

SEPTICEMIA.

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The following case came under my observation at the General Hospital and I thought it of sufficient interest to report. The patient, a girl of eighteen years, was brought into the hospital suffering from this condition, which had followed an incision made to relieve an imperforate hymen. She had suffered pains every month lasting for three or four days although there was no show of blood externally. Her mother noticed that she was swelling, and as this kept increasing she took her to her family physician who found the uterus lifted up out of the pelvis, and on pressing it a bulging was caused of the imperforate hymen. This he incised and turned out a large quantity of clotted blood, introducing packing of iodoform gauze. He replaced the packing every day, and flushed out the vagina. Unfortunately at the same time he was attending a case of puerperal septicemia, which afterwards proved fatal. On the third day after operation she had a severe chill and her temperature went up to 102 degrees F. When she was admitted into the hospital two weeks after this, her temperature was 104.2, respiration 26, and pulse 110. She was ordered purgatives, rectal injections of normal salt solution every four hours and whiskey by the mouth. Bichloride douches were also prescribed, which were later changed to carbolic acid douches 1-60, but at no time was there much discharge and the odor was never offensive. Pain, too, was but seldom complained of. Constipation was very marked at first and exceedingly difficult to overcome, and there was continual nausea with occasional vomiting.

On the next day a curettement was done, the vagina being thoroughly flushed out, and the interior of the uterus swabbed with pure carbolic acid and packed. The mucous membrane of the vagina was in an immensely hypertrophied condition, the folds being many times increased in size, each presenting a dirty, sloughy appearance, from which tags of gangrenous mucous membrane hung.

Three hours after the operation the temperature was 104 degrees F. and pulse 102. During the night stimulants were freely administered and the rectal salines persisted in, although not very well retained. The patient had marked chilly feelings, which did not, however, amount to a distinct rigor. Next day the temperature was still up ($104\frac{1}{2}$), but there was no suffering and she stated that she felt "all right." A subcutaneous saline, one and one-half pints in amount, was given