

Three days later vomiting occurred and persisted for twenty-four hours. The lochia were offensive, although there was no uterine tenderness. Coliform bacilli and streptococci were isolated from a vaginal swab and a vaccine was prepared. A low pressure antiseptic vaginal douche was given daily. Ergotin was given hypodermically and iron and arsenic were administered by the mouth; six days later the patient was much improved and the thrombosis was resolving. She was discharged from hospital twenty-five days after parturition.

This was the patient's ninth pregnancy. During the previous pregnancy an unusual degree of pallor had also been noted and parturition was followed by a fairly large loss of blood and slight sepsis during the puerperium. There is therefore evidence of a pre-existing uterine infection. No evidence of syphilis was noted.

*The Placenta.*

The placenta measured 21 cm. by 17½ cm. and was of the battledore variety. On the foetal surface a tumour 9½ cm. by 8 cm. was present which projected some 4 cm. from the surface of the placenta. It was roughly reniform in shape and a few vessels could be traced from the insertion of the cord to ramify in its substance. The membranes extended evenly over the surface of the tumour except at one pole where there was slight distension by blood clot.

On section the placenta was yellowish-pink in colour, had a rather myxomatous appearance, and appeared homogeneous in structure. Blood vessels were fairly numerous. The maternal surface showed a smooth area about 13 cm. by 9 cm. subjacent to the tumour, over which the cotyledons were compressed and flattened. The remainder of the placenta appeared normal except that the sulci were unusually well marked, and the cotyledons much separated. Here and there between the cotyledons were small collections of blood clot, but no distinct "ponds" suggestive of ante-partum haemorrhage.

*Histological Examination.*

The histological structure of the tumour varied considerably in different areas. Some showed numerous and massed capillaries, with walls of a single layer of endothelium, embedded in a rather myxomatous-looking stroma. A few arterioles and venules were present. Other areas were predominantly cellular with few capillaries. The cells present were mainly young connective tissue cells, but a few scattered eosinophils were also seen. One or two nucleated red cells were noted in the capillaries.

The only factor which may be of etiological importance in this case is the evidence of pre-existing uterine infection.

We are indebted to Mr. Comyns Berkeley, Obstetric Surgeon to the City of London Maternity Hospital, for permission to publish this case.

HAEMOPHILIA IN THE FEMALE.

BY

MILDRED WARDE, M.B., F.R.C.S.

THE following case is of interest on account of the rarity of haemophilia in the female. The patient, a woman aged 47, was admitted to the Cancer Hospital with carcinoma of the breast, and stated that she was a "bleeder." The family tree is shown in the accompanying chart and the following details have been ascertained.

According to family tradition the disease is traceable through the paternal grandmother from her father to her son, the patient's father. The latter exhibited a great tendency to bruising and had epistaxis about every two weeks. Trivial injuries frequently caused swelling of the joints, one or other of which was almost constantly affected. Death is thought to have been due to haemorrhage connected with fracture of the leg, which occurred shortly before, "fragments of bone working out with much bleeding."

The patient's five brothers were all normal and their children are believed to have been unaffected. Of the five sisters of the patient three were normal; one died, with a son aged four months, from "blood poisoning"; and in one the history as to haemophilia is wanting.

With regard to the sisters' children, the eldest sister (Mrs. G.) had seven daughters, all of them normal, and seven sons, three of whom were alive and healthy, while four were supposed haemophiliacs. Of these four, one (F. G.) spent most of his life in hospital with bruises, epistaxis, joint affections, etc., and died in 1905 in the Fleming Memorial Hospital, Newcastle; the second died at the age of 2 years from "bleeding," the source of which is not known; the third, said to have been a "bleeder," died in France from haemorrhage after a wound; the fourth (A. G.) was recently in the Royal Victoria Infirmary, Newcastle, with a haematoma of the size of an orange under the scalp, the result of a kick. The tumour still fluctuated and coagulation seemed absent although the injury had been inflicted a month previously. There was also a history of

frequent treatment for bruises, bleeding from the gums, swollen joints, and "lumps appearing after the slightest knocks."

The second sister (Mrs. T.—interviewed) had four daughters, all of them normal, and four sons, "bleeders." Of these four, one (G. T., aged 35—interviewed) is rarely free from swelling of some joint, most frequently the knee, and suffers readily from bruises, which sometimes bleed for hours, and from epistaxis and rectal haemorrhage (bright blood). In the London Hospital in 1920 he bled for a fortnight from a deep cut in the thumb, for which horse serum was given by the mouth and locally. In St. James's Infirmary, Wandsworth, in 1922 he was seriously ill after the extraction of two neighbouring teeth, and plugging had always been necessary after tooth extraction. The second son (P. T.) had attended the Yarmouth Hospital most of his life for joint affections, epistaxis, etc., and at the age of eighteen months had nearly bled to death from a slight cut on the chin. He died in the Yarmouth Hospital in 1912 at the age of 11 years, from haemorrhage from a cut of the finger, due to a fall on the beach. The third son died at the age of 4 years. He had tripped on the stairs, without sustaining any serious injury, and the next day vomited blood and died within twenty-four hours. The fourth son died at the age of four months from some unknown cause. At birth there had been troublesome haemorrhage from the umbilical cord.

The third sister had one daughter, normal, and a son who died at the same time as the mother (blood poisoning) at the age of four months.

The fourth sister had one daughter, normal.

The youngest sister had one son and one daughter, both normal.

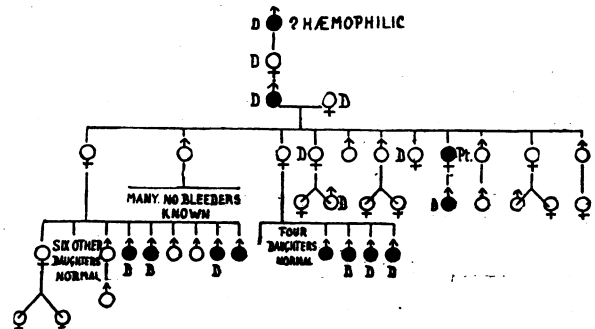


Chart of family of F. C. (1) D=known to have died. (2) The order of the children in generation below that of patient is not known.

The patient's history is as follows: At the age of 10 years she was found unconscious from bleeding following tooth extraction performed a few hours previously; she remained in the Yarmouth Hospital about three weeks. On a subsequent occasion she suffered from severe haemorrhage from a cut of the thumb, for which she was treated in the Middlesex Hospital. At the age of 21 an abscess in the labio-gingival fold was opened; severe haemorrhage followed in spite of plugging and she was in bed for two weeks. She always had a great tendency to bruising, but only after definite injury. At the birth of her son (F. C.) she suffered from post-partum haemorrhage. The son died at the age of 5 years in St. Mary's Hospital, Paddington, the following being the notes of the case: "May 22nd, 1910: Onset of bleeding from rectum 7 p.m., continued all night. May 23rd: Admitted, blanched and collapsed. Died thirty hours after onset. No necropsy allowed." In view of the certain diagnosis of carcinoma of the breast, it was decided, after discussion with the patient, to take the risk of an operation, as the patient's general condition was satisfactory and the blood count showed only a mild secondary anaemia. The coagulation time was between 3 and 3.35 minutes at 37° C. By way of pre-operative treatment 30 grains of calcium lactate were given by the mouth every other night, and artificial anaphylaxis induced by a subcutaneous dose of 5 c.cm. of horse serum, followed thirteen days later by 1/2 c.cm. There was some urticaria around the site of the original injection, with headache and malaise. The coagulation time after this was between 1.40 and 2 minutes at 37° C. At the operation bleeding was free but not excessive, and the wound was swabbed with horse serum before closing. There was little shock after the operation. Blood-stained serum oozed freely from the stab wound from the tube for three weeks, and slightly for nearly three weeks longer. Healing was slow, but otherwise convalescence was uneventful.

In an extensive and interesting monograph on haemophilia Bullock and Fildes (Eugenics Laboratory Memoirs, No. XII, 1911) describe three types of haemophilia as

