

inflammation surrounded them. The prostatic edge showed no inflammatory changes. From the left ureteral orifice pus and urine were seen escaping with each contraction of the ureter, while from the right ureteral orifice apparently normal urine was expelled. The left ureter was catheterized and cultures made on two tubes of serum agar.

January 22 two tubes of serum agar, made of one part filtered ascitic fluid and three parts beef infusion agar with a reaction of +1, were used. After the cultures were made the tubes were incubated over night, and the next morning the surfaces were covered with fine dew-drop-like colonies. Incubation was continued another day, and there was no change in the general appearance of the growth, except that the colonies became larger. Transplants were then made to ordinary beef infusion agar and serum agar. No growth of any kind occurred on the plain agar, while the serum agar showed again the characteristic appearance. Smears stained by Gram showed a pure culture of a Gram-negative diplococcus.

January 24 the patient was injected with 50 million of a stock vaccine. On the 25th, 20 c.c. of a 10 per cent. solution of argyrol were injected into the pelvis of the kidney, 20 c.c. being about the capacity of the left pelvis. The next day the urine was markedly improved, although it continued to contain much pus and many diplococci. An autogenous vaccine was prepared at the U. S. Army Medical Laboratory, and 75 million dead organisms injected. At the same time 20 c.c. of a 30 per cent. solution of argyrol were injected. No improvement followed, and on February 5, six days later, the patient was given 100 million organisms from the autogenous vaccine. No reaction followed the injection of the vaccine, and no improvement of the urine was observed. The patient was now left alone for eight days, with the exception of vesical irrigations, and any change in his condition observed. During this time the amount of pus and the number of organisms present in the urine steadily increased.

February 15 the patient was cystoscoped and the same condition of subacute cystitis and purulent urine escaping from the left ureteral orifice was observed. The ureter was catheterized and 20 c.c. of a 1 to 3,000 solution of silver nitrate injected. There was slight improvement.

February 20, five days later, pelvic lavage was given, a small ureteral catheter being used (No. 5 French), and 200 c.c. of a 1 to 5,000 silver nitrate solution injected. Owing to the small size of the catheter used, the solution could easily be returned along the side of the catheter, and by leaving one cock of the cystoscope open (a Brown-Buerger catheterizing cystoscope being used), the nitrate solution was allowed to escape from the bladder. The next day the urine was macroscopically clear, but still contained some pus.

February 23 pelvic lavage was again performed with a solution of 1 to 3,000 silver nitrate, and again on February 26, three days later, with a solution of 1 to 2,500. February 28 the urine was examined, and except for a few small shreds in the first glass—which contained pus but no organisms—was clear. The left ureter was catheterized, and cultures taken on two tubes of ascitic fluid agar and two of plain agar. All four tubes remained entirely sterile. The treatment was discontinued, and the patient was observed until March 12, when he had to leave for his home in the West, at which time the urine still remained clear and free from pus or organisms.

I think we are justified in looking on this case as a pure pyelitis, with little or no involvement of the kidney structure, because of complete and rapid recovery and the absence of any kidney elements in the urine.

The path of infection in this case was most probably by continuity or by means of the lymphatics, or both, the lack of all complications and systemic symptoms indicating the absence of any general infection. Most authors hold that in infection of the kidney by means of the blood-current the cortex would be primarily involved.

The interesting features in this case are:

The insidious onset of the disease, without any symptoms referable to the kidney.

The severity and duration of the posterior urethritis and cystitis, and the lack of fever and toxic symptoms.

The fact that the infection, though severe, was confined to the mucous membrane of the urinary system and involved none of the deeper structures.

The lack of effect of vaccine therapy. This may be due to the fact that the infection was limited to the surface of the mucous membrane of the pelvis where the vascular supply is slight. Better results might be expected where the infection involved the cortex of the kidney with its rich vascular supply. This form of therapy was not continued longer, as gonococcus vaccine acts quickly or not at all.

The slight effect obtained by injecting argyrol or silver nitrate into the pelvis of the kidney in small quantities, and the excellent results of large quantities of a comparatively weak solution of silver nitrate injected, accompanied as it is by the least possible chemical and mechanical irritation.

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CESAREAN SECTION UNDER DIFFICULTIES

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Past History.—The patient, a multipara, is a short, heavy-set, stocky-built, muscular woman, aged 24, who has been subject to epileptic seizures since childhood. There is a history of epilepsy in her mother's family also. Eighteen months previously she had been delivered of a child by a high instrumental delivery. The child is epileptic. The patient was seven months pregnant. She had been having eclampsia for seventy-two hours, the attacks varying from fifteen to forty-five minutes and increasing in severity. Examination failed to show any dilatation of the external os, although there was spurious labor. The ranch-house was small, crowded with cow-men, and in a filthy condition, apparently not having been cleaned for months; moreover, there wasn't a clean towel in the place and the light from a dirty smoky oil lamp was poor; nurses and assistants were unknown.

Operation.—The patient was chloroformed in bed and then carried out to the kitchen and placed on the table without any previous bathing or preparation. I had the druggist from the town, who was with me, give the chloroform. An incision was made from the tip of the sternum down to the navel in the median line, using a fine cataract knife. The uterus was forced into the abdominal incision by a ranchman who pressed down on both sides of the abdominal walls; then, using the light cataract (Graefe's) knife, I cut open the uterus from the fundus to the neck in the median line, at the same time taking particular care not to cut through the membranes—the light knife allowing for this. Now with my two hands, palms downward, one on each side, I gently forced them like an entering wedge between the bag of membranes and the uterine wall, and in a few seconds, shelled the whole contents, child, placenta and membranes intact, out, without rupturing the bag, and handed the mass to a woman who was waiting, and who quickly opened the membranes with scissors, and extracted a living child.

Postoperative History.—I made no attempt whatever to control any hemorrhage, but sewed up the uterine incision in three layers, and the abdominal incision in the usual way. I did not wash off the abdominal incision, but allowed the blood to clot and merely put on a dry dressing. Fourteen days later the woman was up and made a 40-mile trip over rough mountain roads in a buggy.

The Psychic Control of the Patient.—The control of one mind over another requires the confidence of the patient in the physician, and the ability of that physician to inspire more confidence in his patient than that patient himself possesses. It is a curious fact of the human mind that those who are weak and are struggling upward are never able to be any better than they think the man who is helping them expects them to be. When once they have gained their self-respect and have regained their former pride and vigor so that they can stand on their own individuality alone, then will they go to any limit of which they are individually capable.—Lambert in *Boston Med. and Surg. Jour.*