

to be the case. In the present instance, however, the necropsy revealed nothing more than might well have been found in a case of senile dementia, though the wasting of the frontal lobes was striking. Until more is known of the pathology of ordinary chorea of youth it is unlikely that any definite cause for this peculiar condition will be discovered.

Chichester.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CEREBRO-SPINAL MENINGITIS; DEATH ON THE FOURTH DAY.

BY NAPIER CLOSE, L.R.C.P. EDIN., &C.

THE patient was an unmarried woman, aged 36 years, who had been quite well until August 18th, 1905. On August 17th she went on a short excursion to the seaside and was then in excellent health and spirits. The same evening she partook, in common with several others, of some tinned salmon, of which she ate heartily. On the 18th she complained of severe headache and suffered from abdominal pain, vomiting, and diarrhoea, which continued throughout the night. She had no rigor or vertigo. On the 19th she was first seen at 7 A.M. by my assistant who elicited the above history and also the fact that she had become worse at about 4 A.M. and had since taken no notice of her surroundings. Her condition then was as follows:—She was lying on her side in a semi comatose condition, being only roused with difficulty; her face was flushed and her tongue was furred; her pulse was 90 per minute and somewhat bounding in character; her temperature was normal. The abdomen moved naturally and did not appear to be tender; the cardiac and pulmonary sounds were normal; the pupils were equal and normal; there was no squint; there were no muscular twitchings; the patient was menstruating. She was ordered half a grain of calomel every three hours; four of these powders were sent and all were taken. When she was seen later in the day by myself she appeared a little better, the vomiting and diarrhoea having stopped. She took some notice but was too deaf to understand any questions. She was given a mixture containing bismuth, potassium bromide, compound tincture of cardamoms, bicarbonate of sodium, and aromatic spirit of ammonium. She apparently continued to improve until the evening of the 20th when she became actively delirious and was ordered a chloral draught and the above mixture was repeated. She, however, did not sleep and became even more excited. When I visited her on the morning of the 21st it was observed for the first time that her head was retracted. Her back was slightly concave, her legs were drawn up, and she had twitching of the facial muscles. Herpes had appeared round her mouth. Her pulse was 100 per minute, full, and bounding and her temperature was 100·5° F. She was still wildly delirious and required two or three people to keep her in bed. Ice was applied to the head and spine and she was given a paraldehyde draught which produced no effect. Two hours later, therefore, she was given half a grain of morphine in a suppository, after which she slept for six hours. At this time she was in the following condition:—Her head was much retracted, opisthotonos was well marked, the pupils were contracted and equal, the legs were drawn up, and Kernig's sign was present, together with marked contraction of the hamstring muscles. Her knee-jerks were unaltered, she had no ankle clonus, and Babinski's sign was absent. Numerous petechial spots, dark in colour and one or two lines in diameter, were present over the upper part of her back. Her temperature at 11 P.M. was 102°; her pulse was 100 per minute and full. She exhibited Cheyne-Stokes respiration and was still acutely delirious. She was given another suppository containing half a grain of morphine, after which she again slept for some hours. From this time, however, she gradually sank into a comatose condition and died at midday on the 22nd, the retraction of the head and spine becoming very marked towards the end. Owing to the

extreme delirium of the patient lumbar puncture unfortunately could not be performed.

The history and symptoms of this case are very instructive and afford an almost typical picture of what in Osler's classification is termed the "ordinary" form of cerebro-spinal fever as opposed to the "fulminant" and "anomalous" varieties. The severe vomiting and purging at the outset following the hearty meal of tinned salmon might possibly have led one at first sight to diagnose ptomaine poisoning, but after events proved the true nature of the case. Almost all the characteristic symptoms were present—namely, headache, vomiting, deafness, pain in the back of the neck and down the spine, retraction of the head, opisthotonos, contraction of the hamstring muscles, Kernig's sign, muscular twitchings, petechial rash, herpes, active delirium and, towards the last, coma, and Cheyne-Stokes respiration.

I have notes of a similar case in a girl, aged 13 years, whom I saw 14 years ago, which terminated fatally in an equally short time.

Chard, Somerset.

A CASE OF PUERPERAL FEVER SUCCESSFULLY TREATED WITH ANTISTREPTOCOCCIC SERUM.

BY WILLIAM BLACKWOOD, M.B., B.CH. EDIN.

THE patient, a septempara, aged 37 years, was delivered of a male child on the evening of August 26th after a labour of about an hour's duration. The child was born and the placenta was expelled before the arrival of the midwife. I saw the patient for the first time on the following morning; she was then doing well and I examined the placenta and found it and the membranes complete. As the bed and surroundings were very dirty I instructed the midwife to attend to them, at the same time giving her perchloride of mercury tabloids to use in washing the patient's genitals. I visited the patient two days later and she then appeared to be doing well, the temperature and pulse being practically normal. The bowels had been moved that day after a dose of castor oil. The following evening I was sent for and I found that the patient had had a rigor; the temperature was 103·6° F. and the pulse was 158. She complained of pain over the uterus. There had been no vomiting and the lochia were not suppressed and appeared to be healthy. On examination per vaginam a large soft uterus was felt. I instructed the Illogan district nurse to visit the patient and to give vaginal douches twice daily and also thoroughly to wash the patient and change the bed linen, as it was still very dirty—in fact, I blame the dirty bedding and surroundings for being the means of infection.

The patient was given 30-minim doses of liquor ferri perchloridi every three hours and also a good dose of magnesium sulphate. During the night she had two more rigors. On the next morning, as the temperature and pulse were still elevated, I met Dr. J. H. Tonking in consultation, gave ether, and explored the uterus, curetting with the finger, but we only found a few shreds of placenta at the placental site, not large enough to have been recognised as absent when inspecting the placenta. Lochia were present. The uterus was douched out with bichloride of mercury, followed by hot sterilised water, and we decided to give Burroughs and Wellcome's polyvalent anti-streptococcic serum. The patient complained of pain in the left thigh and on examination marked thickening and redness were noted over the femoral vein extending down into the veins of the calf. The leg was wrapped in wool and bandaged. On Sept. 2nd the temperature rose to 104°, with a pulse of 160. An injection of ten cubic centimetres of serum was made into the abdomen. The temperature remained about 103° for the next three days and the patient was given an injection each day on two occasions of 10 cubic centimetres and one of 20 cubic centimetres of serum. On the 6th the temperature dropped to 101°, with a pulse of 120, and 20 cubic centimetres were given. On the 7th the temperature was 100°, with a pulse of 120, and 10 cubic centimetres were injected. On the 8th the temperature was 99·6° and the pulse was 112, and again 10 cubic centimetres were given. During the day there was a considerable discharge from the uterus of yellow pus of a non-fetid nature which continued for the next five days and then ceased. There had been no increase of abdominal tenderness previously to this discharge, which I believe was due to