SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

A Case of Puerperal Septicæmia with Double Septic Pneumonia with effusion—Death thirty-four days after Confinement.

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The following case will, I think, be of interest both from its medical aspect and as emphasizing to the general practitioner the necessity of carefully watching the simplest of maternity cases and also the vast importance of promptly dealing with any urgent symptoms that may arise.

The patient, a married woman, aged 24, was a thin, delicate-looking girl—one of a family of 17. The family history was only fair—there being cases of malignant disease and tuberculosis in some of the other children—the parents, however, are both living and appear healthy. Her husband is a particularly strong healthy man.

Previous history. She had had 2 confinements; instruments were used with the first. On examination I found the cervix badly lacerated. She had also had 2 miscarriages (cause unknown). There had been no previous illness of any moment.

The patient was confined about 8-0 a.m., July 27, of a full-term child. The doctor was not present, but sent a nurse who arrived shortly after and reported everything to be right. There had been no vaginal examination or manipulation of any kind. The surroundings were fairly clean for the class of house.

I was called to the patient about 9-15 p.m. on August 1, being told she had "pain in the stomach" and that neither the doctor nor the nurse had been near the house since the one visit by the nurse on July 27.

I could not elicit a very definite story as to her condition on the previous three days—as far as I could gather she had not felt "very well," but had not had any rigors, headache or any tangible sign of illness. I found her with rather an anxious expression and complaining of some tenderness in the lower abdomen, but no actual pain.

On examination, the tongue was clean, the breasts were soft and

did not contain any milk; the abdomen was tender on pressure; there was slight subinvolution of uterus; the lochia were reported all right. The temperature was 102·6°F., the pulse 108 and the respiration normal. I gave calomel, gr. v, a little ergot and a 1–1000 perchloride douche.

Next morning (9-0 a.m.) the temperature was still 102·6°F., and the pulse 106; the bowels had been moved during the night.

At 10-30 a.m., Dr. Greenwood kindly giving an anæsthetic, I explored the uterus—using a sharp curette and my fingers. I removed several pieces of placenta and membranes, and douched thoroughly with a 1–500 solution of perchloride of mercury. I was able to get my finger round the whole of the uterus. The placental site did not appear very healthy. A hypodermic injection of ergotin was given.

The same evening the patient was easier, though the pulse was still rapid and the temperature 101°F.

Aug. 3. Temperature 103·2°F. Pulse 118. No lochia and somewhat bad smell.

Aug. 4. Temperature 103·6°F. Pulse 122. No lochia. I injected 20 cc. antistreptococcic serum in 10 cc. doses at intervals of 8 hours.

Aug. 5. Temperature 102·8°F. Pulse 118. I injected another 10 cc. serum.

Aug. 6, 7 and 8. The temperature was still above 102°F.; the pulse 120; the patient was otherwise comfortable. She took nourishment well, having brandy and champagne alternately every two hours. Medicinally she was having quinine, strychnine and digitalis. On Aug. 8 she complained of some slight cough, but there were no adventitious sounds in the lungs.

Aug. 9. The patient was very ill. Temperature 104·8°F. Pulse 124. Respiration 27. Some moist râles were audible at the right base. In the evening Sir William Sinclair kindly saw the patient. He made a vaginal examination and found the uterine condition satisfactory with fair involution and no signs of peritonitis or any perimetritic trouble. He advised calomel gr. ss every hour and continuing the alcohol and cardiac stimulants as before.

Aug. 10. Temperature 103°F. Pulse 120. Respiration 30. In the evening the patient complained of pleuritic pain in the right side —there were some pneumonic signs at the right base.

On Aug. 11 she was better. Temperature 99·8°F. The signs in the lungs were still present.

Aug. 12. The patient had a good morning but was not so well later in the day. Respiration 48. Pulse 140. Temperature 103°F. In the evening the pleuritic rub was very well marked and the patient had very little sleep, being in considerable pain.

Aug. 13. The pleuritic rub was absent and no breath sounds

were audible at the right base. I put in a small exploring needle and withdrew fluid. I then aspirated and withdrew ℥xv of greenish-yellow fluid. One hour after, the respiration dropped from 48 to 36 and the patient was more comfortable. Temperature 98·4° F. 2-0 p.m.: Temperature 100·6°F. Respiration 32. Pulse 128. 3-0 p.m.: The patient was comfortable and free from pain. Temperature 99·5°F., Respiration 38, Pulse 122 and very small. One pint of normal saline solution was injected subcutaneously.

August 14. There were some pneumonic sounds over left chest. One pint of saline was given per rectum.

Aug. 15. Incontinence of fæces was present. At 10-0 a.m. she was fairly comfortable after a bad night (Pulse 142, Respiration 56, Temperature 100°F.) and maintaining her strength and taking nourishment well. The signs of pneumonia were well marked in both lungs.

At 2-30 p.m. she was not so well, and at 10-0 p.m. was worse. Pulse 152 and very small. Temperature 101°F. (after sponging). A pint of saline was again given subcutaneously.

On Aug. 16, at 1-30 a.m., she was much worse (Pulse 160, Respiration 58, Temperature 102·4°F.) and seemed weaker than at any period of her illness. Strychnine and digitalin were given hypodermically.

At 8-0 a.m. there was distinct improvement: the pulse was of better volume, rate 144, respiration 48, temperature 101°F., and she was altogether stronger. The cough had been rather troublesome during the last three days.

On Aug. 18 considerable increase of fluid in right chest was noted. Aspiration was performed and ℥xvj of yellow fluid—very foul-smelling and just ready to become pus—was drawn off. She was more comfortable after this.

On Aug. 20 the temperature was normal at 8-30 a.m.; she had an attack of dyspnœa during the day and at 7-0 p.m. ℥xxj of purulent fluid were withdrawn, but not as foul as on the previous occasion.

At about 9-0 p.m. she collapsed, so a pint of saline was given subcutaneously and a hypodermic of strychnine.

At 10-30 p.m. she was better (Temperature 101°F., Respiration 42, Pulse 144).

On Aug. 21 she was moved by motor to her own home and stood the journey well.

Aug. 22, 4-30 p.m. Dr. Alan Greenwood anæsthetised with a mixture of chloroform and ether. I made an incision 3 in. long between the 8th and 9th ribs, opened the pleural cavity, let out a large quantity of purulent fluid and inserted large drainage tube without resecting a rib. She stood the operation well.

Aug. 23. Drainage very good—no vomiting. Brandy and champagne given through night. Patient slightly better. Pulse, temperature and respiration about same.

On Aug. 25 she was much worse; the pulse was weaker and at times almost imperceptible; the breathing was slow and shallow. She vomited twice. There was a slight rally about 6-0 p.m., temperature 97°; very little discharge from wound, the edges of which looked very unhealthy; the tube passage was quite clear; diarrhœa had ceased.

Aug. 26. Distinct rally; fair night; temperature 100°F in the morning; normal, 2-0 p.m., slight diarrhœa. In the evening the apex beat was slightly displaced inwards.

Aug. 27. Fair night. Sweating profusely. Wound healthier and discharge more free. Sputum sent for examination.

Aug. 28. Discharge rather foul smelling. No change. No tubercle bacilli in sputum. Numerous streptococci present, also some diplococci. Numerous polymorphonuclear leucocytes showing neutrophilic degeneration.

Aug. 29. Some pain in the left side during the night. Dr. Shaw, of Bacup, kindly saw the patient with me. At midday an exploring needle showed a little fluid. She became worse during the afternoon, and by 9-15 p.m. was very ill, was of a bad colour; dyspnœic; large quantity of fluid in left chest; almost unconscious. At 11-15 p.m., with Dr. Shaw, after giving ℥iv of brandy and morphia gr. $\frac{1}{4}$, I made an incision and drained the left pleural cavity and let free a large quantity of fluid. She never rallied and became gradually weaker and died at 2-0 a.m.

This case is, I think, of interest from the many complications supervening on the original symptoms and from the fact that the patient survived so long.

The uterine condition very soon subsided after removal of the retained products of conception: in fact, Sir William Sinclair pronounced involution to be almost normal when he first saw the case. At no period was there any peritonitis. The pneumonia was undoubtedly of a septic type—the temperature never, or hardly ever, rising above 102·5°F. I feel convinced that had I not drained the right chest the patient would have died earlier, as her strength would not have stood the repeated aspirations. The rapidity of the secretion of fluid by the pleura was remarkable. At the end Dr. Shaw was in entire agreement with me that the only plan was to drain the left chest, as aspiration appeared to us as a very poor method of temporising.

During the last week the condition of the pulse was worthy of note, as it hardly ever fell below 140 and at times was as high as 156. In fact, during the whole illness, this condition was remarkable. I was unable at any time to detect any signs of peri- or endo-carditis, although examining the heart several times daily.

As to medicinal treatment, I kept to strychnine and digitalis,

giving, as noted, occasional doses of other drugs as local symptoms arose.

A point worthy of note was the indomitable will power of the patient—on her worst days she would say to me: "I won't die"; and never once did she refuse nourishment.

On one point I am doubtful—did I persevere sufficiently with the antistreptococcic serum? and are the results obtained by its use sufficiently convincing to urge one to use large quantities, *e.g.*, 100 cc.?

I should mention the hygienic conditions of the woman before her move were very poor.