NOVEMBER 1896.

DECEMBER

the assistance of Dr. A. C. Dutt. Antiseptic douching was employed from the first, and the perineum sutured. The temperature chart begins twelve hours after labour.

Quinine was given freely, also phenacetin, and douches of carbolic acid, chinosol, lysol, or sublimate twice daily. Iodoform or carbolic suppositories were placed in the vagina, and sublimated Gamgee pads used externally.

For the succeeding week the patient's condition was very precarious, the pulse ranging from 150 upwards. Happily she took nourishment well. On the second day after labour there was considerable tympanites.

Dr. Washbourn, of Guy's Hospital, consulted by letter on the fourth day after labour, very kindly recommended the use of serum, which was procured from the Institute of Preventive Medicine, and 10 c.cm. injected on the fifth, sixth, and seventh days. Most improvement seemed to follow the first one. Thirty c.cm. were given in one dose on the eighth day, and reduced the temperature about $2\frac{1}{2}^{\circ}$. The quinine was discontinued some time before the serum was commenced, so that the improvement seems wholly attributable to the serum. From this time the patient began to hold her own, and the temperature reached normal on the thirtieth day.

A specimen of blood taken from the finger on the eighth day was kindly examined for streptococci by the Institute of Preventive Medicine but with negative results. On the tenth day the lochia became purulent and abominably foul. Dr. Granger saw her with me, and we made out a mass of exudation in the left broad ligament and iliac region. By his advice antipyrin gr. iij was given every few hours.

On the fourteenth day the pus was ascertained to come from an abscess cavity the size, when distended, of a Tangerine orange, opening into the vagina by a valvular aperture. Upwards the track ran for nearly 2 ins. to the left of the uterus, and downwards and backwards a curved sinus wound round the left side of the rectum for $2\frac{1}{2}$ ins., measured with a sound. The cavity and sinuses were irrigated twice daily with sublimate lotion, and packed with carbolic gauze wrung out of a mixture of eucalyptus oil, thymol, and carbolic acid. Iodide of potassium and small doses of mercury were given internally.

The patient was able to lie on a sofa for the first time on Christmas Day (fifty-third day), and at the time of writing the sinuses are soundly healed, though some further operation on the perineum will have to be undertaken subsequently. I venture to draw the following conclusions from the case:

1. That if proper precautions be taken, the risks attending the use of serum may be neglected. The serum was on each occasion injected into the abdominal fat, and the following precautions taken:—Syringe and needle boiled, skin scrubbed with soft soap and then lysol 2 per cent., then dusted with boric acid, and a dressing applied afterwards. No inconvenience whatever resulted from any of the punctures, and the patient's appetite was markedly stimulated.

2. That in this case, although streptococci were not

detected, benefit attended its use sufficient to turn the tables in her favour.

3. That in a really serious septic case corrosive sublimate is the only reliable antiseptic, and should be used fearlessly in a strength of 1 in 2,000.

4. That in septicæmia after labour the focus of mischief may be other than uterine (Dr. Dutt).

CASE OF BLOOD POISONING IN WHICH ANTISTREPTOCOCCIC SERUM WAS USED.

By SAMUEL BOAKE, L.R.C.P., L.R.C.S.I.,
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F. H., aged 38 years, came to me on October 28th, 1896, suffering from a whitlow of the right thumb. He stated that he had received a prick from a thorn a few days previously. The abscess was incised, and a little pus evacuated. From this date until November 6th the infection extended up the flexor tendon into the hand. The hand and fingers became densely swollen and painful. Incisions were made wherever fluctuation was detected, and the palmar fascia freely opened. A hot boracic arm bath, linseed poultices, quinine and iron were ordered.

From November 7th to 10th, the suppuration extended up the fasciæ of the muscles of the forearm, which became tensely swollen and red; the swelling extended to the axilla along the inner border of the arm. Several free incisions were made, and drainage tubes inserted. The several openings communicated, so that the forearm and hand could be well washed out. Pus flowed continuously from all the openings. There was retention of urine from November 29th to December 6th. The temperature varied between 101° and 103° F. Perspirations were profuse.

On November 12th, at 11.45 A.M., 10 c.cm. of antistreptococcic serum were injected under the skin of the abdomen, with antiseptic precautions. The serum was obtained from the British Institute of Preventive Medicine. At the same time more free incisions were made in the forearm. At 11.45 P.M. it was noticed that the swelling had markedly decreased. The patient stated that the perspirations had considerably lessened. A further dose of 10 c.cm. of serum was injected.

On November 13th the swelling above the elbow had completely disappeared.

On November 14th urticaria appeared on the trunk and limbs. The swelling of the forearm had greatly decreased. Ten c.cm. of serum were injected, and next day the same quantity was injected. The rash reappeared.

On November 17th, 10 c.cm. of serum were injected. The first phalanx of the little finger was felt to be bare, the tissues of the hand and fingers were swollen and baggy. From November 18th to 25th the temperature ranged between 101° to 103° F. Pus continually drained away, particularly from the forearm. Profuse perspirations again appeared. The swelling of the forearm had gone completely, but, as most of the

oints of the hands were suppurating and gangrene threatening, amputation was determined on, and on November 26th,

with the assistance of Messrs. Spicer and Balfour, of Chard, the arm was amputated above the elbow.

The patient rallied well after the operation, and seemed to be doing well for a few days. On December 4th the temperature commenced to go up; it was 105° all day on December 5th, reaching 107.6° F. at 2.30 A.M. on December 6th, on which day he died. The amputation wound remained healthy to the end.

REMARKS.

The swelling was rapidly extending until the serum was injected. It is difficult to decide whether the marked decrease in the swelling immediately following the injection of serum

was due to its action or to the ordinary surgical treatment adopted—incisions to relieve tension and to establish free drainage. In a similar case I would be inclined to use the serum at an earlier stage of the disease.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

THE JUDICIOUS EXTRACTION OF THE FIRST PERMANENT MOLAR.

THE medical profession have so many opportunities of instigating this treatment that its value may be demonstrated and insisted on. These teeth are often found the only defective ones in otherwise healthy mouths; their calcification commencing several months before birth, the proper completion of this function is liable to disturbance both by deviations in health of the mother and the many ailments of early infant life. Imperfect calcification of the teeth cannot be repaired after birth by medical treatment and intelligent diet and care, as rickets and many other infantile troubles, hence that susceptibility to decay now so prevalent.

This diagram illustrates the condition of things frequently seen in the mouths of the young. The centre tooth is the first permanent molar, largely decayed, with commencing cavities on right and left, originating cavities in the contiguous teeth. It is obvious that the removal, with an anæsthetic, of the first permanent molar rids the mouth of three cavities, and by exposing the commencing cavities retards or arrests their further decay, and, what is equally important, renders their treatment by filling easy and effective, and obviates the pain, of which the young are naturally intolerant, of the preparation for filling of cavities difficult of access between crowded teeth. As there are four first permanent molars, their removal rids the mouth practically of twenty cavities. Overcrowding and the disfigurement of prominent and projecting front teeth are much modified by the removal of these molars in youth.

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PERSISTENCE OF MALARIAL CRESCENTS.

THE following case seems of interest as showing the persistence of the crescentic form of malarial parasite, even during and in spite of treatment.

Private W. D., aged 30, four years and seven months in India; had served in the following stations: Mhow, Indore, Quetta, Satara, Ahmednagar, and Kirkee. Had never suffered any ill-health till August, 1896, when shortly after returning from a week's "pass" to Bombay he was attacked by malarial fever. The type was ordinary quotidian, and not severe. Later it became irregular, and finally ceased about the end of September. It was uncomplicated, except by some hepatic tenderness during the earlier part of the attack. There was never any enlargement of liver or spleen. He arrived in this sanatorium on October 11th, much debilitated and anæmic, and almost immediately suffered from a return of fever. He was admitted to hospital on October 17th, and his blood was examined next day. It was found to be full of crescents and large spherical pigmented bodies. A specimen, prepared according to Dr. Manson's method and cleared with acetic acid, showed as many as two or three in field after field. The fever stopped after a few days of treatment, and was of no particular importance, but it was succeeded by great debility, loss of appetite, and insomnia. At first he put on weight, but later gradually lost it. He suffered also a good deal from neuralgia and occasional bilious attacks, with occasional fever, dependent on these disturbances.