Clinical and other Notes

I am inclined to think that the vaccine is more efficacious if given just after the acute stage is passed, and before the typical "gleety discharge" has become established.

A CASE OF BACILLUS COLI INFECTION OF THE KIDNEYS TREATED BY ANTI-COLI SERUM.

By Captain S. E. Lewis.
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The following notes may be interesting, as they show such a remarkable response to treatment when the diagnosis, which I regret to say was a little late, was made.

Mrs. S. was admitted to the Military Families Hospital, Devonport, on December 27, 1912, for her confinement.

The patient was well known to me, as she had been in hospital some months before suffering from double aortic disease.

On examination all the signs and symptoms of a fairly compensated double aortic lesion were very evident; the patient complained of pain over the lumbar region, which she stated had been present for the past month and had varied in intensity. Not very much notice was however taken of this pain as the patient was in labour, the presentation being a L.O.A. Examination of the urine showed that it was very acid, Sp. Gr. 1028, and it contained a trace of albumin.

December 28.—The baby was born to-day without any difficulty, but there was more loss of blood than is usual, the pulse being as a result somewhat rapid this evening, 104. Temperature 98.

December 31.—The patient’s pulse, temperature, and general condition showed no change until this evening, when she complained of a headache, pain over the lumbar region, and the temperature rose to 100, pulse 98.

Examination showed the lochia to be normal, the uterus involuting well, and she was quite free from pain on pressure over the uterine area.

The patient had an abundance of milk.

Treatment.—She was ordered a vaginal douche (Lysol 3i to the pint), a mixture containing liquid extract of ergot and quinine, also calomel gr. iii at 10 p.m. to be followed by mist. alba 3i in the morning at 7 a.m., and the head of the bed was raised to promote drainage.

This treatment was ordered as I thought the case to be a mild one of sapromia, the most usual cause for the above symptoms, and fully expected the temperature and pulse to fall to normal in the course of a day or two.

January 2.—The patient complained of frequent and painful micturition, some headache, and that she had slept little during the night.
Clinical and other Notes

Temperature in the morning 101.6, pulse 101. Examination of the urine showed it to be still very acid and to contain a trace of albumin.

The patient did not look very ill, the uterus and lochia were normal, there had been no rigors, no vomiting or diarrhoea and no rash of any kind, but still the case was a very disturbing one. Vaginal douches, morning and evening, had been carried out, the ergot and quinine mixture repeated and the patient isolated.

January 3.—Temperature to-day 101.6, pulse 112, and she slept after morphia gr. ½ and liquor strychninum inj. hypodermically. She complained to-day of more acute pain over the kidneys; they were tender to the touch, and there was also slight incontinence as well as frequency of micturition.

As I still thought the case one of sepsisemia, an intra-uterine douche was given this morning, but only a few shreds came away. It was difficult to explain the bladder symptoms. The patient did not look as if she had septicemia, and there was still an abundance of milk.

January 7.—The temperature has fallen slightly since the intra-uterine douche; there has been little change otherwise except that the pulse is now quicker, 120.

The intra-uterine douche was repeated this morning and arrangements made to curette the patient to-morrow, and to take a swab from the uterus, although an anesthetic seemed dangerous in view of the patient's marked cardiac lesion.

On visiting the patient this evening she complained of some headache, great thirst, and acute pain over the right kidney, which was very tender to the touch; incontinence, frequency of micturition and dysuria were marked. The temperature was 103.6, pulse 120, tongue coated and dry, breath foul.

A catheter specimen of the urine was obtained and sent to Major Packer, R.A.M.C., for examination.
Map Reading

As the patient's condition suggested the existence of a bacilluria it was decided to try an injection of anti-coli serum; 25 c.c. (Burroughs and Wellcome's) were injected subcutaneously and the patient ordered calcium lactate gr. 10 t.i.d. to counteract the joint pains, irritating rashes, &c., so liable to occur after serum injections.

January 8.—The patient slept well last night, the pain is now much less, the temperature this morning has fallen to 100.4 and the pulse to 96.

After this marked improvement it was decided not to curette the uterus, but to repeat the injection of 25 c.c. of anti-coli serum.

January 9.—Improvement still more marked. The temperature and pulse were normal. The patient was practically free from pain, and stated that she felt quite well. Her tongue was clean and moist, there was no frequency of micturition or incontinence, and these are important symptoms in cases of Bacillus coli infection of the kidneys.

Major Packer informed me to-day that the specimen of urine forwarded to him gave a pure culture of B. coli.

January 10.—There was a slight rise of temperature last night to 100, 25 c.c. of anti-coli serum injected this morning.

January 14.—The patient has made a steady recovery since the last note and was allowed up to-day.

January 20.—The patient was discharged from hospital.

Lecture.

MAP READING.1
BY CAPTAIN M. FISHER.
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The subject of map reading is really a very interesting one, and the information about the country and roads that a highly efficient map-reader can obtain from a map seems, to the uninitiated, really extraordinary. The subject is, however, not so difficult to master as it appears at first. Like a lot of other things, it is quite easy to do when you know how to do it. The way to success is a thorough knowledge of what each line or sign drawn on a map means and then continual practice out in the country constantly comparing the country with the map. It is not proposed, nor indeed is it in the scope of this lecture, to go very deeply into the subject, but only to touch on so much of it as will enable you,

1 Delivered at York to the R.A.M.C. officers in the Northern Command.