



100 milligrammes of the powder about half an hour after the infection. An average-sized rabbit yields about 28 grammes of the powder. The smallest amount of the gland

cure with which a positive result was obtained was 100 milligrammes in the case of brown rats.

The Laboratory, Hyderabad, Deccan.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### NOTE ON A CASE OF INFECTION DURING THE PUERPERIUM SIMULATING PSOAS ABSCESS.

BY WILLIAM AYRES, B.A., M.D. DUB.

ON April 25th, 1903, I attended a patient in her fifteenth confinement. I had attended three previous confinements. The labour was most uneventful. I arrived just in time to be present at the birth of the child. On the fifth day of the puerperium the patient had a rigor. The temperature was 99° F. and the pulse-rate was 100 per minute. I doused out the uterus and put the patient on a quinine mixture. I examined the uterus and adnexa most carefully but could find no reason for this rigor and as the temperature remained normal thought I was free from all trace of puerperal infection. On the twelfth day of the puerperium the patient began to complain of pain in her left leg which gradually got worse and the leg began to contract until the knee was at right angles to the body. The pain was relieved by suppositories of morphine. On the fifteenth day of the puerperium a small hard lump of the size of a Tangerine orange began to appear to the left of, and below, the umbilicus. This lump was very hard and immovable and was thought to be an inflammatory swelling in connexion with the broad ligament pressing on the lumbo sacral plexus; it grew very slowly. The temperature never went beyond 99° and that was reached only once or twice; the pulse-rate was never beyond 100 per minute. On May 18th I had for private reasons to leave my practice and I gave instructions that a colleague should see the case in my absence if the pain became unbearable. My colleague came to the conclusion that the lump was of a cancerous nature owing to its hardness and immovability and also the absence of any very definite temperature and pulse-rate. It was decided, therefore, as there was some doubt as to the exact nature of this lump to give the patient the benefit of an operation. After consultation Dr. F. Edge of Wolverhampton kindly undertook the operation, which was performed at the Nursing Institution, Wolverhampton, on June 9th.

After the preliminary laparotomy a hard lump was discovered behind the sigmoid flexure which was fixed but not involved anteriorly or laterally. As owing to its position removal of the mass if malignant was impossible and incision into it pregnant with danger should pus have been struck, as it would have had to drain through the peritoneal cavity, it was decided to await events and the abdominal wound was accordingly stitched up again. The uterus and adnexa were found to be in a perfectly healthy and normal condition. The patient stood the operation well and made a good recovery. The temperature several times reached 101° F. and the pulse-rate varied from 90 to 110. She seemed to be in rather a typhoid condition but at the end of three weeks she improved and went home.

There was no doubt as to sepsis of some kind but it was held to be due to mischief in the sigmoid flexure or infection of the mass from the intestinal canal but the mass was so hard and firm that the possibility of sarcoma was not excluded and the question was raised as to whether an artificial anus might not be required later.

Ten days after the patient's return home the lump suddenly disappeared from above the brim of the true pelvis and presented itself in Scarpa's triangle, where it was seen to be inflammatory, and was accordingly opened. The patient was up and about again in another two months.

The lymphatic glands involved were the left common iliac and lower lumbar glands and it is possible that the lesion in such cases is due to injury to the rectal tissues during labour.

A most interesting case of a similar nature has recently been reported by Dr. F. J. Watkins, professor of gynaecology at the North-Western University, Chicago, but there are so many points of difference in the two cases that perhaps a report of my case may be of interest to the profession.

I am indebted to Dr. Edge for the kind use of notes during the time that the patient was under his care.

Brierley Hill, Staffs.

#### A CASE OF RAYNAUD'S DISEASE.

BY JOHN REID, M.D. ABERD.

THE patient in the following case was a child, 14 days old, who presented marked puffiness of the eyes indicating ophthalmia neonatorum; there was also a redness spreading over the head suggestive of erysipelas. The digestive apparatus seemed to be good and the food was breast milk only. The hygienic surroundings were bad. On Jan. 4th the only treatment ordered was the application of flour to the skin. On the 5th a boric lotion was ordered for the eyes, which soon cleared, and as both thumbs were swollen and hard, suggesting osteomyelitis, mercury was given internally and applied to the thumbs. The toes next gave evidence of osteomyelitis and the left leg was also red in addition to being swollen. The child seemed tolerably well. On the 8th the symptoms of osteomyelitis disappeared and patches of gangrene were to be seen on the toes, fingers, and left forearm, previously red. The gangrene was in each case superficial. The child continued to take calomel in powder. The redness had left the head for some days. Only the big toes and thumbs had the appearance of chilblains, and there was redness round the gangrenous patch over the left forearm. The left ankle was markedly flexed, and the right ankle partially flexed. On the 10th when the child cried the sound emitted had a whining character and there were some laryngeal symptoms without fever. On the 11th the base of the left lung was found to be solid; the gangrene had, if anything, slightly retrogressed. Death occurred quietly about 8 P.M. The mother said that a former child of hers died somewhat similarly. I looked on the case as one of congenital syphilis without snuffles. The red skin preceding the gangrene is different from Raynaud's cases.

The local application of mercury to the myelitis seemed to have an almost magical effect judging from cases which I have seen treated by constitutional means only.

Walbrook, E.C.

**VACCINATION GRANT.**—Mr. John Hoole, M.R.C.S., has received the grant for successful vaccination for the Hartington district of the Ashbourne union.

**HOSPITAL SATURDAY FUND AT PLYMOUTH.**—During 1906 the sum of £627 was raised by the Hospital Saturday Fund for the South Devon and East Cornwall Hospital, Plymouth.