were considered mild cases of typhoid by the consultants and myself, at the time, even though there was complete absence of all typhoid symptoms and reactions. It was not until I saw the fourth case that I began to study my histories and notes, and realized that whatever the condition is, it is not typhoid.

CASE 6.—Dr. T. R., male, aged 34, single, was a patient of Dr. Louis F. Hamburger. The history of this case is the same as Case 1. Two Widal's were negative.

In discussing these cases with some of the older men, who have been general practitioners for 25 years or more, they tell me such cases are constantly met with. They laugh at the idea that they are unclassified, and call them "typhomalaria," "gastrointestinal catarrh," "autointoxication," "aborted typhoid," "malaria," "acute hepatic fever," "acute gastritis," and similar names. It seems to me that more attention should be given to this class of cases, for they are the kind that rarely reach a general hospital.

1937 Madison Avenue.

Clinical Notes

PUERPERAL INFECTION.

REPORT OF A CASE.

THEODORE MERRILL, M.D.

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The proper treatment of puerperal infection depends fundamentally on the application of appropriate surgical methods when the evidences of such infection call for interference. The indications for surgical intervention are, of course, quite well understood and clearly defined; and after the careful performance of necessary surgery any remaining infection must be combated by the employment, singly or in combination, of (1) means of bodily stimulation and nutrition; (2) general therapeutic measures, including the use of the normal saline solution; and (3) special therapeutic measures of two kinds; antiseptics by preparations of silver, and the employment of a serum. The following case was one in which the serum treatment was tried in connection with general therapeutics and means of bodily nutrition. The use of silver preparations formed no part of the treatment.

Patient.—A young woman, aged 25, in her third labor.

History.—There was a history of a very difficult first labor, which was operative and followed by the delivery of an asphyxiated child, resuscitated with difficulty. After a tedious recovery the patient was treated during a long time for symptoms which, as described, pointed to an endometritis. The second labor was even more difficult than the first, was operative, and the child survived only a few hours. In both of these labors the trouble had been due to an abnormally large passenger.

Present Illness.—The patient came under my observation and care during the eighth month of her third pregnancy, which progressed uneventfully to the time of labor. Labor began October 20, with the discharge of the waters at 11 p. m. After twenty-seven hours of difficult labor a female child of eleven and one-half pounds was extracted at 2 a. m., October 22, through the aid of forceps. The placenta was delivered normally a few minutes after the extraction of the child. The labor was closed by the administration of a hot-water douche, the application of a gauze packing to the vagina and of three sutures to the perineum. The patient made a good immediate recovery, suffering somewhat from soreness. October 22 at 9 a. m. the patient was catheterized; catheterization was unnecessary after this. On October 23 at 11 a. m. the gauze packing was removed.

Pulse, temperature, lochia and other conditions continued

normal to the eighth day, when there occurred a rise in pulse and temperature, and chills, which with other conditions after two days gave unmistakable evidence of sepsis. The lochia had a slight odor. Douching failed to control the symptoms and the uterus was curetted November 2. Intrauterine douche and packing applied November 3.

Serum Treatment.—Under general treatment the temperature declined gradually to normal until November 17. Morning temperature 101, evening temperature 104 F. Under these conditions of temperature, with the patient feeling very well, without pain, abdominal or otherwise, with absence of vomiting and chill, the serum treatment was begun. The following is a record of the dosage of serum and the temperature. During the entire illness the bodily nutrition was maintained as thoroughly as possible by appropriate feeding and stimulation:

November 18: Temperature, 7 a. m., 102.6; 2 p. m., 103.8; 6 p. m., 103.9; 10 c.c. of serum administered at 10 a. m. and 8 p. m.

November 19: Temperature, 8:30 a. m., 102.8; 12:30 p. m., 103.8; 6 p. m., 103.7; 10 c.c. serum administered at 1:30 p. m.

November 20: Temperature, 7 a. m., 100.8; 12:30 p. m., 103.6; 3:30 p. m., 102.6; 6 p. m., 103; 10 c.c. serum administered at 3:45 p. m.; urticaria present.

November 21: Temperature, 7 a. m., 102.8; 12 m., 102.8; 6 p. m., 102.6; 10 c.c. serum administered at 10:30 a. m.

November 22: Temperature, 7 a. m., 100; 12 m., 102.1; 6 p. m., 102; 10 c.c. serum administered at 1 p. m.

November 23: Temperature, 7 a. m., 100.7; 12 m., 100.7; 6 p. m., 102.1; no serum.

November 24: Temperature, 7 a. m., 98.6; 12 m., 99.5; 6 p. m., 102; no serum.

November 25: Temperature, 7 a. m., 98.6; 1:30 p. m., 101.8; 6 p. m., 102.1; no serum.

November 26: Temperature, 7 a. m., 100.7.

November 27: Temperature, 9 a. m., 97.

November 29 the patient was attacked by pain in left groin and hip which naturally suggested the possibility of a phlebitis or arthritis, but questioning elicited the fact of past irregular occurrence of rheumatic pain, and treatment directed along this line relieved the pain. She remained resting quietly until December 19, when she was discharged.

Subsequent History.—She made satisfactory progress subsequently, until the eighth month after labor, when menses failed to appear and remained absent for one year longer. The patient, however, did not return for advice until this time had almost elapsed. One year and six months subsequent to the delivery she came to me complaining of the following symptoms: Irregular pain above Poupart's ligament on both sides; a hemorrhagic leucorrhea (pinkish in color), constant nausea, swelling of ankles, attacks of weakness and fainting, temperature varying from 98.3 to 100 or 101 F.

Examination. Vaginal examination showed very lax tissues and what seemed to be a dense mass in pelvis. She was treated with tampons medicated with ichthyol and glycerin, and given daily douches of hot water. Tonics were administered internally. Under this plan the menstrual flow appeared, the symptom group departed and patient has been perfectly well ever since. The following dates may be of interest, whether as coincidences pure and simple or otherwise: Date of delivery of child, Oct. 22, 1903; date of normal menstrual return, June 22, 1904; date of actual menstrual return, June 22, 1905.

An analysis of the temperature record in this case fails to show a regular decrease, but it does show a fall with oscillations. There is no effect on the temperature evident as the direct result of an individual dose of serum, and, while conclusions drawn from an isolated case must not be given undue weight, the efficacy of the serum treatment as carried out in this case remains in question, for the fall in temperature under the treatment was not greatly different from the fall between November 3 (date of curettage) and November 17 (date of subsequent rise), although no careful record was kept of the temperature between these dates.

The patient's previous history, the late appearance of the sepsis, the rise in temperature after curettage, the return to normal, and the later features of the case, are all full of suggestions; but, so far as the main point of the case is concerned, personally the experience chiefly emphasizes the value of constitutional vigor and resistance, as assisted by proper food and general nutrition.

PYO-PNEUMO-APPENDIX, DUE TO OBSTRUCTION BY A FECAL CONCRETION.

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FT. WAYNE, IND.

Inasmuch as I have never met with a similar condition in a large experience, and have been unable to find a similar case reported in the literature at my hand, including the works of Deaver, Mynter, Lockwood, Holmes, Kelly, Maylard, Douglas and Hemmeter, I deem the following case worthy of record:

Patient.—Mr. D., a Lutheran preacher, aged 32, American, was referred to me by Dr. Cook of Bluffton, Ind. He entered Hope Hospital May 14, 1906. The following history was obtained.

Fig. 1.—The appendix as it appeared fully distended, before it had partially emptied itself.

Fig. 2.—Longitudinal section with concretion *in situ*.

History.—He had never been seriously ill before. He ate heartily of fish one week ago and has had some nausea and heaviness in stomach every since. On May 10 abdominal pain commenced and on May 11, centered itself in the appendix region. He has vomited continuously for the past twenty hours. Pain is becoming worse.

Examination.—He is a well-nourished, dark-complexioned man. The abdomen is retracted, with tenderness and rigidity over the appendix.

A diagnosis of acute appendicitis was made; immediate operation was advised and accepted.

Operation.—Ether. After the patient was anesthetized the appendix could be palpated. McBurney incision. A little turbid fluid was found free in the peritoneal cavity. The appendix was found to be as large as the small gut, very much congested, slightly mottled with lymph, very slightly adherent but rather closely held to the back by reason of a short meso-appendix very much thickened by inflammatory exudate. The appendix was elastic and tense to the finger. During the manipulation necessary to ligation of the meso-appendix, a gurgle was heard and felt and the appendix suddenly collapsed partially. I naturally feared that I had ruptured it and

spilled the contents into the abdominal cavity, but inquiry revealed the fact that it had partially emptied itself into the cecum. The operation was completed according to the method which I have been using for about two years, and which consists in ligating the meso-appendix with small plain catgut, ligating the appendix flush with the bowel between two hemostats with fine linen, amputation of appendix one-fourth inch distad to ligature, cauterizing mucosa of stump with carbolic acid, crushing it with a hemostat, wiping the expressed debris down to surface of forceps and dropping, the wound in the abdomen being closed with buried sutures of plain catgut for the deep structures and adhesive plaster for the skin and subcutaneous tissue. When, owing to thickness of the fatty tissues, perfect coaption can not be accomplished with adhesive, a subcutaneous suture is employed.

Pathologic Examination.—After removal, the appendix was found to contain pus, fecal debris and gas, together with a fecal concretion, as large as a robin's egg and similarly shaped. This concretion was snugly wedged into the proximal end of the appendix and had evidently acted as a ball-valve, permitting some bowel contents to pass into the appendix and subsequently, owing to the vis-a-tergo resulting from accumulation of inflammatory products, preventing their escape into the bowel. The partial collapse with the gurgling which occurred during the operation was undoubtedly due to a partial opening of this "valve" and consequent escape into the bowel of some of the contents of the appendix. The accompanying drawings were made from the specimen.

207 West Wayne Street.

ACUTE CARBOLIC ACID POISONING: RECOVERY.

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ALBUQUERQUE, N. M.

History.—On July 3, a child, aged 2½ years, was hurriedly brought into the Santa Fe Hospital with the explanation from the mother that 5 minutes previously it had swallowed an indefinite amount of pure carbolic acid. A 2 ounce vial was found empty and a considerable burned area appeared on the chin, lips and neck. The child was limp and unconscious; respirations were slow and shallow; pulse was slow and feeble; pupils were contracted.

Treatment.—Although somewhat contrary to precedent, a small caliber soft rubber stomach tube was carefully and easily introduced and a saturated solution of magnesium sulphate was introduced and syphoned out. This operation was repeated until two quarts of the solution had been used when some 6 ounces were allowed to remain and the tube was withdrawn. Atropia sulphate 1/600 gr. was introduced hypodermically, as also strychnia sulph 1/200 gr.

Result.—Within half an hour the pupils responded to the atropia and pulse and respiration improved. In 2 hours the child showed some irritability and signs of returning consciousness; within another hour there was semi-consciousness and the child swallowed a small amount of lime water. Two hours later a small amount of milk and egg albumin was swallowed.

During the lavage small blood-stained masses of mucoid material were ejected. Vomiting followed freely, but within 12 hours milk was retained and the child was so greatly improved that recovery was assured.

The response to the atropin injection was so marked that it is my opinion that this procedure is entitled to the principal credit as a life-saving measure.

The child was catheterized during the first hour of treatment and, though the urine was at that time clear, shortly afterward it was of the characteristic cloudy appearance, so that, while the amount of carbolic acid swallowed is uncertain, it must have been considerably more than is usually considered a fatal dose.