CASE OF PUERPERAL SCARLATINA, WITH HYPER-PYREXIA: HYDROTHERAPEUTIC TREATMENT SUCCESSFULLY USED.

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So much interest is felt at present in metria and its varieties, that the following case, which has lately occurred in my practice, may be considered interesting.

Mrs. C., a young healthy mother of three children, was confined on December 23rd last; the labour was natural, and so quick, that I arrived only in time to complete the third stage. Convalescence proceeded naturally until the 29th, when there was slight pyrexia, and the lochia were a little offensive. The mammary secretion, however, was plentiful, and the pelvic organs and peritoneum were free from tension or tenderness.

Next day (December 30th), the temperature was 103°; pulse very feeble and rapid; and a scarlatiniform eruption had appeared on the skin; but there was no sore-throat, and the tongue was not at all characteristic of scarlatina.

On the morning of the 31st, I found my patient thickly covered with scarlatina rash, and the red papillated tongue, pathognomonic of the disease, was present. The pulse was excessively rapid and feeble; temperature 105°; the milk was declining; the lochia were scanty, and rather offensive; there were some tympanites, but no tenderness; no sore-throat. Up to this, the treatment had been careful syringing with Condy's fluid, chlorate of potash internally, and an occasional teaspoonful of brandy in milk; but now the brandy was increased, and given more regularly, as she was extremely prostrate.

On January 2nd, the temperature at my evening visit was above 105°; the pulse was more feeble; and the prostration even more intense. At 10 P.M., the temperature had risen to over 106°, and she was given five grains of quinine. I saw her again at 11.30 P.M.; the temperature was still rising; respiration was most rapid and suspirious; the pulse was scarcely to be felt, and not to be counted; and the very plentiful scarlatinal eruption had become quite dusky, and the patient, though conscious and not delirious, was lying in an apathetic, utterly prostrate condition. I therefore stripped her, and carried her to another bed. There I plentifully applied towels wrung out of the coldest water I could get, which was constantly renewed from a reservoir in the open air. The water became quite hot after each single towel was wrung into it, after only a few minutes' contact with her body. This treatment was continued without a moment's cessation by myself and the sister in charge, for from an hour and a half to two hours, when I found that the temperature had fallen below 103° in the rectum. Then I dried her, and put her into her own bed. All through this process, the patient's temperature gradually fell; the pulse returned; and she expressed the relief she experienced. When replaced in bed, she said she felt sleepy; the temperature under the axilla was 106°, and the pulse 108.

Next morning, the sister informed me that she had passed a tranquil night, had slept pretty well, and had taken her nourishment (brandy and milk) freely. The temperature had been taken every second hour, and had not risen above 100° until 8 A.M., when it rose to 101°. The bowels had acted several times during the night. The pulse was 118. The eruption was well out, commencing to desquamate in a few places, and of good colour. Towards evening, the temperature rose to 103°, and the pulse to 120. I gave five grains of quinine, and desired the sister to repeat the hydrotherapeutic treatment if the temperature rose above 104°.

On the following morning, I was informed that, as the temperature had continued to rise, last night's process had been repeated, and used till the thermometer fell to 103° in the rectum and to 100° in the axilla, after drying and being replaced in bed. She had not enjoyed the bath as much as on the previous night, and after it the stomach had been very sick, and had continued so for many hours. Temperature 102°. I prescribed three grains of quinine, with half a grain of digitalis, every fourth hour, and ordered the brandy and milk to be continued. This treatment was continued for ten days, and the patient gradually convalesced and completely regained her health. The desquamation of the skin was excessive.

It was a curious feature in this case that the throat was never sore from first to last; and at first I was doubtful whether I had not to deal with some form of autogenetic metria instead of scarlatina. The latter disease was, it is true, prevalent in Cork at the time; but I had not myself seen a case of it until the very day after this patient was at-

tacked by its symptoms, neither could I trace any other source of infection from without. The children of this lady had been in and out of the room the first day or two, and I watched with interest to see whether they had taken infection from the mother. The result proved that one of them had done so, so that there can be no doubt that the disease, which so nearly proved fatal to the mother was true scarlatina, modified and intensified by the puerperal condition, with its excess of nitrogenous waste in the blood, on which the poison, however received, could reproduce itself to an exaggerated extent.

It may be that puerperal women are more easily infected by zymotic diseases than others, and it may be also that scarlatina-germs can produce a septicæmic condition without giving rise to true scarlatina. I believe much difference of opinion exists among experienced physicians on these points, which may be cleared up as a result of the labours of the Collective Investigation Committee. During the time I was medical officer of the Blackrock Dispensary, many years ago, there were several severe epidemics of scarlatina, and one notable and most malignant one, about twenty years ago. I attended closely and carefully to all these cases, and, at the same time, to a large midwifery-practice in the neighbourhood, without taking any of the precautions which are considered so necessary now-a-days; and yet not a single puerperal woman lost her life from scarlatina, or any form of metria, at the time. Now, I do take great precautions, and even give up midwifery for a time, when I am unfortunate enough to have scarlatina under my care. Is this necessary? We must hope that the pending investigation will enable clear rules to be laid down to guide practitioners in a matter of so much importance to themselves and their patients. One word more. Scarlatina, even in its puerperal form, is, of course, a self-limited disease as regards duration; and therefore, the treatment of this, as of other zymotic diseases, is simply to keep the patient alive for a certain time until the danger is over. In other words, we must obviate the tendency to death, whatever it may be, or whenever it may arise. It was with this view that I used the cooling treatment which proved so successful.

To the old idea, that death commences either in the head, the lungs, or the heart, we must add, in these days, a fourth—viz., death commencing in the heat-producing or heat-controlling centres; and I am satisfied that a more bold adoption of means to obviate this not uncommon tendency to death, than is generally used, would save many a life.

SURGICAL MEMORANDA.

OVARIOTOMY, MULTIPLE ADHESIONS, DRAINAGE: RECOVERY.

Mrs. S., aged 36, a short, well developed woman, had married at the age of 22. Menstruation had always been regular and painless, till four years ago, when she miscarried at the fourth month of her first pregnancy. After this, the discharge at the menstrual periods became very scanty, and she began to suffer pain in the right iliac fossa. Three years ago she noticed a deep seated swelling in the same position, painless, and movable. It increased in size till September last. At this time, while lifting a weight, she was suddenly seized with violent pain low down in the left side. The pain brought on sickness, and she was obliged to go to bed. For about a month the pain continued, at intervals becoming very violent, and she increased rapidly in size. When first seen, early last January, the abdominal measurement round the umbilicus was fifty-two inches. The superficial abdominal veins were greatly distended and well marked through the skin, which was pale and waxy. On examination, the whole anterior part of the abdomen was found to be dull to percussion, and a well marked wave of fluctuation was transmitted from one hand to the other over the left side. The right side was highly elastic, without fluctuation. There was tympanitic resonance in both flanks. The legs were oedematous. The urine was scanty and loaded with urates, the tongue foul, and the bowels constipated. On vaginal examination, the os was found to be drawn up almost out of reach; the uterine sound gave five and a half inches of measurement. Seven weeks later, the general health having been attended to and somewhat improved, the tumour was tapped below and to the right of the umbilicus, and seven quarts of typical ovarian fluid drawn off; the left side did not collapse, so a long trocar and cannula was passed into it, when about a pint and a half of a very dark syrupy fluid came away. When this was exhausted, and the trocar was being removed, about two inches having been withdrawn, there was a sudden flow of a clear straw-coloured fluid, showing that the trocar had been passed through one cyst and entered another. In all, nine fluid quarts were drawn off. The left side of the abdomen was still