made a rapid recovery, entirely free from any septic trouble whatever the surroundings being the same as in all the other confinements.

In thinking over this case I can come to no other conclusion than that the linen and bedclothes contained the fomites of disease. The above two cases are only types of a great many others having similar characteristics which I have met with in a large obstetric practice of some years' duration. Since I have adopted the plan of syringing out the vagina, and in some cases the uterus too, with warm water (a little salt added) on the second or third day, I have had no difficulty in preventing disease and procuring a rapid and complete recovery, saving the woman much suffering and much dosing with physic.

I have known the following cause post-partum septicæmia:—1. Bad drainage and escape of sewer-gas in the house—such as deficient closets, sinks, and waste water-pipes in cisterns untrapped. 2. Open gully-holes near the house and bedroom. 3. Surface drainage from other houses passing in ditches or watercourses. 4. Closets placed over stagnant ponds near to the house, which are common enough all over the country, especially at farm-houses. (The farm stock always drink this pond water, and seem to prefer it.) 5. Dirty pig-styes near the dwellings of the poor. 6. Scarlet fever and erysipelas infections can be traced to have caused post-partum septicæmia. I have several times had to attend women in their confinements who up to that time had been constantly watching and nursing their children down with scarlet fever. Yet nearly all these women recovered without the slightest sign of after septic trouble.

During the epidemics of scarlet fever this fact is well known to every practitioner of medicine. I once had a case of severe traumatic erysipelas of head and face, with great constitutional disturbance and delirium, in a patient who was confined at the height of the disease. I dreaded the post-partum consequences, for she was a very valuable life. However, she had a good delivery, and made a rapid recovery, without any symptoms of uterine trouble. I do not infer from the above fact that the obstetrician should be careless in exposing his patients to unnecessary infection. He cannot be too careful in cleanliness, and in changing his clothing as often as needs be.

Buckhurst-hill, Essex.

ON A CASE OF PUERPERAL SEPTICÆMIA.

By ARTHUR PRICE, M.R.C.S.E., &c.

ON Sept. 23rd last I was called to attend Mrs. D—, a primipara, aged thirty-eight years, a very tall, strong, healthy woman. I found that she had had some hæmorrhage for twenty-four hours, due to a partial placenta prævia, which was forthwith detached. The labour proceeded satisfactorily, and very soon a female child was born. The placenta followed without aid shortly afterwards; it was carefully examined, and found to be complete. Scarcely any post-partum hæmorrhage occurred. The whole time occupied by the labour from the first call was under two hours. The three following days the patient, though anæmic, did fairly well; but on the 27th (the fifth day) she complained of pain over the abdomen, especially referred to the right iliac region accompanied by slight nausea, for which a saline and opium mixture was prescribed.—28th: Pain was easier; patient anæmic; dusky in countenance; had been vomiting. Temperature 103°; pulse 112; respiration 28. The nurse who was engaged by the patient had been burning pastiles, which, however, did not hide the effluvium from fæcal matter. Asked if the bowels had been relieved, I was informed that such had not been the case, but that the nurse burnt the pastile to hide the smell from the water-closet. Upon inquiry, to my horror and surprise, I found that the following sanitary arrangements existed in apartments for which the patient paid £600 a year, and of which the nurse did not consider it necessary to inform me:—Separated from the general apartment by a thin match-board, but in the room, was a water-closet used by her attendants as well as herself, the window of which, although communicating with the outer air, could not be opened; there was also in the room a sink into which an overflow pipe was constantly discharging water. To complete the disasters, the nurse had actually stored up in pails the whole of the linen that had been used by the patient since the

day of the confinement, and from which, when the door was opened, a most disgusting odour arose. I ordered all the linen to be carbolised and removed immediately, drains flushed with carbolised water and not used, and the room sprinkled with the same. The window of the water-closet to be taken out and the door kept closed. The patient refused to allow herself to be removed. Medicine ordered: effervescing mixture and opium, vaginal injections of carbolic lotion (1 to 100).—29th: Vomiting continued, pallor increased. Temperature 102° A.M., 104° P.M.; pulse 120; respiration 30. Continued the mixture. Pill of one grain of opium to be given every four hours, and half an ounce of brandy every four hours alternated with the pills.—30th: Sickness continued. Temperature 103.2° A.M., 104.8° P.M. No pain. Lochia and other secretions fair in quantity. Child still sucking and well. Ordered two grains of quinine with one grain of opium every four hours. Ten ounces of champagne in twenty-four hours at equal intervals. The nurse, who was most incompetent, was now dismissed and her place taken by two trained nurses.

Oct. 1st.—Sickness continued. Slight diarrhoea. Pain in right iliac region. Temperature 104° A.M. Dr. Potter of Westminster Hospital, in consultation, ordered immediate removal from room, which was at once done. Continued pills. Medicine to be discontinued. Vaginal injections were used three times a day. Temperature 105° P.M., pulse 95.—2nd: Improvement after removal marked for a few hours, but towards evening temperature again rose. Lowest temperature 100.8°, highest 104.4°. Lochia profuse and offensive. Tenderness over abdomen. No tympanites. Milk, beef-tea, and chicken broth were given in small quantities every hour if awake, with half an ounce of brandy every four hours. Three motions very pale and clay coloured.—3rd: Was very much easier. Slept well. Temperature, highest 103°, lowest 100.2°.—4th: Bowels relieved twice. Slight return of pain. Temperature fell slowly to 96.6°, but rose again after brandy. In the evening a slight rigor occurred, but soon passed off. Temperature 101.2°.—5th: Bowels relieved three times, motions still clay coloured. Copious perspiration, with faintness; slight cough. Temperature: highest 100.4°, lowest 98.2°, pulse 120, respiration 42. Brandy essence and jelly were given frequently in small quantities. No pain.—6th: Great deal of pain in side. Tympanites over umbilical and right iliac regions. Temperature A.M. 99.2°, which during the afternoon steadily rose to 103.2°. A slight rigor again occurred at midnight. Pulse 122, respiration 36.—7th: In great pain; very restless. Again met Dr. Potter in consultation. A rigor had occurred just previous to his arrival. Temperature 104°, which fell in two hours to 96°. Fomentations for pain, hot water bottles &c., were ordered. Temperature again rose in two hours to 102.6°, and then fell to 98° at 7 P.M. Death occurred at 7.45 P.M. A post-mortem was refused.

Remarks.—In this case we have present all the elements necessary for the production of puerperal septicæmia. A woman coming rather late in life to the birth of her first child with a certain amount of mental anxiety is confined in a room which might be more correctly described as a large water-closet without ventilation. She is then badly nursed, and the effluvium of foul cloths soaked in lochia allowed to still further defile the atmosphere. The removal to a somewhat purer air caused the balance to turn in her favour for a moment, but the system was too charged with poison to render the case anything but hopeless. It is only another and very marked instance of the importance of the doctor inquiring for himself into the sanitary condition of the lying-in chamber, and his being aided at the time of his attendance by a skilfully trained nurse instead of an ignorant and incompetent one.

Parkhurst, Isle of Wight.

A RARE CASE IN MEDICAL PRACTICE.

By H. E. SARGENT, M.D. EDIN., &c.

MRS. B—, Aged forty-five, weighing 17 st., on May 7th, 1882, fell on a zinc pail, its edge striking the abdomen two inches to the right of, and on a level with, the umbilicus. A day or two after the fall a tumour, semi-elastic, with distinct outline, could be traced at the seat of injury. It was only slightly tender, and appeared to have deep-seated attachment. About July 20th the skin over the tumour

began to discolour. Poultices were applied, and at the end of another week it commenced to slough. Gradually a black mass was disclosed, revealing the true nature of the tumour, which was evidently a blood-clot. This gradually became enucleated, and in due time was turned out, leaving a chasm in the abdominal wall, four inches wide by three deep. Cotton-wool steeped in carbolised oil was used to plug the cavity from the bottom, which rapidly closed. On July 10th Dr. Fenwick, of Harley-street, saw the case with me in consultation. After an exhaustive examination he accurately diagnosed the nature of the tumour as verified by its subsequent history. The case is interesting from its rarity, and the complete recovery under a strictly expectant plan of treatment, aiding the *vis medicatrix nature*. The fall must have caused muscular rupture at the seat of injury, with subsequent hæmorrhage into the cavity thus formed.

Shadwell, E.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

EVELINA HOSPITAL.

CASE OF ACUTE CHOREA TREATED BY MASSAGE;
RECOVERY; REMARKS.

(Under the care of Dr. GOODHART.)

FOR the following notes we are indebted to Mr. W. H. C. Newnham, B.A. Cantab., resident medical officer:—

E. S—, aged twelve years, was admitted on Sept. 19th, 1882. Her father died at the age of forty, of some ulceration of the throat; her mother was alive and healthy. Seven other children all alive; none of them had had chorea, nor was there any history of rheumatism in the family. The patient had measles nine years ago and whooping-cough five years ago, but had not had scarlatina. It was stated that for three years the child had suffered more or less from rheumatic pains in her joints, but had never had any acute attack; these pains had existed since her convalescence from typhoid. Seven weeks before admission (after coming from Scotland to London) it was first noticed that her arms were constantly twitching; she was seen by two medical men, but in spite of treatment she got steadily worse, so that she threw herself violently about, was subject to violent screaming fits, and could not feed herself.

On admission there were very violent universal choreic movements; it was at once necessary to pad the sides of the cot with pillows. There were many marks of bruises on her arms and legs. The arms were tossed about considerably, but as there was marked motor paresis accompanying the chorea, the movements were rendered less violent than when the arms were supported. The legs were not so violently contorted; they were very cold, and she required a hot bottle to the feet. The muscles of the face were violently twitched; there was a most sardonic grin on attempting to smile; this was almost constant when she was watched; no dysphagia; speech was almost entirely absent; patient did not answer any questions. In the first twenty-four hours she passed urine twice into the bed, and had to be watched to prevent repetitions. Urine acid, sp. gr. 1025, no albumen; considerable amount of phosphates. Lung sounds normal. Heart: Dulness not increased; apex-beat normal. At the apex was a softish, systolic murmur, also heard in the axilla, becoming much rougher at the left base. The child cried nearly the whole day, and screamed out loudly, and was much worse if her mother or any of her friends were at the bedside. In taking some milk she bit her medicine-glass, breaking it in pieces.

Orders were given that none of her friends were to be admitted to see her, and she was put under the care of one special nurse during the day. Did not sleep, except in snatches, for the first three nights. There was great wasting of the muscles of the extremities, and altogether the girl appeared very helpless.

On Sept. 22nd, three days after admission, "massage" was ordered, with the "special massage diet" (both described in THE LANCET, Aug. 5th, 1882, in a paper on this subject by Dr. Goodhart). For the first twenty-four hours massage seemed to have but little effect, and she did not sleep after it. It was performed morning and evening, for twenty minutes each time.—24th: She slept for one hour after massage. No screaming fits and no involuntary passage of urine.—26th: Slept well at night, going off soon after the massage was finished. Required to be fed with a spoon, and was a considerable time over her meals.

On October 7th the patient had been steadily improving; took her food well; seemed more sensible; could feed herself; had not spoken at all yet. A week later she was very much better, could sit up and feed herself. Had spoken to the nurse and addressed her by name.—21st: She was able to talk and all choreic movements were absent. Thenceforth she got up and went about the ward and could do everything for herself.—26th: She was quite well enough to be discharged, but in the evening her temperature rose to 104°, she complained of sore-throat, and in the morning she was covered with the scarlatinal rash. She was removed to the Fever ward, had slight albuminuria, and at the end of six weeks was discharged quite well. There was still a slight systolic whiff at the apex.

Remarks.—It was noted that on October 23rd she was quite well—that is to say, thirty-four days after admission. May this be said to be due to the "massage," to the rest in bed, or to the isolation from her friends and relations, or to all three combined? She never had any medicine at all for the chorea.

WOLVERHAMPTON AND SOUTH STAFFORDSHIRE HOSPITAL.

FRACTURED CERVICAL SPINE; RECOVERY.

(Under the care of Mr. VINCENT JACKSON.)

FOR the following notes we are indebted to Mr. W. H. T. Winter:—

William P—, aged forty-five, fell with his neck across a rail, on June 21st, 1882. On admission to the hospital there was absence of sensibility in the arms, trunk, and legs. The arms were capable of feeble and irregular movements, but the legs were quite paralysed. Respiration was purely diaphragmatic. The abdominal reflexes were exaggerated, and there was priapism. Patellar reflex and ankle clonus absent. There was tenderness about the fourth or fifth cervical vertebræ; but no irregularity of the spines could be discovered. For some weeks there was retention of urine (the catheter being used twice daily) and obstinate constipation. On July 1st the patient had a slight attack of cystitis; and his evening temperature went up to 104°. As small quantities of urine collected in the bladder it was forcibly voided. This attack passed off in a few days. About this time sensation began to return in the legs, and motion became more powerful in the arms. Tactile sense returned slowly up the body, although the patient could not distinguish hot from cold objects. On July 14th the patient became conscious of the desire to micturate, and he could move his feet a little. From this he steadily improved. At the end of July a hard lump (callus) was found growing above the vertebra prominens. On Aug. 25th the patient was allowed to get up on the couch; and by September he was able to walk stiffly and with a little help.

On Sept. 20th he was discharged. He was able to walk very fairly, but the neck was kept rigid. Motion and sensation had completely returned. Except on the occasion referred to, the temperature was normal throughout the illness. The patient is now (December) working as a farm labourer in Shropshire.

WOUND OF THE BLADDER; RECOVERY.

(Under the care of Mr. VINCENT JACKSON.)

William A—, aged twenty-four, a carman, was loading a truck when he slipped and fell upon a trolley, such as railway porters use. The handle of the trolley tore his trousers and entered the rectum. The patient was admitted into the hospital (soon after the accident) on Nov. 18th, 1882. He complained of great supra-pubic pain and pain in the rectum. A rectal examination showed that the sphincter ani was paralysed and dilated, and that the bowel contained blood. On passing a catheter six ounces of bloody urine were drawn