Clinical Notes.

A CASE OF ACUTE STREPTOCOCCUS INFECTION.

REPORTED BY DR. W. C. WHITE, Of the Resident Staff, Toronto General Hospital.

E. D., aged 18, admitted to the Toronto General Hospital under Dr. W. H. B. Aikins on the 23rd of January. Three days previous to this, while walking across the floor, she stepped into a stovepipe hole and scraped the front of her leg. She went on with her work, however, and noticed nothing until the night before her entrance to the hospital, when her leg began to swell and become red and painful. On admission her right leg was much swollen, very painful on pressure, and showed a small abrasion on the front of the tibia just a little below the centre of the leg, which was very painful, and the patient could not bear it to be touched. A probe could be passed into this opening to the bone, and the flesh here was dark, soft and very unhealthy in appearance. The glands in the groin were swollen and very painful. Her temperature was 104 on admission at 9 p.m.; pulse, 108, full and tense; respirations, 24; tongue furred. There was a marked septic odor about the patient. She was given 3 grains of calomel, to be followed by mag. sulph., 3 ss, in the morning. The opening in the leg was enlarged to about one and one-half inches. The leg was done up in a 1-20 carbolic acid poultice, which was changed every two hours; also three 5-grain powders of phenacetin were given at intervals of two hours, and stimulants freely administered.

24th.—Temperature fell to 98; pulse, 104; patient feels easier, but is slightly nauseated. Had a free movement of bowels.

Later.—Vomiting set in, which increased in severity and frequency. Every means was tried to allay this, but all to no avail.

Evening.—Bowels have moved several times, but nausea and vomiting still persist; three further incisions made in leg,

and poultices continued.

25th.—Temperature, 97%; pulse, 90; respirations, 26. Vomiting continued; could not be stopped. Digitalis and strychnia given hypodermically and nutrient enemata tried, but these were expelled. Patient grew rapidly worse and died at 10.15 p.m. Just before death respirations were 40, and pulse 132, small and tense.

Post-Mortem, partial.—Incisions in leg enlarged, and tissues