

treatment is not quickly followed by marked amelioration of the symptoms, the cavity must be opened and drained, as in suppurative arthritis due to other causes. Absorption of exudations and disappearance of adhesions, when not very close or strong, will be much favoured by the employment of massage, baths and douches continued for as long a time as may be necessary after the removal of the immobilizing dressings. If ankylosis has taken place, it must be broken up or the joint excised; such operation, however, will seldom be found necessary.

Although one case is hardly enough to draw any important deductions from, the immediate relief following the operation would point to the value, in similar cases, of a thorough examination of the genital tract and the removal, when possible, of any grossly diseased organs.

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## CLINICAL NOTES.

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### REPORT OF A CASE OF PUERPERAL SEPTICÆMIA WITH HIGH TEMPERATURE.\*

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On June 24th, 1893, 4 p.m., Mrs. B., aged 42 years, primipara, was confined; breech presentation. On my reaching her house I found the child born as far as the arm; the child was then dead, and after a little difficulty I completed the delivery. Placenta came away naturally; no laceration to maternal passages. Ordered an antiseptic douche to be used at bed-time.

25th—Temperature and pulse both normal. Lochia healthy and free from any offensive odour.

26th, 7 a.m.—Temperature and pulse normal. In the afternoon, patient was seized with a severe rigour which lasted fourteen minutes. Temperature ran up to 104.4. Pulse, 130. I saw her shortly after this; she complained of no pain or tenderness. I immediately gave her an intrauterine bichloride douche myself, but nothing came away. A few hours after temperature dropped, however, to normal. I also gave her quinine and antipyrine. This rigour was followed by severe diarrhœa, sleeplessness and retention of urine, and I may here state this retention continued throughout her whole illness, necessitating the constant use of the catheter; and both the diarrhœa and sleeplessness complicated the course of her whole illness, both these symptoms being more or less present.

I used the intrauterine douche myself twice each day up to July 3rd, when she had another violent rigour, which lasted ten minutes. Temperature, 102.4. Pulse, 114.

July 9th, 8.50 a.m.—Severe rigour lasting fifteen minutes. Temperature, 104. Pulse, 126.

10th, 12.25 p.m.—Rigour lasted ten minutes. Temperature, 104. Pulse, 118.

\* Read at Toronto Clinical Society.