

The night-cries persisted for nearly two months, though the motion was slowly returning. He was unfortunately lost sight of after discharge.

CASE 14. Boy, five years old. Twelve days before entrance was kicked in the hip, and in a few days developed a high temperature and held hip flexed. The soft parts around this joint were much swollen and very painful on pressure or attempt of motion. It could, however, be put through 18° in flexion and 20° in abduction. The temperature on entrance was 102° F., but fell to normal on the third day. Count taken the day after entrance showed

Erythrocytes	4,336,000
Hemoglobin	63 p. c.
Leucocytes	24,212
Lymphocytes	13 p. c.
Large mononuclear and transitional forms	4 p. c.
Polynuclear neutrophils	80 p. c.
Eosinophiles	3 p. c.

In three weeks the motions were nearly normal, and there was no pain. The case has continued to do well for eight months.

CASE 15. Girl, five years old. Hip disease dates back over three years. Had been in the hospital about a year ago for pain and malposition of joint, staying two and a half months and having 90° flexion and 20° abduction at the time of discharge. Readmitted three months ago with an acute exacerbation said to have come from taking cold. The hip was very sensitive and admitted no motion. Longitudinal traction gave no relief, and even seemed to increase the pain. Lateral traction increased up to two pounds, finally gave some improvement. After two months' bed treatment, she was gotten up with a combination double splint on. At the time of the count, three months after entrance, there was no motion, and although she was apparently free from pain, she refused all attempts to make her walk. The temperature ranged between 98.4° and 100°, being 99.4° at the time of the count.

Erythrocytes	4,874,660
Hemoglobin	63 p. c.
Leucocytes	30,980
Lymphocytes	12 p. c.
Large mononuclear and transitional forms	14 p. c.
Polynuclear neutrophils	72 p. c.
Eosinophiles	2 p. c.

Case returned to the house in seven months with a large abscess.

(To be continued.)

Clinical Department.

A CASE OF SEPTICEMIA FROM SEWER-GAS.

BY ARTHUR P. PERRY, M.D.

Mrs. A. B., primipara, age twenty-eight years, was delivered by forceps after a labor of twenty-four hours.

The head was low down when these were applied, and the child was easily extracted, no violence being done to the mother's parts.

The usual precautions were observed as to asepsis in the instruments, hands, etc., and a post-partum douche was given.

Mother and child did well for three days. On the fourth the patient had a chill, with a temperature of 103°. There was, however, no uterine tenderness, and the lochia continued to flow. There was good secre-

tion of milk and no trouble with the nipples. A thorough examination of the other organs failed to show any cause for the rise in temperature.

This had continued for a day or two when a disagreeable odor was noticed in the sick-room, apparently localized about the bed, which was in a corner. Careful inspection of the patient and the bed did not disclose the source of it, however.

Suspecting that the odor might come from a dead rat in the walls or floor, I urged the removal of the mother and child to another room, but to no purpose. The husband thought that "the place was good enough" for his wife, and could not be made to believe that there was any harm in the odor.

Finally, investigation was made in the cellar directly under the room in which the patient lay, and here the cause of the trouble was found. A bath-room was situated across the hall, just outside the sick-room. From this a four-inch soil-pipe ran under the floor and through the underpinning of the house, at a point under the head of the bed. After passing through the wall the iron pipe terminated some two or three feet from the house in an earthen pipe, which ran about twenty-five feet and emptied into a cesspool. This earthen pipe was much larger than the iron pipe, and at the joint the plumbers had merely brought the two to meet each other and run cement around the joint. The frost had "heaved" the pipes and broken the connection, allowing some of the contents to find their way along the outside of the iron one and into the cellar directly under the head of the bed, and even that side of it on which the patient lay most of the time.

As soon as this was discovered, the patient was removed to another room at a safe distance, a trained nurse was engaged, and recovery began to take place, she finally being discharged well.

The pipe-connection having been repaired and disinfectants used the foul odor disappeared. Great care should be taken in building houses to have a trap in the soil-pipe outside the house wall and easily reached.

In Boston the law requires that plumbers shall carry the soil-pipe ten feet out from the building and this is usually the limit of their contract. Earthen pipe is somewhat cheaper than iron, and for this reason connection between the point where the plumber leaves off and the sewer is nearly always made with this. It is unsafe to do so, however, on account of earthen pipe being so easily broken by frost, settling of the ground, etc. The iron soil pipe should be carried completely into the sewer or cesspool, be it as distant as may be.

SUBMUCOUS FIBROID OF UTERUS, OCCASIONING HEMORRHAGE IN A WOMAN OF SIXTY-FOUR YEARS.¹

BY WM. H. BAKER, M.D.

Mrs. S. P. W., American, aged sixty-four years, was admitted to the Free Hospital for Women in January, 1896. She had been married thirty years, and had given birth to thirteen children, the youngest of which was nineteen years of age. She had also had four miscarriages. She had complained of "falling of

¹ Read before the Boston Society for Medical Improvement, February 10, 1896.