cases were German, and of these 88 per cent. of the mothers recovered and 94 per cent. of the children were delivered alive. The fourteen Dresden cases resulted in thirteen maternal recoveries and fourteen living children. In the seven Leipsic cases, the mothers and children were all saved.

It will be seen, therefore, that the mortality of the improved Cæsarean section, as an elective operation in the hands of experienced operators, is lower than that of craniotomy; and it is not an unreasonable expectation that with the increasing consideration for foetal life, the modern conservative methods will in all enlightened communities displace, in most instances, the destructive operations.

Clinical Memorandum.

TYPHOID FEVER WITH UNUSUAL FEATURES.¹

BY F. E. PORTER, M.D., AUBURNDALE, MASS.

In August of 1885, I was called to a store to see a man who said he had taken cold during the rain of the week previous; had headache, back and legs ached off and on ever since; nose bled the morning before, face anxious and pale, eyes seemed prominent and larger than usual. Patient thought he had indigestion, and had for a few weeks back resorted to an apothecary for plain soda, which seemed to him to help him. Some rolling and tumbling in bowels, though no diarrhoea, tympanites or sensitiveness to deep pressure in iliac fossæ. Surface dry, pulse 116, temperature 104°, respiration 32.

Advised him to at once go home, take warm bath, apply warm pack to abdomen, and drink, in the course of a couple of hours, a tumbler of water containing

R Liq. Ammon. Acet. 3i.
Syr. Limonis 3i. M.

and if sleepless and restless at bed hour take gr. vi Dovers' powder. The next morning he told me he slept well, sweat freely, and felt better. Pulse 94, temperature 103°. At 5 P. M., pulse 100, temperature 104.4°; advised spongings with soda water, and Dover's powders gr. iv. at bed hour, if necessary. On second morning his pulse was 100, temperature 102.8°, respiration 24, bowels had not moved, though often threatened to; tongue brownish coat on sides; tip clean; said he "dreamed last night, and sweat in his sleep." 5.30 P. M., pulse 88, temperature 104.3°, nervous and restless, bowels uneasy.

No discernible change took place until the fifth morning. Pulse was then 92, temperature 102.6°; his friends said he was wandering during the night, and often required a strong man to keep him in bed. Up to this time he had been fed with plain, liquid, nutritious, and in part concentrated nourishment. At 2 P. M. was suddenly called, the patient having thrown himself in delirium about the bed, and could not be held. While there noticed his heart was fast failing, weakened action, frequent stops, irregular, surface growing cold, capillary circulation poor, nails blue, mouth wide open, and gasping respiration. Heaters, hot packs, hot coffee, hot water and brandy, and constant attention alone succeeded in whipping up the heart to renewed action and work.

7 P. M. Violent, and many men had to hold him;

eyes bright and glistening, pupils dilated, saying nothing, but eyeing, hearing, and knowing all, refusing everything. Pulse 140, temperature 102°, respiration 36; strength and power unnaturally increased, throwing men away from him in different directions. Consultation was sought with several physicians, and late in evening Dr. Thayer arrived. While rehearsing the condition in adjoining room, was suddenly called, to find patient wrestling with five men. Codeia, in grain doses, an hour apart was advised. At 2 A. M., after about five hours of extreme exertion, which of itself would inevitably wear out the patient in short time, and being unable to administer ether, which in many directions seemed preferable, I gave one-half grain of morphia subcutaneously; then waiting forty-five minutes for results without finding any, three-eighths more was injected. In fifteen to twenty minutes his exertions began to cease, and a controversial tack set in. At 4.30 A. M., he was asleep, which continued until 9.30 o'clock on the sixth morning. Pulse, temperature, respiration, state of surface, pupils, etc., corresponded to action of morphia in the system. During sleep patient sweat like rain, as indeed he had for past three nights. When he awoke, his mind was perfectly clear, called for milk, toast water, clear water, beef-tea; bowels moved and bladder emptied voluntarily, and the patient commenced to advise about pulling together in pulling him through, though soon after declared to those about him, he could not get well, "was all broke up," declared he must die, at the farthest in a few hours. Large discolored spots were now discovered about his hands, arms, thighs, and knees, one or two about the trunk, with here and there an abrasion, notably over the joints. Petechiae, usually found about the chest and abdomen, were not seen. Another failing of heart's action set in with its attendant symptoms, which were promptly met with hypodermics of brandy, etc.

At 2 P. M., he was fast becoming delirious, and seemed maniacal. Had he the strength of the preceding twenty-four hours, I have no doubt the same fight would have to be repeated. A hypodermic injection of one-quarter grain of morphia sulphate stopped the muscular exertions, though the time was occupied with much talking and occasional sleep. At nearly midnight I left him, with pulse 145, temperature 100°, respiration 45, with directions to have brom. potass., sodium, et ammonium, and chloral hydrate aa. gr. x, in a suitable menstruum given per rectum, should raving again set in. Having a professional man nurse on hand at that time I could rely on the execution of orders. He continued to fail during the night, and at 6 A. M., on the seventh morning of attendance, was called to find the pulse had been failing at the wrist for an hour, and now gone, heart's action 125, respiration sighing, and patient moribund. At seven o'clock all was over.

At 9.30 o'clock the undertaker found me and said my patient was fast growing unrecognizable, parts soft and dusky, abdomen swelling, ecchymotic spots, the size of a dollar to size of hand, appearing on back and legs. I saw him at ten o'clock and again at 2 P. M., when he was beyond recognition.

Extremities were fast amputating themselves,² and

¹ In confirmation of the above, the undertaker tells me he was obliged to lift the body on a sheet in putting it into a hermetically sealed casket. At the funeral, while carrying the remains into and out of the church, the pall-bearers said that different ends of the coffin were heaviest, according as it tipped during conveyance, and sounds were heard as of fluid in motion while the casket was in their possession.

¹ Read before the Middlesex South District Medical Society.

I told the friends that he died at the point of saturation with the poison; a gross statement to be sure, but one I thought more readily acceptable to them than any more refined elaboration of the condition.

Two or three reflections occur to me as I review this case. One is, the falling of the temperature when the cerebral irritation became pronounced. In this connection I will quote Liebermeister. "A condition of special interest, which sometimes develops itself at the height of the disease has been called by me, irritation of the brain with depression of temperature. Sometimes, about the middle of the second week, at the height of the disease, in a patient who has had continually high temperature and the corresponding functional disturbances of the brain, the brain symptoms suddenly assume an anomalous character; they become such as to suggest meningitis; or well-marked mental disturbances appear, either partaking of the character of melancholia or with maniacal tendencies, the pupils at the same time losing their sensitiveness to light.

"The striking feature of this condition, however, is that the temperature of the body, which has thus far run its ordinary course, and has for the past few days remained at about 104° F., or over, suddenly falls, when the evidences of irritation of the brain appear, and, during the continuance of the brain symptoms, fluctuates in an irregular manner between 98.5° and 100.5° F., or even between 97° and 102°.

"In favorable cases the brain trouble disappears in a few days, or it may not be until a few weeks have elapsed, and then the temperature rises again to a point corresponding to the stage of the disease, and the regular order of things is resumed. . . . It is a condition most apt to supervene in grave cases, and the irritation of the brain appears to result from the influence of a high temperature on that organ. The lowering of temperature which exists during the continuance of irritation of the brain may, perhaps, be most easily explained on the supposition that the controlling nerve centre, which presides over the regulation of temperature, is itself involved in this irritation."³

Another reflection is, the early appearance and despatch of the nervous symptoms. Murchison says, "As a rule, it does not commence until the middle or end of the second week, and it often does not appear until the end of the third week. . . . Still there are exceptional cases where the delirium occurs earlier. Louis mentions two instances where the patients were delirious during the first night. Jenner observed delirium, occasionally one of the earliest symptoms. Bristowe records a case where maniacal deliriums occurred on the second day." In three cases in which Murchison had been consulted, "the illness had at first been regarded as acute mania, and in two of these cases removal of the patient to a lunatic asylum had been contemplated."⁴ Flint says: "Exceptionally it is manifested in the first week, and even when the patient first takes to bed. . . . So far as my observations go, persisting, active or violent delirium, requiring restraint, is an extremely unfavorable symptom."⁵

Lastly, the rapid decomposition after death. In this disease I do not remember ever to have seen such changes recorded. It must imply an unusual amount of the poison received. It is unusual also, to see pa-

tients die thus early in the typhoid run. Emaciation is not pronounced, the fluids and fat are not yet reduced. Must it not mean, that the materies morbi is the main factor in this instance; while the fever, an attendant upon the disease, has not as yet more than commenced to work its own destructive processes? I have thought that the excessive muscular exertions, also, were a factor in the rapid destruction. The amount of nerve-power necessary to execute such movements, for so many hours without sleep; the amount of tissue waste of all sorts, with a poisoned nutrition, the blood, hastening to supply the loss of itself, would contribute degeneration for regeneration. One writer attributes the early appearance of delirium, not to any degree of fever that the patient as yet has had, but to the typhoid poison *per se*. And, I see nothing in the way of supposing, that a material, introduced into the system in amounts sufficient to so soon beget cerebral delusions, fancies, stimulating and perverting its energies to maniacal proportions, can, when driven throughout the economy at a heart gait of one hundred and forty and upwards, render every kind of structure, save the fibrous and bony, sufficiently pathological as, not only to cause early death, but, in warm weather, speedy decomposition beyond any recognition of the individual.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.

CHARLES P. STRONG, M.D., SECRETARY.

MARCH 7, 1887, DR. McCOLLOM in the chair.

DR. E. D. SPEAR presented a paper,

REMARKS UPON THE DRUM-MEMBRANES, WITH CASES.¹

DR. C. J. BLAKE spoke very favorably of the use of paper patches in the treatment of perforations, alluding to a case of his own, where the patch disappeared through the hole, subsequently reappearing in the secretion. He favored the use of a long or oval patch.

DR. H. L. MORSE said that he had also passed a patch through a perforation, and in no way had he since known what became of it. At all events, it had produced no bad symptoms. He spoke, also, of the common fallacy of thinking that a perforation must necessarily induce deafness. In a case that he had had under treatment, where injury had been caused by the use of a fountain-syringe in removing plugs of cerumen, he had derived great advantage from the use of Politzer plugs, when other means of restoring the stapes to its normal position had failed.

DR. F. L. JACK reported some cases illustrative of the fair amount of hearing possible, despite large perforations.

DR. LELAND alluded to the employment, of the inside skin of the egg-shell, instead of paper, as having produced better results in his practice. In one case, it was worn without renewal for two months.

— It is said that a tooth immersed in a solution of the tincture of iron in eight parts of water, has its enamel entirely destroyed in one hour.

¹ See page 177 of this number of the Journal.

³ Ziemssen, Vol. I, p. 178.

⁴ Murchison, Cont. Fevers, Second Edition, p. 535.

⁵ Flint, Fifth Edition, p. 953.