

judgment of the regular officers in the command, and should be particularly directed to supply the needs which have been found lacking, and which they better than any others are in a position to appreciate.

(c) The work must be accomplished without call on the regular service for aid, either in transportation or distribution; that is, it must be a stream of supply from an independent source, and one whose presence is felt only by the relief it brings.

Clinical Department.

THE REPORT OF A CASE OF PUERPERAL ECLAMPSIA WITH COMPLICATIONS.

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I PRESENT for your consideration the report of a case which occurred in my practice about a year ago, and which I deem interesting and worthy of note, not so much for the case *per se* as for the complication which arose during patient's illness. The history is as follows:

Mrs. K., age twenty-seven, American, of medium height and well nourished, called at my office April 2, 1898, and engaged me to attend her during confinement, which, she said would be about the first of June; she was then seven months pregnant. She has during this time suffered no inconvenience whatever, except some slight nausea and vomiting the second and third months.

For a week previous to consulting me she had had slight pains in the lumbar region, and for this reason, together with increased frequency in micturition, she thought she must have some kidney trouble. I make it a rule, if possible, to examine the urine of every pregnant woman engaging my services at some time during the latter months of pregnancy. I did so in this case not only for my own satisfaction but for the soothing influence it might exert upon the nervous system. Result of analysis negative, or, in other words, normal. I did not think it necessary to examine it microscopically. A few days later I made known to her the result of the analysis and noted its pleasing effect.

I heard nothing more from her until Sunday afternoon, May 1st, just about four weeks from the time of her former visit. She was now eight months along, complained of a severe headache located near base of brain with darting pains in neck; five days before had had a similar headache lasting two or three hours; had not felt quite as well since first attack. Prescribed Antikamnia in five-grain doses and a solution of bromide of potassium to be taken at bedtime. Was aroused from slumber the next morning at 2.45 by Mr. K., husband of my patient, who stated that he had been awakened from sleep about one o'clock to find his wife sitting up in bed grasping her head with both hands and complaining bitterly of a severe pain in the back of her neck. In a few seconds she threw up her hands and fell back in a spasm; he wished I would go and see her as soon as possible. I went with fear and trembling. Upon my arrival found she had had in all three convulsions, each lasting for a few seconds; had not had any during last half hour; was feeling quite well but very excitable. No dilation of os uteri found upon examination gave 30 grains each of bro-

mide of potassium and chloral hydrate per rectum, which produced a quiet sleep; left a solution of the six bromides, one teaspoonful to be given every two hours, directing them to call me at once should she have another spasm. I left for a few hours. For unavoidable reasons it was 3 p. m. before I saw the case again; had had one more convulsion during my absence, making four in all; was now in a semi-stupor. I informed the husband of the true condition of affairs, and that I desired a consultation. Dr. Walker, of Concord, was summoned by telephone, and in less than an hour was upon the spot. It was decided that patient was suffering from eclampsia, and the first and only thing to do was to empty the uterus as soon as possible. Patient was etherized, manual dilation performed, and a dead child extracted after some difficulty, by version; during the whole time all necessary antiseptic precautions were observed. Called at 9 p. m., patient had recovered from ether fairly well; was quite comfortable. Temperature was 99°, pulse 100, and respiration 18.

May 3d. Rested easy during night; could pass no urine; catheterized and drew away eight ounces. Temperature 101°, pulse 115, respiration 20.

May 4th, third day. Taking nourishment well; lochia normal; temperature 101½°, pulse 115, respiration 20. Ordered magnesium sulphate, one drachm every hour until bowels moved freely, hoping it might also reduce the fever.

May 5th. Bowels moved three times from salts given the preceding day. Temperature 102½°, pulse 120, respiration 24. Ordered a vaginal douche of corrosive sublimate 1-3000 to be given morning and evening.

May 6th, fifth day. Temperature 102½°, pulse 120. Odor from lochia quite disagreeable; complained of pain in the left iliac region, although no localized point of tenderness could be found.

May 7th. Temperature 102¾°, pulse 122; pain over region of bladder; urine loaded with albumen; pain on left side more severe; lochia very offensive. Introduced a Sim's speculum into vagina and scraped out uterus with a dull curette, following this with a uterine douche (corrosive sublimate 1-5000).

May 8th. Is resting fairly well nights; urine high colored and concentrated. Left a solution of sweet spirits of nitre and citrate of potassium.

May 9th. Temperature 102°, pulse 120. Gave another uterine douche; seems a little weak this morning. Ordered a teaspoonful of brandy in milk every two hours. Left calomel, five grains, and bicarbonate of soda, twenty grains, to be followed in a few hours by a rectal enema.

May 10th. Summoned this morning by telephone; patient had had a secondary hemorrhage, lost considerable blood and was quite pallid when I arrived. Complained of not being able to see very well. Temperature 102°, pulse 124. Ordered brandy every hour in drachm doses, small doses of ergot, and enough morphia to ensure rest; pain in side not as severe.

May 11th. For the first time since May 1st had a natural movement of the bowels; troubled a good deal by gas; tongue moist. Temperature 103½°, pulse 132. Ordered tincture of *mux vomica*, five drops every three hours; nourishment every two hours.

May 12th. Temperature 100¾°, pulse 100. Tongue moist; gas less troublesome; bowels not as distended; vaginal douche every six hours. Discharge from uterus more abundant when lying on right side.

May 13th. Temperature 100°, pulse 108; restless; complains of shooting pains in right lumbar region and both sides of chest. Codeine, one-quarter grain every three hours, kept patient easy.

May 14th. Temperature 99°, pulse 108; complains of pain in left groin. Left thigh and leg swollen, pearly-white and extremely tender; wrapped the limb in cotton batting and covered with oiled silk.

May 21st. Just one week from last report. During this time there has been very little change of temperature. Tongue dry and hard; neuralgia troublesome; swelling in limb has diminished. Discharge from uterus very abundant. Examination by vagina revealed nothing of importance. Examination of abdomen. From a point corresponding to the left ovary and extending upward into the left lumbar region and to within about two inches of the median line could be felt the elongated outline of a tumor-like mass about the size of a large cocoanut. On palpation a gurgling sound could be heard followed immediately by a profuse discharge from the vagina, and patient would complain of feeling faint.

May 22d. Temperature 102°, pulse 120. For the first time in three weeks passed a very little urine without the use of catheter. Have washed out bladder with plain water every morning and night for a week.

May 24th. Nurse informed me patient had had a bad spell at 5 A.M.; came near fainting while being douched; recovered under two drachms of brandy. Ordered ten minims of digitalis every four hours. Temperature 102°, pulse 120.

May 26th. Swelling in left leg very nearly gone; discharge from uterus profuse as ever, and very offensive; taking nourishment well, consisting of egg-nog, milk and brandy, malted milk, Mellin's food, etc. Sat up ten minutes to-day.

May 28th. Temperature 99°, pulse 120. Complains of a good deal of pain in left side of abdomen; is getting deaf; complains of ringing and buzzing in ears, particularly the right.

June 1st. Is taking nourishment well but is daily growing thinner; sits up five or ten minutes a day; restlessness is controlled in a measure by quarter-grain doses of codeine given every three hours.

From June 1st until June 12th, (time of patient's death) the temperature ranged from 99° to 102°, pulse 108 to 128, respiration from 30 to 40. In the meantime Dr. Walker was consulted as to the advisability of operating upon this abscess, but, as it was discharging freely of itself, it was not thought best. Patient continued to grow weaker day by day and finally succumbed June 12th.

With your permission we will take a brief *résumé* of the case: As near as I can learn from those who were intimately acquainted with our patient, she had suffered from more or less pain in her left groin during the entire period embraced in the eleven months of her married life. From an authentic source we also learn that a few months before marriage husband had contracted gonorrhea, and during winter and spring preceding birth of child had been a great sufferer from articular rheumatism so called, presumably gonorrheal arthritism. At the beginning of the ninth month of gestation was seized with puerperal eclampsia, after delivery. She developed a cystitis which refused to yield to either local or general treatment, and the use of the catheter could not be dispensed with during

the entire six weeks of sickness. Had a secondary hemorrhage on the tenth day, which weakened patient much. First complained of pain in left groin, which afterwards extended up into left lumbar region about the sixth day, the discharge began at this time; this pyosalpinx or pyoöphron will be referred to later on. The neuralgic pains were first noticed on the thirteenth day and continued first in one place, then in another, until the end. Phlegmasia alba dolens was first noticed the fourteenth day, beginning in the left thigh and working downward. I look upon this as a secondary phlegmasia due to septic absorption.

During illness temperature ranged between 90° and 103°, pulse between 108 and 132, respiration between 20 and 40. I have noticed that when the pulse remains above 100 for any length of time in an obstetrical case, trouble may be looked for before the case is discharged.

Treatment.—Although all antiseptic precautions were taken in regard to catheter and soft parts, yet a cystitis developed about the ninth day. Washed out bladder in morning with plain water and at night used a saturated solution of borax, and opium in suppository form for relief of pain, gave internally diuretics and demulcent drinks, such as elixir buchu and acetate of potassium, twenty-grain doses of acetate of potash in half a tumbler of water, lithia and apollinaris water, for gas in stomach and bowels, five drops of tincture nuxvomica every three hours, as a tonic, tincture chloride of iron, ten drops every four hours; for the heart, tincture digitalis and cactina pellets.

Nourishment.—Egg-nog, malted milk, Mellin's food, beef tea and plain milk, nourishment to be taken every two hours during day and every three hours during night, with very few exceptions; amount taken each time, one cupful; brandy, whiskey and wine administered the last three weeks.

In conclusion, I will say that in my opinion this pyosalpinx did not originate at time of patient's illness but rather nine or ten months before. You will recall to mind my previous statement that she had suffered from more or less pain in the left ovarian region since marriage, and that at or about this time her husband was reported as having gonorrhea. Might it not be possible that the gonococci entered the uterus at this time, found lodgment in the Fallopian tube, kindling a smouldering fire from which originated a chronic salpingitis, accounting for the pain, and which was finally fanned into a blaze which swept everything before it. The result of this salpingitis closely resembles in its effect the destruction which follows a stroke of lightning, differing only in its mode of onset. We have all watched a thunder-shower during the summer months, have seen the flash of lightning and immediately after heard the thunder-clap; in this case the flash was preceded and not followed by the clap.

The oft repeated question, "Is marriage a failure," can, I think, in this case be answered in the affirmative.

A NEW ASSOCIATION.—We learn from the *Journal of the American Medical Association* that an association for the promotion of public hygiene has been organized in Germany by V. Leyden, Rübner and other prominent members of the profession, and officials. Lectures, meetings, circulars, everything tending to educate the people in matters of hygiene is included in its scope.