

the greater proportion. If we obtain this comparative analysis then the treatment is easy, but if the practitioner be unable to obtain this data then I should advocate the simpler methods—first, diuretics, diaphoretics, bromide, chloral, and chloroform—before resorting to morphine or hypodermoclysis, keeping in mind the safety of the patient above all other things, and the particular treatment as of secondary importance. If the eclampsia appears in the first months of pregnancy forcible measures in emptying the uterus should be avoided even under chloroform, as one never knows how much damage may be caused to the uterus by this means. Nature is, as a rule, gentle in her methods, therefore the bougie is more likely to act beneficially than is forcible emptying of the uterus. It should be kept *in situ* so long as to produce powerful and regular contractions, and then withdrawn, to be re-inserted if the pains lag. Venesection is a valuable form of treatment if the patient is plethoric, but to bleed indiscriminately is, in my judgment, bad treatment.

Blandford-street, W.

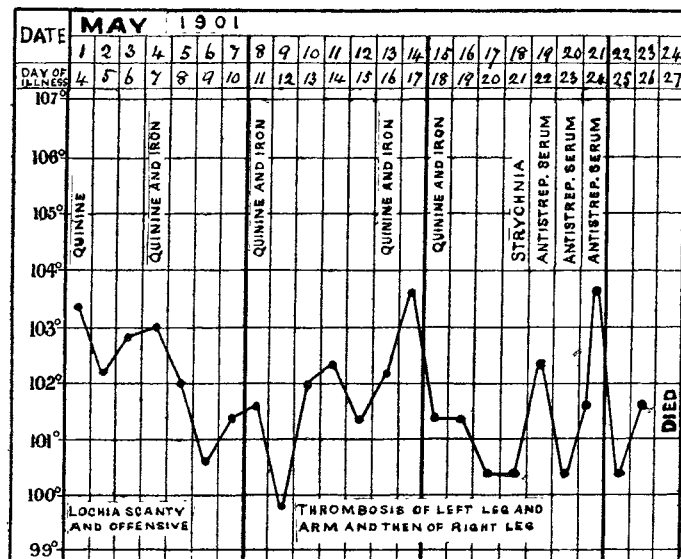
Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PUERPERAL FEVER TREATED WITH ANTI-STREPTOCOCCIC SERUM; DEATH.

By F. W. THURNAM, M.B., C.M. EDIN.

A MARRIED woman, aged 34 years, the mother of four children, and who had had three miscarriages, was safely delivered by me, after a normal labour, at 6 P.M. on April 27th, 1901. All appeared to be going on satisfactorily till the fourth day (May 1st) when her temperature, which had been 99°F. the previous day, was 103.4°, and the lochia were scanty and offensive. Quinine and uterine injections of 2 per cent. solution of creolin reduced the temperature one degree on the following day, but it rose again till on May 4th it was 103°. Doses of five grains of quinine with 20 minims of solution of perchloride of iron given every four hours brought it down to 100.4° on the 6th, and, after an intervening rise to 101.8°, to 99.8° on the 9th. After this date there was thrombosis of the left leg and subsequently of the arm on the same side and of the other leg. There was some thickening, probably perimetritis, mostly on the left side. There was diarrhoea from May 7th to 19th, which was checked to some extent by chalk mixture and benzo-naphthol with port wine. A troublesome crop of boils formed on the buttocks and one of them went on to a bed sore, after some



incontinence of urine, which was albuminous. The rigors were numerous and there was more or less delirium, though the tongue remained clean throughout. The pulse and respiration did not correspond with the temperature. From

facts which came to my knowledge the source of mischief pointed only too plainly to the nurse who was dismissed on May 4th. On the 14th the temperature was 103.6°, falling by the 17th to 100.4°. On the 19th it was 102.4°, when Dr. H. B. Carter saw the patient with me and we decided to try anti-streptococcic serum, which I procured from the Jenner Institute, and at 8 P.M. 20 cubic centimetres were injected, the temperature falling to 100.4° at noon on the 20th, when I injected 10 cubic centimetres. On the 21st the temperature was 101.6°, so at 11 P.M. I injected 30 cubic centimetres of serum. Half an hour afterwards the temperature was 103.6°, but on the next morning it was 100.4°, rising on the 23rd to 101.7°. The patient died at noon on May 24th. The respiration rose gradually from 20 to 60 per minute, latterly with moist râles. From the 18th strychnia and brandy were necessary.

Having been probably fortunate in this being the only case of puerperal fever which I have had to encounter in my own practice I desire to call attention to the rise of 2° after the injection on May 21st. I, however, cannot be certain that this was due to the anti-streptococcic serum, and consider that bleeding and the injection of saline solution would not have been of benefit under the circumstances and that the combination of iron and quinine was on the whole preferable.

New-cross, S.E.

A CASE OF PUNCTURED FRACTURE OF THE SKULL COMPLICATED WITH OTHER SEVERE INJURIES; RECOVERY.

By EDWARD A. PIGGOTT, L.R.C.P. & S. EDIN., L.S.A. LOND.

ON August 30th, 1900, I was called by telegraph some nine miles from my residence to attend the subject of this note. The patient, a builder and contractor by occupation, aged 46 years, in the course of his duties had been unfortunate enough to fall down a deep well; but I cannot do better than quote the following account of the accident from the *Brick and Pottery Trades Journal* :—

"In August last Mr. J. was engaged in carrying out extensive works at the Manor, Cowlinge, Suffolk. He had employed an experienced well engineer to sink a new well for the water-supply, and being desirous of personally examining the work he requested the well foreman to let him down to the bottom. Unfortunately, Mr. J. went a good deal quicker than he anticipated, for a man employed on the surface to manage the tackle discovered when too late, that Mr. J. had got into the large bucket before everything was ready. It appeared that the man who had charge of the handle had not attached it to the roller in a proper manner, and Mr. J. was dropped no less a distance than 102 feet. His fall was broken by becoming impaled on the bore iron which happened to be still standing in the well. It spiked him through the thigh and held him there until assistance was forthcoming. He was taken to the top, where it was discovered that the thigh was torn open for a considerable distance, and his skull severely fractured."

The patient was removed to his residence from the scene of the accident as soon as practicable, and a careful examination made at 4 A.M. on the 31st revealed the following injuries. There was a wound of the scalp some two and a half inches square exposing the bone, situated a little posterior to the left parietal eminence and encroaching on the position of the lambdoid suture. There was no sign of depression or fissure of the external table of the skull, but in the centre of the wound there was a distinct puncture which penetrated the diploë. On the inner side of the right thigh, some three inches above the knee-joint, was a lacerated wound measuring four inches transversely and extending along the inner border of the rectus femoris, beneath the sartorius, and terminating deeply amongst the muscles in the neighbourhood of the apex of Scarpa's triangle; from this wound there was profuse venous hæmorrhage. Fortunately the femoral artery escaped injury. The right lumbar region, the right buttock, and the whole of the right thigh were one continuous track of ecchymosis—in fact, black with effused blood. The pelvic bones and femur were free from lesion.

The condition of the patient at 11 A.M. on August 31st was as follows. He was perfectly unconscious; his breathing was laboured and at times was inclined to be stertorous. The