

## Society Reports.

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### Toronto Clinical Society.

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THE regular meeting of the Society was held in St. George's Hall, Wednesday evening, January 13th, 1897. President Dr. Allen Baines in the chair. Fellows present: Temple, Strange, Ryerson, Aikins, Pepler, Fotheringham, Anderson, Strathy, Baines, Brown, Graham, Spencer, King, McDonagh, Burns, Primrose, Grasett, Cassidy, Wright, Bingham.

Dr. W. H. Pepler was appointed Treasurer *pro tem.*, in the absence of Dr. Walker, who has removed from the city.

**A case of Lacerated Perineal Wound. with Death from Sepsis.**—Dr. Primrose read the history of a case. The patient was a little girl aged twelve, admitted under his care into the Children's Hospital, October 25th, for a lacerated wound of the perineum. Six days before she had fallen astride of a picket fence. The external sphincter was torn and the wound extended forward to the right labium, which was very much swollen. The child was in great pain. The temperature was 100°. The next day when he saw her the temperature was 101° and the pulse 100. Pain only upon examination. The next day the patient was operated upon, being the eighth day since the wound. The wound did not penetrate deeply. It had split the anterior wall of the rectum, extending to some depth into the perineum and through the vaginal wall. The abscess was opened in front. Pure cultures of the streptococcus were found. Iodoform gauze was passed up into the wound and boracic acid poultices applied. Next day the pulse was 96 and the temperature 100°. The swelling subsided. Two days after the operation the patient complained of pain in the abdomen; evening temperature 100.2°; was somewhat restless. Next day temperature 102°, pulse 138; evening temperature normal, pulse 120. Wound was dressed and a dose of calomel was administered. Child vomited some yellow fluid. The urine passed involuntarily. Pain in abdomen increased; morphia administered; great thirst. Temperature fell to sub-normal. The abdomen was not much distended, but was tender on palpation. Ten c.c. of antistreptococcic serum were administered. Vomiting persistent. Subsequently three other doses were given. After these doses the child seemed to rally from the almost collapsed state it was in. Salines per rectum and