A CASE OF CESAREAN SECTION IN
ECLAMPSIA.WILLARD SMITH, M.S., M.D.
LA GRANDE, ORE.

In October, 1903, I was called to attend Mrs. J. W., who had typhoid fever and was about four months' pregnant. She aborted in the course of her fever and had considerable difficulty owing to the small size of her pelvis. I lost sight of her after her recovery until September, 1904, when I was called to treat her for hydrorrhea gravidarum, which had been present for about a month. She expected confinement September 10, but as she did not enter into labor at that time I waited until September 23 and then induced labor. My reason for doing this was that there was unmistakable evidence that she had exceeded her full term and the delay seemed to be due to deformity of the pelvis. I measured her pelvis and found the internal conjugate to be only two and one-eighth inches. After long effort to secure delivery without forceps, I applied them and with great difficulty succeeded in delivering her of a six-pound child. The child was delivered alive, but was so crushed and mutilated in the process that it died after six hours. Again I lost sight of the patient until in April, 1905, she came to me and asked me if there was any way by which she could have a baby. She said that she was very anxious to become a mother and was willing to undergo almost anything in order to do so. I told her that there was only one way—Cesarean section—and explained to her what it meant and the danger of it. She asked me if I would do this operation for her if she should become pregnant. I told her that she had better not attempt it, but if I were ever again called on to attend her in labor I certainly would not attempt to deliver her in any other way. About the last of June she again appeared and informed me that she believed herself pregnant, having last menstruated on May 7, and further said that she had become pregnant with the definite intention of having Cesarean section done. I accepted the situation and instructed her to report every ten days, which she did faithfully up to December 8, the date of her last visit to my office. At about two months she had slight albuminuria, which disappeared under treatment. Otherwise she showed no abnormal signs.

Family History.—The patient, aged 21, was the eldest of a family of eleven children. Her mother had also had seven miscarriages. Her father comes of a rachitic family and shows many signs of rickets and has had a chronic leg ulcer since he was 9 years of age. One of her mother's sisters has lost seven children at birth owing to a contracted pelvis.

History of this Pregnancy.—On December 14 the patient began to act queerly and she afterward stated that she had no recollection of any of the events succeeding that date. She became progressively duller and more apathetic until the evening of December 17, when she began having labor pains prematurely. The pains became more frequent and were interspersed with convulsions of increasing frequency and severity until 2 a. m. on December 18, when I was called to see her.

Treatment.—On examining her I found a considerable degree of dilatation. I gave her morphin sulphate $\frac{3}{8}$ gr., hypodermatically, and removed her to the hospital. The morphin caused a temporary cessation of both pains and convulsions. Preparation was made to do whatever might prove necessary, and the advice and aid of Drs. Hall, Bacon and Hawke were secured. At 9 a. m. she began having pains again and soon had a very severe convulsion. The urine showed a large quantity of albumin. Cesarean section was decided on and was at once performed, the technic of the modern Porro operation being followed. Three pints of normal saline solution were

left in the abdomen, two pints were given subcutaneously under the breasts, and three pints were introduced into the rectum. She was at once placed in a hot pack, which was continued for thirty-six hours, and as vomiting did not occur, she was encouraged to drink water freely, taking almost three gallons by mouth in thirty-six hours.

Postoperative History.—On the morning of December 19 she had three hard convulsions. The administration of veratrum viride was begun at this time, and three pints more of normal saline solution were infused under the breasts. The veratrum was given in variable hourly doses so as to keep the pulse rate below eighty, and this was continued for three days, after which digitalis was used in sufficient dose to produce the same effect on the pulse, this being continued for almost a week until the pulse remained at this point unaided. Magnesium sulphate was given in such doses that prolonged purgation was maintained. No further convulsions occurred, the albumin disappeared from the urine in five days, the further course of the case was uneventful, and the patient was able to leave the hospital at the end of three weeks from the operation.

Fate of Child.—The child lived for two and a half hours and died from convulsions which resembled those from which the mother had suffered. It is my belief that the death of the child was caused more from toxic material which it had received from the mother than from its prematurity.

New Instruments

LEVER FOR INGROWING TOENAIL.

J. T. LELAND, M.D.

HERMAN, MINN.

The lever here illustrated has given satisfaction in the treatment of ingrowing toe-nail. It consists of a piece of galvanized tin $1\frac{1}{2}$ in. long and $\frac{1}{4}$ in. wide, bent as illustrated (1). The edge is inserted under the nail and held by a piece of adhesive plaster (2), cut transversely into arms *a* and *b*. Arms marked *a* are made fast to the nail to prevent slipping. Arms *b* are attached to arm of lever. The plaster is then carried round the foot while the desired downward pressure is being made. To separate the granulating surface from the adjoining toe I insert gauze packing (3).

The advantages of my lever are:

1. The nail is permitted to grow.
2. The lever can be applied to any nail, regardless of what-ever mutilation it may have received.
3. No packing under the nail is necessary.

Action of X-Rays on the Blood.—Gramegna and Quadrone (*Arch. Gén. de Méd.*), have studied the effect of the x-rays on the blood in rabbits and guinea-pigs, and found marked changes in the white corpuscles and diminution of their number, together with increased coagulability of the blood. The red corpuscles were less affected, the chief change observed being a diminution of resistance. The hemoglobin ratio was very little affected. The practical suggestion would be that of the possible utility of the x-rays in increasing the density and coagulability of the blood in hemophilia and other hemorrhagic conditions.