

traction of puerperal septicæmia is impossible unless associated with recent lesions of the parturient system. Perhaps a solution of the difficulty may lie in the fact that the site of absorption has escaped observation, or has occurred in an unexpected quarter. However introduced, the poison rapidly enters the general circulation, and by inducing a toxic condition of the blood gives rise to the constitutional symptoms.

In the treatment of the subjoined cases, it was endeavored to meet this condition by the use of "Aseptolin," formula $C_{11}H_{16}N_2O_2-OH-C_6H_5$, a remedy proposed by Dr. Cyrus Edson, of New York, consisting of a solution of phenol and pilocarpin phenyl hydroxide, and said to exert an antiseptic effect on the blood.

Case No. 1 was that of a young primipara, aged about twenty-four, in whom labor was very tedious and necessitated the use of forceps. On the fourth morning after confinement she complained of severe and repeated chills, and later developed considerable pain and tenderness in the left breast, subsequently leading to mastitis. On the afternoon of the same day the temperature rose to $104\frac{1}{2}^{\circ}$, pulse in the neighborhood of 120; pressure elicited tenderness over the uterus and lower portion of the abdomen, and excruciating pain was complained of on right side of chest. The lungs were carefully examined on this and the preceding visit with negative results, and it was not until the second day following that a marked pleuritic friction, accompanied by pneumonic rates, was heard on right half of chest, quickly followed by a similar involvement of left side—ultimate consolidation was limited to the lower lobe of each lung. The lochia were decreased in quantity, but not particularly offensive. I attribute the cause in the foregoing case to the extremely unsanitary surroundings inducing absorption from recent lacerations of the genital tract.

The treatment adopted was both local and constitutional, the former comprising intra-uterine and vaginal irrigations of a 1-4000 solution perchloride of mercury, at first twice and afterwards once daily together, with as thorough antiseptics of the external genitals as possible. 250 minims of "Aseptolin" were injected into the abdominal wall as an initial dose, and thereafter daily injections of from 75 to 100 minims were employed for over a week. The diet consisted mainly of milk, and in as large quantities as the stomach would tolerate. Stimulants were used freely, whiskey being administered every three hours, the amount guided by the general condition, and in addition small doses of strychnine as an adjuvant measure.

Throughout the attack, which lasted about three weeks and terminated favorably, the temperature ranged between 101° and 103° ; the pulse rate, as a rule, not exceeding 120. How much to credit the "Aseptolin" in the preceding instance it is difficult to say. It was not used until the third day after the appearance of symptoms, and the existing complications would mask any prompt effect which might otherwise indicate its remedial action. Considering, however, the gravity of the case, the rapid secondary involvements, and the previously debilitated condition of the patient, I am inclined to think it must have acted beneficially.

The second trial of this remedy was in the case of a primipara, age 37,