above case, since there was evidence of some pelvic sepsis. It would be of interest to know if cases had been reported of this condition associated with pelvic thrombosis arising out of other conditions—for example, post-operative pelvic thrombosis.

My thanks are due to Dr. W. I. B. Stringer, acting medical superintendent of County Hospital, Chatham, for permission to publish this case.

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Primary Thrombosis of Cerebral Veins in the Puerperium

In view of the articles by Drs. Martin and Sheehan and by Dr. Martin the following case report should be of interest.

CASE RECORD

The patient, a woman aged 29, was admitted to Lewisham Hospital on October 23, 1941, with severe anaemia following post-partum haemorrhage, which had occurred at home two weeks previously, after her second confinement. There was no history of epilepsy or of previous illness. Her haemoglobin was 32% and her blood pressure 134/80. There were no other abnormal physical signs. A blood transfusion on October 23 did not give rise to any abnormal reaction. On October 26—i.e., the seventeenth day of the puerperium—three epileptiform convulsions occurred. There was a fourth convulsion on the following day. No aura or cry preceded the convulsions, which were generalized, and the patient regained consciousness in the interval between them. She complained of severe frontal headache, which persisted for some days; she also vomited.

On examination the cranial nerves were normal; there was no papilloedema but some congestion of retinal veins. Astereognosis of the left hand was present, but no other sensory changes. There was no loss of motor power. All deep reflexes were exaggerated. The right plantar response was flexor, the left doubtful. The blood pressure was 116/76. There was no venous thrombosis in the legs, and the other systems were normal. Examination of the C.S.F., which was under pressure of 170 mm. and slightly blood-stained, showed: total protein, 40 mg. per 100 c.cm.; globulin, nil; chlorides, 740 mg. per 100 c.cm.; lymphocytes, 1 per c.mm.; polymorphs, 2 per c.mm.; red blood cells, 5,000 per c.mm. Examination of the blood revealed: urea, 25 mg. per 100 c.cm.; negative Wassermann reaction; haemoglobin, 60%. Albuminuria appeared, persisting for three days. On October 28 the C.S.F. pressure was 160 mm. and the fluid was still blood-stained.

During the ensuing two days the headache became less severe, but there was still occasional vomiting. Papilloedema did not appear. Astereognosis and gross incoordination of the left hand persisted for about a week. There was mild pyrexia for several days. Luminal, sodium sulphate enemas, and intravenous injections of 50% glucose were given. On November 22 a review of the central nervous system revealed no abnormality apart from generalized brisk deep reflexes. The patient was discharged cured on November 29.

Comment.—The clinical features of this case seem to follow closely those described by Dr. Martin. The fits occurred on the seventeenth and eighteenth days of the puerperium, the C.S.F. contained some blood, and there was slight pyrexia and transient albuminuria. These findings associated with the presence of astereognosis pointed to a lesion of the parietal cortex. As other causes of convulsions had been excluded, the diagnosis made was primary thrombosis of a vein over the right parietal cortex.

We wish to thank Dr. Allen Daley, Medical Officer of Health, London County Council, for permission to record this case.

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W. F. Keller (*J. Oklahoma State med. Ass.*, 1941, 34, 519) records five cases of acute otitis media in children aged from 11 months to 11 years, in which characteristic diphtheria-like bacilli were found in direct smears or cultures of the ear discharge. All showed immediate improvement after injection of diphtheria antitoxin.

Reviews

CARDIAC CASE RECORDS

Cardiac Clinics. A Mayo Clinic Monograph. By Fredrick A. Willius, B.S., M.D. (Pp. 276; illustrated. 20s. net.) London: Henry Kimpton. 1941.

Case reports commonly make tedious reading. They consist so often of the bald recital of facts in the history, examination, and investigation of a patient that most readers of medical literature have an instinctive aversion from them. Dr. Fredrick A. Willius, in this volume of *Cardiac Clinics*, accepts the initial disadvantage that it comprises essentially a collection of case records. Whereas such reports are frequently lumped together in an appendix, they form here the very substance of the work. The author has succeeded in surmounting this disadvantage because of the effort which has been expended in making the records readable and in elucidating their significance in well-written discussions on differential diagnosis and treatment. The cases have been chosen from the material of the Mayo Clinic and grouped to form representative examples of the various types of heart disease and disorder; they are supplemented by verbatim accounts of discussions which took place at the time the cases were seen at the Clinic.

The main substance of the work has been amplified by the interpolation of concise articles showing how the inferences drawn from the case reports accord with the basic principles of cardiology. Thus cases of aortic disease are followed by an article on calcareous aortic stenosis, while a section on coronary disease is followed by chapters on the healing of cardiac infarcts, the differential diagnosis of coronary thrombosis, and cognate subjects. Among miscellaneous topics included in a valuable final section of the book are surgical procedures in relation to heart disease, embolic manifestations, complications in the management of congestive heart failure, the misuse of medical terms, and the philosophy of convalescence. Historical appraisals of the work of Harvey, Malpighi, and Morgagni rather surprisingly find their way into this work. They, among many other things, will be appreciated by those who read its parts as they should be read, at random and not consecutively.

CARE OF THE AGED

The Care of the Aged (Geriatrics). By Malford W. Thewlis, M.D. Third edition, entirely rewritten. (Pp. 579; 50 illustrations. 30s. net.) London: Henry Kimpton. 1941.

A third edition of this book has appeared seventeen years after the second and has been largely rewritten. That there are many medical problems pertaining to old age, and that many illnesses as they occur in the aged differ in symptomatology, course, and treatment from their normal characteristics, no one will deny. Whether, however, it is necessary to set up a new specialty of "geriatrics" some may take leave to doubt. Be this as it may, a book of reference relating to old age and its diseases must be useful if it is reliable, well arranged, and readable. The present volume fulfils all of these requirements, though it would be easy for anyone with special interests to criticize, inasmuch as his own pet subject may not appear to have received sufficient attention. This, however, is not really a valid complaint since a full list of references is given at the end of each section.

The book is divided into five sections. The first deals with general considerations, including historical notes, general hygiene, the importance of occupation and hobbies, and medico-legal questions such as testamentary capacity,