

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

DIPHTHERIA BACILLI IN THE URINE.

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THE following notes were made some ten months ago, but were not published as it was hoped that a more complete inquiry into the subject could first be carried out. The exigencies of active military service, however, prevented anything further being done, and as there is no immediate prospect of an opportunity to resume the work it is thought desirable to put forward this instalment of the subject.

A guinea-pig which had been some days before injected with live broth culture of diphtheria bacilli was noticed to be passing hæmorrhagic urine, and the idea at once suggested itself—if blood, why not bacilli? The animal was killed and opened aseptically and the bladder was exposed. The viscus was touched with a heated glass rod and pierced at the sterilised spot by a glass pipette. Bloody urine thus obtained in the pipette was run over the surface of coagulated serum in a Petrie dish. After incubation a copious growth of typical Klebs-Löffler bacilli was the result.

A second guinea-pig was injected with a living culture. The animal was killed five hours later and the urine was obtained aseptically in the manner above detailed. The urine was normal in appearance, but a plentiful growth of diphtheria bacilli on serum was obtained.

The result in the case of the second guinea-pig is somewhat surprising considering the short time which elapsed between injection and death. These facts go to prove that, in the guinea-pig at any rate, bacilli in the blood-stream are some of them eliminated alive through the kidneys. It does not follow, of course, that diphtheria bacilli are passed alive through the kidney of a human being suffering from diphtherial disease. For all that, the results obtained suggest that, at least in hæmorrhagic diphtheria, bacilli will be found in the urine. It may further be anticipated that in all cases in which the bacillus (whether in small or large numbers) escapes into the blood-stream it will be present in the urine. It may be predicted even that in order to prove the presence of the bacillus in the blood search for it will be made in the urine in future. The practical bearing of this question is important from the public health point of view. If the urine of diphtheria patients is liable to contain the bacillus, the urine and fæces (for the solid excreta are almost invariably mixed with more or less urine) will have to be disinfected just as rigorously as those of patients suffering from enteric fever. Those hygienists who have so strenuously maintained that there is a connexion between general insanitation, middens, &c., and diphtheria will have a new fact to strengthen their argument.

Sherbro, Sierra Leone.

IDIOSYNCRASY TOWARDS POTASSIUM CHLORATE?

BY WILLIAM ROBERT CULLING, L.R.C.P. EDIN., L.S.A.

Is this a case of idiosyncrasy towards potassium chlorate, or how are the symptoms to be interpreted?

A man, aged about fifty years, a painter, consulted me on June 28th, 1898, for a general dermatitis, especially on the legs. I prescribed liquor arsenicalis, 3 minims; potassium chlorate, 10 grains; tincture of hyoscyamus, 15 minims, twice daily in a wineglassful of water. The first dose made him feel cold, and as he persevered he noticed after each dose that the time he felt cold was evidently longer; however, as he improved he stuck to his medicine pretty regularly until Sept. 16th, when he began to think that the remedy was nearly as bad as the disease. His description to me of his

trouble to take his medicine was: "You ordered me to take it after breakfast and after supper in a wineglass of water." "Quite right," I remarked. "Well," he said, "I tell you what I do. After breakfast I get my wife to make up the kitchen fire. I then drink off my dose, button up my coat as you see (an ordinary frock coat), get my overcoat, put it on and button it up, and there I sit till dinner time, teeth chattering—in fact, shivering and shaking all over. When I get my dinner I feel better." "Breakfast at 8 A.M. and dinner at 1 P.M.?" I remarked. "As near as possible," he replied, "and then at night I take the medicine directly after supper, get into bed and cover myself up just as I should in the midst of winter, going through the same as I described after my morning dose." These are as nearly as possible his own words. Now he wished to be let off his performance, so under the circumstances I advised him to discontinue his mixture for a week at any rate to see if the external applications would not complete a cure.

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NOTE ON A CASE OF PERSISTENCE OF HYMEN; RETAINED MISCARRIAGE.

BY W. HARPER WIGHAM, M.B. DURH., M.R.C.S. ENG.

IN THE LANCET of Nov. 12th were published the notes of Dr. N. Cullinan on a case of persistence of the hymen into the second stage of labour, in connexion with which the following case may be worth recording.

I was consulted—I purposely refrain from giving dates—by a young woman who complained of being "irregular" and of having "the whites." Without local examination, of course, but after an examination of the heart and, what was as important, an inspection of the breasts, which gave no indication of pregnancy, I prescribed an iron tonic for internal use and an astringent lotion for local application. Going away for a holiday I did not see the patient again for nearly three weeks, but on her calling again in my absence my prescriptions had been once repeated. I saw her in consultation on my return with her mother who accompanied her. I continued the treatment, at the same time suggesting a local examination if the symptoms did not abate. A few days later I was requested to make the examination at the parents' house in the presence of the mother. On visual examination the labia were found to be covered with a discharge of a very unpleasant and sickly odour. On carefully attempting to make a digital vaginal examination I found an obstruction—an extremely tough and dense hymen—existing, with a great convexity downwards and outwards and with a feeling of resistance, as if something solid existed beyond. There was found to be one small opening in the membrane in the anterior third just below the pubes through which an attempt was made to insinuate the forefinger. The patient cried out that she was being very much hurt; but being satisfied in my own mind that there was something beyond which required investigation, with the consent of the patient and her mother I administered chloroform and then continued my examination. Having enlarged the opening in the membrane by forcing my forefinger through I discovered a hard mass behind and on withdrawing my finger a disagreeable putrid odour clung to it. I deemed it necessary to break down the hymen in its entirety, upon which there was a fair amount of hæmorrhage. Proceeding I discovered that the mass above was none other than a foetus of about the fourth month with cord and placenta all lying together in a globular dilatation of the upper part of the vagina. Having got them away I prolonged my examination upwards, only to find that the os was closed and apparently normal and that the uterus was well contracted down. From the above facts with regard to the uterus and from the putrefaction of the foetus the condition had apparently existed over a month at least.

There are in this case, then, the fact of impregnation taking place with non-rupture of the hymen, the more extraordinary one of its persistence on the occurrence of abortion, and the further one that the patient did her ordinary work under the conditions which are recorded above.

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