minimized by rapid delivery. Inversion of the uterus must be a very rare accident, and there are few records of placental avulsion due to short cord.

My thanks are due to Dr. E. E. Philipp for his help, and to Mr. S. Scarfe for his excellent photograph.

BIBLIOGRAPHY

- Berkeley, Sir C., Bonney, V., and MacLeod, D. (1938). *Abnormal in Obstetrics*. London.
Curtis, A. H. (1933). *Obstetrics and Gynaecology*. Philadelphia.
Douglass, L. H. (1929). *Amer. J. Obstet. Gynec.*, **18**, 275.
Faugère, F. (1938). *Gynec. et Obstet.*, **38**, 260.
Kerr, J. M. Munro (1937). *Operative Obstetrics*. London.
— et al. (1940). *Combined Textbook of Obstetrics and Gynaecology*. Edinburgh.
McClintock, K. (1943). *British Medical Journal*, **1**, 446.
Morris, F. M. (1927). *J. med. Ass. S. Afr.*, **1**, 119.
Sackett, N. B. (1934). *Amer. J. Obstet. Gynec.*, **27**, 780.
Stander, H. J. (1945). *Textbook of Obstetrics*. New York.
Titus, P. (1937). *The Management of Obstetric Difficulties*. London.

Medical Memoranda

Pyopericardium

The majority of authors strongly favour surgical drainage. Silverberg (1940) could find only one case of recovery without operation. He regarded paracentesis as dangerous, but allowed that it might conceivably be justified as a diagnostic measure; he then went on to report one case of *Staph. aureus* pyopericardium with recovery after repeated tapping. Whittemore (1921) and Vander Veer and Norris (1939) each reported recovery after tapping only. Applebaum (1945) recorded one case which recovered after aspiration only. Wadsworth (1942) reported two cases, one of which recovered after aspiration. I have not been able to find any record of a considerable series treated by aspiration. Shipley and Winslow (1935) analysed 99 cases treated by surgical drainage; 49 recovered, while 46 died. Norman and Ainsworth (1945) reported one case treated by catheter drainage and penicillin instillation.

CASE REPORT

A prisoner of war in Japanese hands, aged 25, was found to have left-sided tuberculous empyema on his release in September, 1945. Thick pus containing *Mycobacterium tuberculosis* was aspirated. He was evacuated to New Zealand, where aspiration was repeatedly carried out. In April, 1946, he returned by hospital ship to England. He was considered then fit to go on leave. In May, however, he developed low backache and had a continuous fever up to 103° F. (39.4° C.) for over two months. In August the leucocyte count was 10,500, with 68% neutrophils. At the same time pericardial effusion was diagnosed clinically and confirmed by x-ray examination and aspiration of green pus containing *Staph. aureus haemolyticus* which was penicillin-sensitive. Six aspirations, each of about 200 ml. of pus, were carried out over a period of four weeks, and on each occasion 400,000 units of penicillin was introduced. By the middle of September he was afebrile. It was thought at this time that the pericarditis was primarily tuberculous, with a secondary *Staph. aureus* infection superimposed, but Loewenstein culture and direct examination of Ziehl-Neelsen films were negative throughout for *M. tuberculosis*.

In October recurrence of fever was treated without effect by a course of sulphadiazine, and subsequently a parenteral course of 3,000,000 units of penicillin was given, also without effect. Severe and persistent pain in the left shoulder was a prominent symptom.

On Nov. 27 he rapidly became gravely ill with cardiac tamponade and pleuro-pericardial friction. Blood pressure was 95/65 mm. Hg, with pulsus paradoxus. A skiagram showed gross increase in the cardiac shadow. Severe abdominal pain also occurred, and physical examination suggested peritonitis. The aspirations had previously been performed by the subxiphisternal route, and it was thought that pus might be leaking down one of the former needle tracks. On the same day parasternal paracentesis yielded 39 oz. (1.1 litres) of thick pus containing a pure culture of *Staph. aureus haemolyticus* which was again penicillin-sensitive, although the sensitivity was one-third that of the standard Oxford strain. Intramuscular penicillin, 50,000 units three-hourly, was given for nine days, and the peritoneal signs gradually subsided without surgical intervention.

The pericardium was aspirated through a large-bore needle on alternate days for 14 days, and 100,000 units of penicillin was injected into the pericardium through a finer needle twice daily for six days and once daily for a further five days. Cultures of the pus still yielded a pure growth of *Staph. aureus haemolyticus*, and no further penicillin was used. The third to seventh aspirations were

accompanied by pericardial lavage with normal saline, washing being continued until the returning fluid was only slightly turbid.

On Dec. 12 the hospital was closed and the patient was moved 100 miles by ambulance without harm. He has required no further aspiration. Unfortunately an x-ray film taken in July, 1947, shows that a previously static focus of tuberculous infiltration in the right lung has again become active and now requires further treatment. Nevertheless he has been ambulant for about two months, free from symptoms of cardiac disability, and has enjoyed 10 days' leave from hospital.

COMMENT

This case seems to justify a contention that pericardial paracentesis holds out good hope of success in the treatment of pyopericardium, and that the former strong bias towards surgical intervention should now be reviewed. The combination of aspiration with intrapericardial lavage and penicillin presented no great technical difficulties, and there was no evidence of any irritation of the pericardium by penicillin. The final outcome, apart from the tuberculous infection, remains conjectural, but eventual pericardial symphysis appears inevitable, although there are no signs of it at present.

A. L. WINGFIELD, M.D.,
Lieutenant-Colonel, R.A.M.C.

REFERENCES

- Applebaum, I. L. (1945). *Mil. Surg.*, **96**, 424.
Norman, H. B., and Ainsworth, R. M. (1945). *British Medical Journal*, **1**, 806.
Shipley, A. M., and Winslow, N. (1935). *Arch. Surg.*, Chicago, **31**, 375.
Silverberg, M. D. (1940). *Arch. Pediat.*, **57**, 572.
Vander Veer, J. B., and Norris, R. F. (1939). *J. Amer. med. Ass.*, **113**, 1483.
Wadsworth, G. H. (1942). *Surg. Clin. N. Amer.*, **22**, 432.
Whittemore, W. (1921). *Surg. Gynec. Obstet.*, **32**, 371.

A Fatal Case of "Malignant" Syphilis

The general and skin manifestations of early syphilis respond quickly to penicillin therapy, and, as Dexter and Tucker (1946) have shown, gummata of the skin can also be expected to improve rapidly with penicillin treatment.

The following case report may be of interest for two reasons: (1) "Malignant" secondary syphilis with profound toxæmia and weakness is very rare; in 857 cases of secondary syphilis Kampmeier (1944) saw only one case. (2) Penicillin therapy produced very little effect on the skin or mouth lesions; it had no effect on the toxæmia, the case ending fatally.

CASE REPORT

The patient, a widower aged 59, was seen on Sept. 18, 1947, at the request of Dr. Veale, who had been called in consultation by the patient's doctor. There was a history of exposure to infection between six and nine months previously. About the end of May, 1947, a rash appeared on the trunk and spread to the limbs and genitals. His voice became hoarse, he started to lose weight, and there was increasing weakness.

On examination he was extremely emaciated, his skin had a dull café au lait colour, the voice was hoarse, and he was so weak that he could scarcely move himself in bed. He had an extensive rupial eruption on the trunk and limbs. There were indurated impetiginous ulcers on the glans penis. Over the shaft of the penis and scrotum moist papules had coalesced to form moist and crusted patches. A few mucous patches were seen on the buccal mucosa. He had an indurated glossitis and ulcers on the margin of the tongue. In the midline of the palate there was gummatous ulceration, but it had not penetrated deeply. Ulceration was also present in both fauces. The inguinal and superficial cervical glands were enlarged. Examination of the blood showed: red cells, 4,800,000 per c.mm.; white cells, 7,500 per c.mm. (differential count normal); Wassermann reaction, positive. The temperature was 98° F. (36.7° C.), pulse 90, and respirations 20.

Treatment.—Penicillin therapy was started on Sept. 18, 10,000 units in saline being given three-hourly for three days, the dosage then being increased to 40,000 units three-hourly. The total penicillin given was 2,680,000 units. With this treatment the moist patches on the penis and scrotum became smaller and drier, and the ulceration of the tongue improved. Penicillin had no effect on the general condition, and the patient gradually became weaker and his mind very confused. General medical measures failed to improve his condition. "Mapharside," 0.03 g., was also given, but the patient was in extremis, and died on Sept. 27.

At post-mortem examination a slight hypostatic congestion of the lungs was seen, but no other macroscopic abnormality, and death appeared to have been due to the luetic infection.

Dept. for Venereal Diseases,
General Infirmary at Leeds.

ROBERT LEES, M.D., F.R.C.P.Ed.
WILLIAM FOWLER, M.B., Ch.B.

REFERENCES

- Dexter, D. D., and Tucker, H. A. (1946). *Amer. J. Syph.*, **30**, 211.
Kampmeier, R. H. (1944). *Essentials of Syphilology*, p. 148. Blackwell, Oxford.