

especially painful; the morning and evening temperature was 100° and 102° respectively.

On the following day, the 7th, a copious deposit of lithates was present in the urine, with sore-throat. Temperature 100° and 101·4°. On the 8th the right arm was painful and the throat more inflamed. The lithates had disappeared. The next day the left wrist was painful and swollen, and on the following four days I note that the right ankle and the left and right knees again became inflamed. The average morning and evening temperature was 100·6° and 101·2°. Being obliged to clear out of my house on the morning of the 16th, it became an anxious question as to what was best to be done. The patient was extremely weak, and the left knee-joint acutely painful. Lodgings, with their attendant discomforts, or a trial of what seemed to me a rational treatment by steam and other baths, with the cheerful surroundings of the Craiglands hydro-pathic establishment, were the two alternatives. Deciding upon the latter I accordingly asked Dr. Dobson, to whom I was known, to kindly come and see my son, which he did, and remarked that "the sooner he comes to me the sooner he will get well." Accordingly on the following day, the 14th, the patient was with much difficulty, owing to the condition of the knee, removed to Craiglands, and carried straight into the so-called Russian bath; profuse sweating of course took place, but he was able on coming out to stand on the affected limb, and with assistance hobble to his chair and thence to bed. On the 16th he was able to sit up and walk to the w.c. On the 17th he was able to walk downstairs to the bath and back; and since this he has made steady and uninterrupted progress, so that on the 28th I find he was able to take a walk of about two miles and a half in this hilly place.

With regard to treatment antecedent to his removal to Craiglands, sinapisms locally, and salicine in five-grain doses for the first twenty-four hours, and subsequently full doses of alkalies, with ten and five grains of quinine morning and evening, were given; yet at the end the patient had lost twelve pounds in weight with an undiminished temperature and an acutely inflamed knee-joint; but that in fifty-six hours after taking the baths, and without medicine, he was able to walk downstairs and back without assistance. Such a result, while a matter of much thankfulness to myself, has, I need hardly say, made a deep impression on me in a professional sense; to my brother graduate, however, with his great experience in the efficacy of this treatment, the case presented no exceptional features, and that from the first he had no doubt of the result. Why, may I ask, should not a steam chamber and needle bath be a necessary equipment of every hospital? Not alone in the treatment of acute rheumatism would it often be of the greatest value.

Sandgate.

#### A CASE OF TRIPLETS, COMPLICATED BY PUERPERAL CONVULSIONS; RECOVERY.

BY MARTIN FOX, L.R.C.P. LOND.

IT seems to me that the following case, from its rarity, is worth recording.

In September, 1887, E. H—, aged thirty-two, first came under observation. She stated that she was between six and seven months pregnant. She already had three healthy children, and there was nothing abnormal about her previous pregnancies or confinements. Up to the time of her present illness she had always been healthy and robust, and no history of previous kidney mischief could be obtained. This time, however, from about the fifth month she had noticed some puffiness about her face and lower limbs, which kept increasing in extent. On being first seen it was noticed that the uterus was greatly distended, so much so that it was thought she had made a mistake in her "reckoning." In addition, she presented the characteristic appearance of a person suffering from albuminuria, the whole body, especially the face, lower limbs, and abdomen, being very oedematous. The urine, which was scanty in quantity, was found to be loaded with albumen. Despite medicinal and dietetic treatment her condition did not improve, and in about a fortnight, at 3 A.M., a messenger stated that labour pains had commenced and requested immediate attendance, as the woman was "in a fit." On arrival the convulsion was over, and on examination the os was found to be partially dilated. Before

waiting long, however, a second severe convulsion occurred, when chloroform was administered by my then principal, Dr. Holden of Preston. The os now dilated rapidly; on rupturing the membranes more than a usual quantity of liquor amnii escaped, and almost directly a not fully developed, though living, child was born naturally. The uterus not having diminished much in size, on examination the breech of a second child was found presenting; no difficulty was experienced in bringing down a leg and effecting delivery. Still the uterus was unusually large, and on again examining a third bag of membranes was discovered with the head of the enclosed child presenting. As it seemed expedient to deliver as rapidly as possible, I passed my hand into the uterus, seized a foot, and delivered without delay. A very large, single placenta, with the three cords attached, was in due time "expressed"; there was now some considerable hæmorrhage, the uterus feeling large and flabby, but after "kneading" for a time this soon ceased, and the uterus became firmly contracted. While under the influence of the anæsthetic the patient was not convulsed. Unfortunately, however, the attacks did not end with the delivery, but recurred at intervals throughout the day; between the fits she remained quite unconscious, and as she was unable to swallow, a full dose of chloral was administered per rectum and repeated. This seemed to check the frequency of the attacks, and on the following day she had only one convulsion, and was capable of being roused sufficiently to take nourishment and medicine by the mouth. After this she had no more convulsions, and on the third day she was better, though still drowsy. From this time she kept gradually improving, the urine greatly increasing in quantity, and the oedema decreasing in proportion. At the end of three months, having in the meantime been taking tincture of the perchloride of iron, she was quite restored in health, and the urine was free from albumen.

I may state that all three children lived for a time—one died a month after birth, another in two months, while the third lived for seven months before it succumbed to mesenteric disease. To complete the history of the case, I must add that the woman has had no subsequent illness, and is at the present time in good health, having been again confined of a healthy child now some six months ago.

Coleshill.

#### RUPTURE OF PERINEUM; IMMEDIATE OPERATION; SUCCESSFUL RESULT.

By J. M. SMITH, M.B.

THE short notes of the following case may have some interest for those readers who practise midwifery.

On Sunday, Sept. 8th, I was called about 11 A.M. to Mrs. K—, a primipara, aged twenty-six, for her confinement at full time. She seemed a healthy, well-formed woman, though rather short in stature. On examination I found everything all right—a head presentation, with full-sized pelvis. The pains were regular and strong. There was no unusual rigidity of the perineum. I called again at 2 P.M., when the os was fully dilated and the pains strong. At 3 P.M. the head descended on the perineum, and the bearing-down pains became very strong, with short interval between, the labour terminating about three-quarters of an hour afterwards. Recognising danger to the perineum, I gave all the support to it I could, after the manner recommended by Dr. Playfair; but, in spite of all my efforts, as the head was rounding the arch of the pubis, the perineum gave way, and the birth of the shoulders caused the rent to go right back and through the sphincter ani. The child was very large, and reckoned to weigh between 11 and 12 lb. There was no excessive hæmorrhage, and the patient did not suffer from shock. Believing that such an accident should be surgically treated at once, I exposed the patient to a good light in the lithotomy position, and stitched the wound with three deep sutures of silk by means of a large curved needle. As I got very good coaptation, I used no superficial sutures. Dressing the wound with salicylic wool, and using the catheter, I told the patient to lie on her face as much as possible. I kept the bowels closed till Sept. 16th, when I administered an enema. Next day I removed one of the sutures, and two days afterwards I removed the other two. On the 17th the bowels acted without an enema or medicine, and on examination on the 20th complete union of