

MANITOBA MEDICAL ASSOCIATION

On Thursday morning, October 8th, a clinical session was held at the Manitoba Medical College. The Chairman, Dr. Todd, called the meeting to order, and asked Dr. Halpenny to show a case of Septic Peritonitis with Pyonephrosis in Pregnancy. The woman, about 6½ months pregnant—experienced pain in abdomen—temperature 102; next day 103 and pulse more rapid. 24-hour specimen of urine showed about one-sixth of total quantity to be pus. After six days in hospital on her back, pus cleared up, temperature normal for two days. Five days later, temperature rose to 101, and abortion came on in course of 24 hours. After abortion was completed, pus healed up even more quickly than the first occasion.

Dr. Harvey Smith, presented two cases, one of tonsillar mycosis in a boy of 6, and another of nasal deformity rectified by operation.

Dr. Galloway presented a case of a boy suffering from a separation of the lower epiphysis of the femur and a radiograph demonstrating the same.

Dr. Galloway also presented a case of congenital club foot and several Hip Disease cases.

Dr. D. S. MacKay presented a case of Hydatidiform mole with multiple lutein cyst of the ovaries.

Mrs. H., age 38, Galician. I first saw the patient on Jan. 27th on consultation with Dr. Jonkers.

Personal History. Married five years. Has two children living, none dead. Easy labours. Recovery complete and rapid in each case. No miscarriages. No discharge and has always enjoyed good health up till the present illness.

Menstrual History. The patient first menstruated at the age of fifteen, regular. Twenty-eight days interval, four days duration. Very little pain or discomfort. Last child born nineteen months ago. Weaned at the 11th month. Both children strong and healthy. Family history negative.

Present Illness. Last menstruated in early part of October, shortly before Christmas. Thought that she was pregnant. On the 23rd of December while out walking, she slipped, falling on her buttox, almost immediately there was a severe hemorrhage from the uterus. She succeeded in reaching her home, not being very far away at the time of the accident, she went to bed. The hemorrhage lessened, but the abdominal pain which came on at the time of the accident persisted and she became very weak and nauseated. This condition persisted for about three weeks, when the pain entirely left her and the hemorrhage ceased, but her general condition did not improve, and she felt that she was becoming weaker and suffered considerably from palpitation.

On January 26th hemorrhage came on again accompanied by severe pain in the abdomen, particularly in the left upper quadrant, became very weak and nauseated. On the following morning Dr. Jonkers was called in. At 4 p.m. that day I saw the patient on consultation with him. The condition I found was as follows:—

Patient a poorly nourished woman. Eyes sunken. Skin dry and very yellow. Anxious expression. Temperature 99.4. Pulse 126. Resp. 28. On examining the abdomen I found a rounded mass in the Hypogastrum extending to the level of the umbilicus. Tender and of a boggy nature. Mass was moveable, and occupied the middle line.