

Everything went well after the operation, as far as the wound was concerned—except for the temperature, which fluctuated between 37° C. and 37.5° C. during the first 3 days—the patient being in a state of profound collapse. During the next 3 days it gradually rose, until it reached 39.3° C. (103° F.); then followed 9 days, during which there were morning remissions, 38° to 39° ; then followed 10 days, with well-marked remissions; and one week, during which the evening temperature reached 37.9° only twice. Then followed a fortnight, during which the temperature was subfibrile. In short, the temperature followed a fairly typical typhoid course.

The patient's tongue was red at the tip and edges. There was diarrhoea, with yellowish green stools, as well as considerable splenic enlargement, which disappeared during convalescence. Taking all these points into consideration, and there being no other cause for the rise of temperature (the operation wounds had healed by first intention), the case was diagnosed as typhoid, a severe type of which was very prevalent at this time in St. Petersburg.

The whole course of the disease confirmed this view. The patient's face had the typhoid look, and from time to time there was slight delirium.

Examination of the excised portion of intestine showed marked hyperæmia of Peyer's patches, and of the solitary follicles. Numerous bacilli, resembling Eberth's morphologically, were also present.

Considering the severe form of typhoid raging in the locality, Kernig is of opinion that the patient owes her recovery from it to the operation.

C. A. ALTMANN.

Correspondence.

PUERPERAL SEPSIS.

To the Editors "Intercolonial Medical Journal of Australasia."

SIRS,—While thoroughly valuing the candid criticism of my old fellow student, Dr. F. A. Nyulasy, as provocative of discussion—the only method of arriving at truth—I am inclined to disagree with him as to the positive position he has taken up with regard to the matter at

issue. As I read the report of the sub-Committee, it seems that it gives its opinion that puerperal sepsis is entirely preventable. That, in the mind of any reasonable man, can surely only apply to cases where the medical attendant has been called in within reasonable time. Puerperal sepsis is "absolutely preventable" in the same sense that infantile diarrhoea is entirely preventable, did the responsible attendants know and act on their knowledge?

In clause No. 7, quoted by Dr. Nyulasy, that of a woman with a dead foetus, with placenta prævia, a vaginal discharge, and a temperature of 100°, surely the vaginal discharge provided a means of infection from without.

Many of us, with opportunities afforded by twenty years' practice, have seen cases of dead foetus, where there has been discharge or no discharge, with no temperature, and early recovery. The softened tissues of the uterus always found with the dead foetus are, we all know, particularly susceptible to sapræmic and septicæmic infection, but it is very questionable whether they can become thus infected without direct infection through the vaginal passage. Had Dr. Nyulasy's patient consulted him earlier on the appearance of vaginal discharge, and the vagina been plugged with some antiseptic gauze, the risks of septic infection say in defæcation or urination, would not have occurred.

The committee's report does not seem to me to imply that it is invariably the fault of the practitioner or the nurse that sepsis occurs. In many cases it is. Men who make post-mortems, or do pathological work should, without a doubt, abstain from attending obstetric cases. That the gonococcus does not produce puerperal septicæmia must be known to many of those who have seen the most virulent gonorrhœal ophthalmia in the infant, with perfect recovery on the part of the mother. Where septic trouble occurs, there is some carelessness on the part of the nurse, the patient, or the practitioner, except in the case of scarlatina or allied diseases during the puerperium, and even then much can be done to prevent trouble.

Ballarat.

H. R. SALMON.

From Messrs. Burroughs, Wellcome and Co., we have received samples of "Tabloid" Hemisine 0.001 gm., "Soloid" Hemisine 0.0002 gm. with Atropine Sulphate 0.001 gm., and "Soloid" Hemisine Compound with Eucaine, containing Hemisine 0.0001 gm., Sodii Chloride 0.08 gm., and Eucainæ Hydrochlor. 0.02 gm.

Samples have also been received of Pleated Compressed Bandage, Pleated Compressed Absorbent Cotton Wool, and Pleated Compressed Lint, all very suitable for the general practitioner to carry with him on his visits. They are of the "Tabloid" Brand, which ensures their being genuine and reliable.

A sample of "Tabloid" Rhubarb Extract gr. 2 (0.13 gm.) has been received from the same firm.