SPONTANEOUS EVISCERATION THROUGH VAGINA

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EVISCERATION following surgical treatment is uncommon, the incidence quoted by various authors varying from 0.1 to 2.0% of surgical cases. Spontaneous evisceration through the vagina occurs so rarely that I felt that a recent case that came under my care was worthy of report.

The patient, Mrs. M.D., age 73, was a para 6 gravida 4. She had in the past been operated on twice, a cholecystectomy in 1940 and a vaginal hysterectomy in 1946. She had been feeling well with the exception of a lot of "gas on her stomach" and moderate constipation. She had, however, noticed a protrusion from the vagina which had gradually been increasing in size.

On the afternoon of June 4, 1951, the patient was straining at stool in her home when she felt a sudden "pop", as she described it, in the vaginal region, and looking down saw several feet of intestine hanging into the toilet. Fortunately she did not flush the toilet but wrapped a towel around the intestine and walked back to bed. The family physician, Dr. George McKee, was immediately called and found the patient lying in bed in no evident shock and the bowel still wrapped up in the towel between her legs.

Dr. McKee had the patient admitted to the Emergency Ward at the General Hospital and asked me to see her there. Her condition at this time was good—pulse 90, good colour, blood pressure 150/88. The abdomen was slightly distended but was not tender. Lying between her legs, wrapped up in a towel, were about five feet of small bowel which was of normal colour and showed active peristalsis.

No treatment was given in the emergency ward but the patient was sent immediately to the operating room. Preparations were made for both a vaginal and an abdominal operation and the patient was given a spinal anæsthetic. The towel was then removed and the bowel cleaned by washing it with warm saline. With the patient in the Trendelenberg position, the bowel was pushed back into the abdomen with little difficulty and both penicillin and sulfonamides were placed in the peritoneal cavity.

The herniation had occurred through a tear in the vaginal vault just where the peritoneum was reflected off the bladder. There was a large enterocele present with a very poor posterior wall. I therefore decided to remove the vaginal mucosa completely and make a good supporting perineal floor by completely obliterating the vagina. This was done using forty day chromic catgut after closing the peritoneum with a purse string suture.

The patient stood the operation very well and had a remarkably smooth postoperative course. There was a moderate degree of distension for the first week which was treated with a Levine tube. She was out of bed on the fourth postoperative day and was discharged on the tenth day. I have seen her on two occasions since the operation and she is doing very well. The pelvic floor is well supported and the patient volunteered the information that she felt ten years younger since her operation.

Spontaneous evisceration through the vagina is a very rare condition. I was unable to find any similar case described in the gynæcological text books or literature.

MUCOSAL RESPIRATORY SYNDROME

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THE MUCOSAL RESPIRATORY SYNDROME is an acute febrile disease with marked general toxicity and prostration. The striking features are involvement of the conjunctivæ, the mucous membranes of the mouth and throat associated with pneumonitis. A number of cases have been reported in the past ten years. Some of these had combined skin lesions but they occurred following sulfonamide therapy.

Many fatal results are reported and detailed studies failed to show any specific cause. Allergic reactions were suspected in some and on this basis antihistamine therapy was employed. Other cases were treated symptomatically along general supportive lines. Penicillin seemed to have no effect on the course of the disease. Virus infection is suspected but this has not been proved.

The following case is typical of this syndrome.

Miss J.H., aged 14, was in good health until April 20, 1951. She then developed what her mother thought was a head cold. Her head was stuffed up and she had a sore throat. She improved with bed rest, aspirins and hot drinks. She did not receive any sulfonamides.

Four days later she felt worse again and became feverish. Her mouth became sore and swollen and her eyes became red and exuded a conjunctival purulent discharge. A dry, hacking cough developed.

The past history was essentially negative and there was no known allergy.

The patient was first examined on April 24. She appeared very ill and toxic. The temperature was 104° F. There was a marked conjunctivitis with purulent discharge. The mucous membranes of the mouth and lips were acutely inflamed with blister formations (Fig. 1). There was no cutaneous rash and there were no glandular enlargements. There was dullness on percussion of the lower left lung and profuse crepitations were heard on auscultation. The rest of the physical examination was negative. A diagnosis of mucosal respiratory syndrome was made and she was admitted to St. Paul's Hospital.

Laboratory investigations showed: urinalysis microscopically normal, but a heavy trace of albumen was present. Hgb. 84% (13.0 gm.), R.B.C. 4,209,000, W.B.C. 13,500, neutrophiles segmented 42%, band cells 43%, lymphocytes 10%, monocytes 5%, erythrocyte sedimentation rate 27 mm. in 45 mins. Blood cultures were negative. Blood Wassermann negative. Smears and cultures from the mouth showed *Strep. viridans* (alpha) predominating and a few hæmolytic (beta) streptococci.

Fig. 1

Smears and cultures from the conjunctivæ showed pus but no bacterial growth. Sputum cultures showed predominating pneumococci. X-ray of the chest confirmed the presence of consolidation in the left base.

Treatment so far in this syndrome is non-specific. One could not resist the temptation to employ the antibiotics and try antihistamines. She received S.R. penicillin 400,000 units daily intramuscularly combined with aureomycin 250 mgm. four times a day orally for eight days, as well as benadryl 50 mgm. four times a day. The local eye treatment consisted of aureomycin drops. A diluted solution of aureomycin was used as a mouth wash and aureomycin ointment was applied to the lips.

The temperature gradually subsided from 104 on admission to normal in five days, and it remained normal. The cough and toxic symptoms subsided within the first few days. The conjunctivitis cleared up within a week. However, the mouth lesion and the pneumonic process, as followed by x-rays, persisted for two weeks. The lip lesions formed scabs which gradually peeled off. The gums became spongy and bled easily. Oral vitamin C 100 mgm., three times a day was added to her multiple therapy.

SUMMARY

This was a typical case of mucosal respiratory syndrome. There was no history of any allergy. The concept of a primary virus infection and secondary streptococci and pneumococcal involvement of the mouth and lung seems tenable. It seemed that the addition of aureomycin in the therapeutic management hastened recovery.

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SPECIAL ARTICLE

THE SECOND INTERNATIONAL POLIOMYELITIS CONFERENCE

A Summary

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THE SECOND WORLD MEETING on poliomyelitis was held in Copenhagen September 3 to 7, 1951, approximately three years after the initial congress in New York, in 1948. The Congress was sponsored jointly by the National Foundation for Infantile Paralysis, U.S.A., and the Danish National Association for Infantile Paralysis. The hosts were the University of Copenhagen and the Danish Medical Association. The Congress was opened by Her Majesty the Queen of Denmark, and opening addresses were given by the Rector of the University and by His Excellency, Professor Niels Bohr, the well-known atomic physicist.

An extremely full and well-planned program was provided for the five to six hundred delegates in attendance from all quarters of the globe. Four symposia and three review sessions composed the main structure of the subject matter presented.

It would be impossible in a review such as this to condense even in the most fragmentary form, the contents of the several dozen papers given during the sessions of this week-long conference. However, some of the outstanding trends in the research presented should be noted since it is doubtful if in any other field there has been such progress made in the last three years. The importance of this three year period lies in the fact that following the 1948 Conference in New York, scientists in many countries addressed themselves to solving the outstanding and central problems in poliomyelitis, rather than the more peripheral questions. It is not to be wondered at, therefore, that the first papers on viruses and their interactions with the host cell should deal with the ultimate matters basic to viruses.

Dr. C. H. Andrewes of the National Institute for Medical Research, London, dealt with the characteristics of viruses which lead us to look upon them as organisms. In some ways a very different view of viruses was presented by Professor Wendell Stanley of the University of California. He discussed the properties of the tobacco mosaic virus, and showed, at a magnification of twelve million times (on the screen), photographs in which it was possible to see in the cross-sections of the rods of tobacco mosaic disease, fractured by supersonic waves, the hexagon-like formation. The concept of this virus, at least, as a giant molecule, was very well presented.

The behaviour of viruses in plants was most ably reviewed by Dr. F. C. Bawden, F.R.S., of