haemorrhage and the edge of the placenta could be felt at the cervix margin. The baby was delivered easily to the shoulders and after delivery of the shoulders, the head popped out with no added difficulty.

The baby was a girl, stillborn, weighing two pounds four ounces. The Occipital and Parietal bones of the skull were absent, the brain was covered by dura and on exposure there was absence of cerebrum and cerebellum.

The placenta was delivered nine minutes later. Total blood loss to mother was between 300 to 350 c.c. and there were no lacerations. The mother's post-natal recovery was uneventful except for emotional depression.

This case is unusual in that it contains so many complications and abnormalities, all wrapped up in one. Conditions which in themselves are relatively uncommon and here we find them all together. Clearly de-

monstrable in this case were Hydramnios, Placenta praevia, prolapsed cord, footling presentation — LSA Breech delivery, Anencephalic monster with spina bifida, and premature labor.

W. O. Elliott, '55

Victoria General Hospital —
Mrs. P. W.

This intelligent, 49-year old woman complained of progressive weakness, weight loss and anorexia over a four-year period, but these were much more pronounced since February of 1953. At the time of onset of this patient's illness her husband was in a Sanatorium under treatment for tuberculosis. The patient received a thorough general investigation in April, 1953. A tentative diagnosis of Simmond's Disease was made and the patient was treated with high sodium diet, DOCA, and anterior-pituitary-like hormone. On this regime there was a temporary improvement, but within a few weeks her muscular weakness, debility, and anorexia recurred with increased intensity and persisted throughout the summer. Her normal weight of 145 pounds was reduced to 74 pounds by October 1, 1953, at which time she complained that she was extremely tired and weak and that her skin had become darker in recent months. Social and personal history revealed a good family relationship and no evidence of emotional instability.

Physical examination revealed a markedly emaciated patient who appeared to be very ill. She had generalized muscular weakness and a partly frozen left shoulder. Her skin showed a generalized brownish

pigmentation, most marked over the dorsum of the hands. Pubic hair and sweating in the axillae (usually absent in Simmond's Disease) were present. Her blood pressure ranged from 80/60 to 90/65.

Investigation: Tuberculin patch test was positive, but X-rays of her suprarenals failed to reveal calcification. Urine examination and culture for tubercle bacilli yielded negative results. B. M. R. estimations were found to be plus four on one occasion and minus 10 on another. Serum cholesterol was 174 mg.%. X-rays of the chest and skull and a Barium Series revealed no abnormality. Serum chloride and sodium values were found to be slightly low while the potassium value was high normal. Blood sugar and NPN were normal. The urinary excretion of 17 keto-steroids per 24 hours was determined on four successive days with an intramuscular injection of 20 units of ACTH jel on the third and fourth days. The value for this patient were reported as: 0.18 mg.; 0.13 mg.; 0.17 mg.; and 0.18 mg./24 hr. (normal range is 5.0 to 15.0 mg./24 hr. for females). These were the lowest 17 ketosteroid values yet reported by the V. G. H. Laboratories. The absence of response to ACTH stimulation over 48 hour period is widely regarded as the best diagnostic test for Addison's Disease.

Summary: This patient presented the following features of chronic adreno-cortical insufficiency—

1. Insidious onset.
2. Extreme asthenia and fatigue.
3. Increased pigmentation.
4. Anorexia and vague indigestion.
5. Weight loss.
6. Hypotension.

7. Low serum sodium and chloride with relatively high potassium.
8. Low 17 ketosteroid excretion, with no response to ACTH.

Treatment and Progress: The patient was placed on a daily dosage of 1.5 gm. of sodium chloride orally, 10 mg. of testosterone IM and 37.5 mg. of cortisone orally. She had almost immediate increase in appetite and strength. She gained fourteen pounds within three weeks. The pigmentation of her skin began to decrease and her serum chloride and sodium values returned to normal. Her blood pressure increased from 80/60 to 124/80. The patient stated

that her subjective improvement was "300 per cent" and she was voluble in expressing appreciation for her rapid recovery. She was discharged on October 22, 1953, on the above-mentioned drugs and dosages.

The response to therapy in this case forms a happy contrast to the observations of Thomas Addison in his paper of 1855, "the disease presented in every instance the same general character, and, with scarcely a single exception, was followed, after a variable period, by the same fatal result."

Eldred MacDonnell, B.A., '54



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