DISLOCATED SPLEEN WITH TORSION OF PEDICLE COMPLICATING PREGNANCY:

REMOVAL OF SPLEEN: DELIVERY AT TERM.

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I HAVE not seen any report of a case similar to the following, in which the enlarged dislocated spleen with twisted pedicle, complicating pregnancy at four months, was removed:

Mrs. B., aged 32, a school teacher, married four and a half years, was referred to me on December 26th, 1905, by her physician, Dr. Minshall of Brownsville, Ontario.

History.

From childhood she had never been robust. At the age of 15 years she was ill for a time with malaria, and at the age of 17 she had a mild attack of typhoid fever.

Her menstrual periods appeared at the age of 14 years, and previous to marriage were irregular, sometimes two and even three months intervening. After marriage they became more regular, occurring about every five weeks and lasting five or six days, with moderate loss and very little pain. Her last menstrual period occurred on September 7th, 1905, and was of the usual duration and other characters of previous periods, except that she suffered more pain, which she attributed to a cold from which she was suffering at the time.

On December 3rd, 1905, she was taken suddenly ill, with severe abdominal pain on the left side, attended with considerable fever. She was confined to bed, and morphine was required to relieve the pain. After a few days the temperature dropped to normal, and the sharp cutting pain subsided to a dull persistent aching. From this illness she was unable to leave her bed for two weeks.

Two years previously she was taken suddenly ill during the night with severe pain on the left side of the abdomen, which her physician said was in the left ovarian region, but this pain had disappeared by the following day. After this she was free from any abdominal discomfort for about one year. During the past year she had suffered at times from some pain in the same locality, and since some time during the past summer she thought she could feel a hardness on the left side, and this hardness had become more noticeable since her present acute illness.

Condition when First Seen.

She looked pale and thin, and complained of an aching pain on the left side of the abdomen, some distance below the ribs; appetite was poor, and the bowels had been constipated since her present acute illness, although usually they were inclined to be relaxed, particularly after any excitement. There had also been some frequency of urination recently but not previously. Her temperature and pulse were normal. She had not suffered from nausea or vomiting except occasionally after taking morphine for pain.

Examination of the abdomen revealed in the left iliac region an elongated tender lump, elastic but not fluctuating and dull on percussion. The lower extremity of this lump dipped down into the pelvis, and the upper extremity reached a point above and to the left side of the navel. It could be moved up and down, and from side to side slightly, but could not be brought over to the right of the median line. It was, however, too tender to bear much handling.

Examination of the vagina, uterus, and breasts gave all the usual signs of pregnancy, advanced to between three and four months. Bimanual examination showed the fundus of the enlarged uterus above the symphysis, and the lower extremity of the abdominal lump dipping down into the pelvis behind the left side of the enlarged fundus, very close to but apparently not connected with the uterus. The left ovary could not be palpated, and I was therefore inclined to think that the growth was probably a dermoid cyst of the left ovary complicating pregnancy.

Operation.

Operative intervention was advised, and on December 30th she went into St. Joseph's Hospital for that purpose.

On January 2nd, 1906, under chloroform anaesthesia, I made a median abdominal incision below the navel. On opening the peritoneum the enlarged pregnant uterus presented, and some clear serous fluid welled up from the pelvis. The abdominal lump to the left was of a dark purplish colour, and on examination was found to be an enlarged spleen, with its upper convex border directed forward and the lower notched border looking backward.

Both ovaries and tubes were found to be perfectly normal. The abdominal incision was extended upward to the left side of the navel, and the pedicle of the spleen was examined and found to be more than 2½ in. long, and at about 1 in. from the hilum was twisted upon itself from left to right for somewhat more than a half turn.

The veins on the splenic side of the twist were greatly enlarged, measuring fully ½ in. in diameter, and presented the appearance of a mass of large varicose veins almost on the

point of rupture. The splenic artery was also much larger than normal. At the hilum there was some thickening from inflammatory adhesions, and two or three enlarged glands. The vessels in the pedicle were ligated separately with silk, and the spleen removed.

The other abdominal organs were apparently normal. The long abdominal wound was carefully closed with running cat-gut in peritoneum, interrupted silkworm gut sutures down through walls to peritoneum, interrupted kangaroo tendon sutures in sheaths of recti muscles, and a running gut suture in skin. The patient became somewhat cyanosed just after the removal of the spleen, but soon recovered her normal colour.

After-History.

There was practically no shock, and her convalescence was uneventful. The abdominal wound healed throughout its entire length by first intention.

She left the hospital about four weeks after operation. The spleen after removal measured about 8 in. in length, 4 in. in breadth, and 2½ in. thick. It weighed 12 oz.

In a letter from Dr. Minshall on July 9th last, he says that after returning home the patient enjoyed good health; pregnancy progressed without further complication, and on June 18th, or just 283 days following the first day of her last menstrual period, she had a perfectly normal labour, giving birth to a well developed 7-lb. boy. Her puerperal convalescence was normal, and at the time of writing she was in good health.

From the symptoms complained of previous to operation and the condition of the veins in the pedicle found at operation, it is quite probable that, if left to itself, rupture of splenic vessels would have occurred with death from internal haemorrhage.

From the uneventful after-history in patients, where a dislocated or chronically-diseased spleen has been removed, it would seem that such spleens become functionless, other glands taking up the work, so that after removal of the organ the patient does not suffer from any special symptoms referable to the loss.

With regard to the diagnosis, I think with one experience one would not be likely to make a mistake in a second case; but, confronted for the first time with a case like the one reported—an enlarged pregnant uterus, with an elastic, tender tumour on the left side dipping down into the pelvis, and the patient just recovering from an acute attack of local peritonitis—an exact diagnosis before opening the abdomen would not be an easy matter.

A NOTE ON

HAFFKINE'S ANTIPLAGUE VACCINE.

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ON looking back at the results obtained by using Haffkine's vaccine in the epidemic of plague which occurred at Kirkee, India, in 1906, I feel that I ought to add my testimony to that already given in support of the very great value of this method, not only in reducing the incidence, but also the mortality, of the disease.

A trial was given to the new "curative" serum at the Poona Plague Hospital during the epidemic there in 1906. The serum, which was very costly, did not have any effect upon the mortality, which was at the rate of 65 per cent. amongst 1,700 cases treated. It is clear, then, that for the present we must rely upon a prophylactic serum until such time as a satisfactory curative serum is discovered.

At the commencement of the epidemic the population of Kirkee was estimated at 6,952 people. Of this number, 5,640 formed the civil element, while the remaining 1,312 were employed by the military authorities, constituting the followers with their wives and families. The two communities are separated from each other by a street which runs through the village. On one side are the followers' huts, on the other those of the "civilians." The followers have no shops in their part of the village, and make all their purchases in the bazaars of the civilians. They are almost to a man in the hands of the native moneylenders, and taken as a whole are in worse circumstances than the other inhabitants. Indeed, at the commencement of the epidemic I had several under treatment for famine fever. On the other hand, the sanitation of their huts is better than that of the civilians.

In the middle of August, 1906, plague was raging in Poona city, four and a half miles away; and at about this