PUERPERAL SEPTICÆMIA: USE OF STREPTOCOCCUS ANTITOXIN.

BY ANGUS E. KENNEDY, L.R.C.P. LOND.,
M.R.C.S. ENG., L.S.A.

A PRIMIPARA aged twenty-eight years was confined on Aug. 28th, 1895. The presentation was left occipito-posterior, and a child weighing ten pounds was delivered with forceps, the occiput not rotating and the perineum being torn to the sphincter. The labour lasted twelve hours. She recovered fairly well and progressed till the evening of the fourth day, when her temperature rose to 103° F. and she had a shivering fit; but after a copious motion—the bowels had not been open since the confinement—the temperature became normal, and she went on without regaining strength till Sept. 11th, when the temperature rose to 101° in the evening. On Sept. 12th she was carried to a sofa, but soon asked to go back again. On Sept. 13th she was not well enough to be moved. On Sept. 14th, seventeen days after labour, she had a slight rigor in the morning, followed by a more severe one in the afternoon, when the temperature rose to 104°. On Sept. 15th her temperature was 104°, the pulse 130 and very feeble. The abdomen was somewhat distended and tympanitic, the tongue being fairly clean. There was no uterine tenderness. After a copious evacuation of the bowels her temperature fell, and she remained very exhausted and feeble, but with a normal temperature till the evening of Sept. 17th, when it rose to 103° and her pulse to 120. There were no local symptoms whatever, and the distension of the abdomen had disappeared, but her pulse was so bad and her general condition so very much worse that I gave her 40 c.c. of the antitoxin at once. In six hours her temperature had fallen to 100°, and the pulse to 112, and she said her head felt much clearer; but fourteen hours after the first injection her temperature had risen to 102°, and the pulse to 120, and I then gave her 45 c.c. of antitoxin. Her temperature reached 99° in six hours, and in twenty-four hours was normal, and since then there has been constant improvement, though she remained so exhausted that it was seven weeks before she was able to walk across the room alone, and she is as thin as a convalescent from typhoid fever. The child was of course weaned before the first injection. My idea of the case is that there was a septic thrombus in a vein, which was loosened and carried into the general circulation when she was taken out of bed; but the actual cause of the symptoms is very obscure, though no one seeing her would have doubted its being septic.

Being the first time that streptococcus antitoxin has been used in England the case seemed worth publishing, and I am indebted to Dr. Ruffer for his kindness in getting me the antitoxin.

Plaistow.

A CASE OF COMPLETE SEPARATION OF THE UPPER JAW.

BY G. HERBERT HOPKINS, F.R.C.S. ENG.,
SURGEON TO THE SWANSEA GENERAL HOSPITAL.

A MAN aged forty-nine years was admitted to Swansea Hospital on Aug. 7th, 1895. He had been struck on the back of the head by a wooden beam and knocked forward on to a coal truck, the sharp edge of which had caught him at the root of the nose. On examination the whole of the upper jaw was found to be detached from the skull, the nasal processes of the superior maxillary bones and the zygomatic processes of the malar bones being fractured. There was over an inch of separation in the middle line. The frontal sinus and anterior ethmoidal cells were opened up. The eyes were quite uninjured. The parts were cleaned and stitched up, free drainage being provided for by the nose. A Smith's gag was used, which kept the parts in very good position. The patient wore this continuously for a fortnight. He is now quite well with the exception of slight ptosis of the right eye.

Swansea.

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.

LIVERPOOL ROYAL INFIRMARY.

CASE OF HYDROCEPHALUS; TREPHINING; OPENING OF
THE FOURTH VENTRICLE; RECOVERY.¹

(Under the care of Dr. GLYNN, and Mr. THELWALL
THOMAS).

THIS case is a brilliant example of the good results obtained by modern surgery in a disease which has hitherto, with very few exceptions, proved fatal. It is only necessary to read the subjoined notes to understand how desperate the condition was in this patient. The methods formerly adopted by surgeons for the relief of hydrocephalus—tapping the lateral ventricles of the brain through the anterior fontanelle or after trephining when the skull had already closed—were but palliative in their effects, and death was only postponed for a time. Drainage of cerebro-spinal fluid from the spinal canal has been unsuccessfully tried, and until Mr. Parkin, following out some suggestions made by Mr. A. C. Morton, trephined a child aged four years and a half on April 4th, 1893,² we were without proof that the operation could be done on the living subject. It is true that this first case was unsuccessful, but great temporary relief was afforded to the patient, and when the case alluded to by Mr. Thelwall Thomas in his remarks came under treatment operation with slow drainage for eighteen days was followed by complete success. It is very evident from this brief abstract that the number of cases in which it is possible to do any good by operation is very few, for it may be taken for granted that if such came under the observation of physicians they would eagerly avail themselves of this chance of effecting a cure. The operation is only in its infancy as yet, and therefore it behoves those with any experience to give the profession the benefit of it. For the notes of this case we are indebted to Mr. Thelwall Thomas, senior surgeon to the infirmary.

The patient, a young man aged eighteen, was admitted into the Royal Infirmary, Liverpool, on March 15th, 1895, with the following history. Eighteen months previously, when a steward on an Atlantic steamer, he began to suffer from occasional attacks of severe headache and giddiness, which lasted for a few hours at a time. The pain was most marked in the back of the head. The attacks increased in severity and frequency, so that for the last six months he had hardly been free from pain. Latterly the attacks of giddiness had been so severe that he fell during them, always towards the right, although surrounding objects appeared to revolve to the left. For five minutes before an attack he felt very sick (he had only vomited once, three months previously, when an iron hook struck the back of his head and determined a fit); his head felt very hot, but he experienced a sensation of coldness and numbness in the trunk and limbs and a buzzing noise in both ears. If he closed his eyes the giddiness was not so troublesome, and he could avoid falling if he clutched at a railing or some article of furniture. When he fell he had remained on the floor as long as half an hour, conscious, but unable to rise or speak, although he understood what was said to him. Memory, sight, and hearing had been gradually failing. For six months he had suffered from insomnia, occasionally getting a few hours' sleep only to wake up with intense headache. For the last three weeks he had been afraid to leave his bed on account of the giddiness. On admission he was found to be a well-nourished thick-set youth with a very dull look and a large head twenty-five inches in circumference. His temperature was 97·6° F. and the pulse was 66. Severe headache was referred to the right occipital region; the head was tender.

¹ This case formed the subject of a paper read before the Medical Institution, Liverpool, on Oct. 17th, 1895, the patient being exhibited.

² THE LANCET, Nov. 18th, 1893.