

INDEX  
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Insidious Septicæmia.—A Rare,  
Deceptive, and Fatal Form  
of the Disease.

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INSIDIOUS SEPTICEMIA.—A RARE, DECEPTIVE,  
AND FATAL FORM OF THE DISEASE.

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MUCH time and thought have been devoted to the study of septicemia and pyemia, those nearly-allied forms of disease, which are of peculiar interest and importance in this era of surgical medicine and micro-organisms, so that their course and symptoms are supposed to be now well known; the diagnostic methods at the command of the physician are so accurate, though by no means as yet perfect, that perhaps too great a reliance is placed upon them, and it is supposed to be a simple matter to detect the presence of these diseases. But, unfortunately, this is not so, and there is perhaps no disease more difficult to detect than this, when it appears in the *insidious form*, of which I here propose to speak.

This insidious septicemia is marked by symptoms so much at variance with those generally accepted as characteristic of this disease, that our present methods of diagnosis must fail, and this is all the more unfortunate, as these so deceptive, and apparently mild, forms of septicemia and pyemia are almost invariably fatal.

A peculiar case of this kind, puzzling to eminent surgeons, was my introduction into the active practice of medicine: the progress insidious, the diagnosis impossible, the prognosis favorable, the result fatal—it was of such a nature as to impress itself most forcibly upon my mind; more especially so as the patient was one near and dear to me, under my care among strangers; again, that most violent case of

septic poisoning which nearly terminated my own life was of a similar kind, though much more evident, so that the able surgeon who attended me was deceived by pulse and temperature during the course of the disease, as to its nature, and not until the results appeared did its true character become apparent. You will, then, appreciate the feelings with which I look upon this terrible form of a terrible disease. I have seen men in the vigor of life, mothers in childbed, suffering women and little children, pass away victims to this most deceptive and dangerous affection, insidious septicemia, while almost to the last moment friends and physician looked forward to a speedy recovery, more particularly so the close observer, relying upon his accurate knowledge of the symptoms, but especially confiding in his thermometer; the absence of heat and pain was evidence of well-being to the family, a normal pulse and temperature to the physician.

Intuition, not medical skill, must guide us in the absence of symptoms; this insidious form of the disease has never been defined and described, and has been recognized by but few; it has carried away many a patient before the eyes of an observant physician who has been at a loss as to the cause of death; hence I feel justified in recording a few typical examples, and directing attention more particularly to this one of the many varied forms of a disease supposed to be so well understood.

Though it be rather a well-known fact to the physician that the smoothly-running cases, with little or no fever, no pain and comparative well-being, are the very ones which almost invariably prove fatal, and though a note to this effect may here and there be found, sufficient importance has not been attached to these facts, and the necessary publicity has not been accorded them. Our standard works are apt to mislead the student greatly by ignoring this terrible form of septic poisoning. It may not even be mentioned, perhaps for the reason that its occurrence is comparatively rare. The very symptoms which are so common as to be among the first and most prominent indications of *every* disease, *fever*

and *pain*, are the very ones most usually wanting: sometimes it is one, sometimes another, *the degree of danger being in inverse ratio to the intensity of symptoms*. The symptoms which do appear are certainly very much at variance with those ordinarily accepted as characteristic of septic poisoning; the *absence of symptoms* and the *fatal result* characterize this form of septicemia and pyemia. The disease may be of auto- or hetero-infection; it may begin with a chill or not. The most dangerous and invariably fatal cases are those in which all or a greater number of symptoms are wanting; though I may say that all symptoms are rarely absent in one and the same case.

We almost invariably find a state of perfect contentment and well-being; the patient is satisfied with her condition; but also satisfied to be in bed. Another symptom, which I have almost invariably observed, is a slight looseness of the bowels, which will hardly be noticed, as it is not sufficient to attract the attention of the family or the practitioner. It is not a diarrhea, but rather a soft natural stool, perhaps not more than once or twice a day, wanting in all the characteristics of septic diarrhea, without the foul odor which usually accompanies the latter. The symptoms most commonly absent are pain and elevation of temperature. The pulse is sometimes accelerated, but may be perfectly natural.

The disease rarely begins with a marked chill; more commonly there is a chilly sensation, a feeling of discomfort, with some little fever, such as might be indicative of a trifling ailment; and this first calls attention to the existence of some morbid condition; but these symptoms soon pass away, the anxiety of friends and physician is relieved; the patient is comfortable, quiet, but without ambition, perfectly content with her condition, supposed by all to be on the high road to recovery. In this state she remains, frequently without desire for nourishment, but, it seems, from a natural want of appetite; always feeling well, but slowly sinking until she passes quietly away, only at times with violent symptoms at the very last—more commonly comatose than in convul-

sions. The pulse sometimes is feeble and rapid ; a bronchial catarrh, if present, is slight ; the intestinal catarrh not recognizable as such ; depression of the vital powers is not marked ; the elevation of temperature is but slight, and that in the early stages ; in the later, it is liable even to be subnormal ; there is no burning heat of the skin ; delirium I have never seen ; coma sometimes, toward the last.

In puerperal septicemia I have never seen the absence of symptoms so complete ; in the first days of the puerperium there is generally some slight disturbance : a chilly sensation, perhaps followed by some little pain and elevation of temperature, which soon passes off, followed by that peculiar condition of well-being. The slight relaxation of the bowels, more like a loose, healthy stool, is the only indication, if such we may take it to be, of a septic diarrhea.

The symptoms most prominently connected with puerperal septicemia, especially pain and elevation of temperature, are the ones least marked, and even these may be completely wanting ; in fact, usually are, so that I must take exception, in this one instance, to that unimpeachable authority, our honored fellow, Dr. Fordyce Barker, who says in his work on Puerperal Diseases, in speaking of septicemia : "The symptoms will vary according to the amount of poison absorbed, and the consequent intensity of the disease. It may be so intense as to destroy life in a few days, or so mild as to excite a moderate degree of fever for a brief period, after which all disturbance ceases." And I disagree with him more particularly when he says that "the elevation of temperature, as shown by the thermometer, is a *constant symptom*, and *measures to a certain extent the intensity of the poison.*" This is the very feature, as I have said, which is most usually wanting in the cases I have referred to, and its absence makes the prognosis almost necessarily fatal ; hence, of this insidious form of septicemia, and it is true of pyemia as well, I must make a statement directly contradictory to that of Dr. Barker.

I will give in detail the history of such typical cases of

this disease as are characteristic of its various forms ; and I would call attention to the fact that I am not recording only my own ideas, my personal impression of the symptoms, but in all of these cases, which were unusual and peculiar, it was my good fortune to consult with able physicians, skillful and well known practitioners, who will fully corroborate my statements ; and in those of the cases in which doubt might have remained as to the nature of the disease, after death had proved its fatal character, post-mortem examinations were made, and revealed most unquestionably marked evidences of pyemia or septicemia.

It is a peculiar fact that in every instance the gentlemen who saw these cases with me opposed my diagnosis, which was indeed based upon experience and intuition alone, and invariably denied the presence of any such disease ; in some instances even of a fever of any kind : in one case this view was held to the last. I mention this as a strong evidence of the very deceptive nature of the symptoms.

CASE I.—*Pyemia, consequent upon suppurative perinephritis, without pain or elevation of pulse or temperature, marked by a gradual depression of vital powers, coma and diarrhea toward the last.*—J. E., aged sixty-one, always in good health, though annoyed by frequent micturition, due to prostatic enlargement, arrived at Berlin, Tuesday, April 4, 1871, suffering from retention of urine contracted on the express train upon which he had been traveling all day. On the following morning the bladder was found distended to within an inch above the navel, and relief was afforded by the catheter ; the retention being due to an obstruction caused by an enlarged prostate, hypertrophied more especially in its central and left lobes. Quiet, a warm bath, and the catheter were ordered. On the second day, April 6th, the patient was more comfortable, was out of bed, but, some difficulty being experienced in the use of the catheter, he was at once placed under the best possible care in Professor von Langenbeck's private hospital in Berlin.

April 7th, the bowels being relieved by large doses of a laxative infusion, the catheter was more easily introduced, and

the consequent hemorrhage greatly diminished. The patient showed no signs of fever, but was morose, depressed, without appetite. The prognosis of Professor Schoenborn, Professor von Langenbeck's first assistant, was fair : the bladder, he said, was contracting, and assuming more moderate dimensions, though still weak and enlarged ; in two or three weeks he expected the patient to recover perfectly and pass his urine freely. No urine passed without the use of the catheter ; no elevation of pulse or temperature was noted ; there was no distinct pain, but the patient lay in his bed, without an effort to rise, grumbling and depressed. I felt extremely anxious with regard to his condition. I thought that I could detect a decrease of vigor, mental and physical, in this man of such active habits in mind and body ; he no longer left his bed, taking but little interest in books and in the news of the day ; to me he appeared to be sinking. Repeated examination, urged by me in my anxiety, revealed nothing. The heart, liver, and lungs were in perfect condition ; his temperature rarely above 37.6° Cent., yet his pulse grew weaker and somewhat more rapid, and a slight hectic flush at times appeared. I considered him wasting away. To me, who knew him well, this depression, this relaxation of mental and physical powers, was perhaps more evident, and certainly a very ominous symptom. My fears were invariably quieted and my attention called, by the able and expert attendants, to the negative result of careful examinations ; there was no albumen or blood in the urine, no elevation of temperature, but a slight weakening and acceleration of the pulse, which, like his weakness of body, was attributed to the unaccustomed confinement to bed. He did not complain ; he was not suffering ; he slept well ; the intestinal catarrh, which was certainly not a septic diarrhea, was attributed to some accidental cold ; so also the bronchial catarrh which appeared afterward. He was frequently sleepy, dozing during the day.

April 20th, he became comatose, and in this condition death supervened on the 21st, from edema of the lungs.

The post-mortem examination, insisted upon by myself, and desired by the attending physicians, who were wholly unable to account for his unexpected death, revealed an unusually healthy condition of the lungs ; some little dilatation and a

slight fatty degeneration of heart and liver : the hypertrophied prostatic gland contained small centers of suppuration, with disintegrating thrombi in the veins ; the left ureter was surrounded by pus ; both kidneys were small, contracted, ecchymosed, with an extensive suppurative perinephritis, a large mass of pus surrounding the left, which perhaps explained some of the symptoms simulating a retroperitoneal abscess ; the somewhat thickened and scaly tongue, the cloudy sensorium, and the slight hoarseness, which had been accounted for by the bronchitis, and this, like the diarrhea, attributed to a cold. This post-mortem examination, I was told by the physicians, explained to them the before unaccountable passing away of two other patients, gentlemen of similar age and equally healthy constitution, who had come to the clinic for relief from annoyance experienced by the occasional stoppage of urine caused by enlarged prostates. The large masses of recently-formed pus proved the existence of a rapidly-developing pyemia, which speedily ran its fatal course, with barely a trace of the symptoms usually supposed to be characteristic of the disease ; those which did appear being so slight and isolated—hoarseness and intestinal catarrh—and so liable to be due to a slight exposure, that no one for a moment thought of connecting them with the existence of pyemia.

CASE II.—*Fatal diphtheritic septicemia, without elevation of temperature.*—The patient was a healthy, though somewhat delicate boy, eight years of age, never very strong, but in his usual health until Monday, February 4, 1884, when the first symptoms of sickness became patent in the form of languor and slight indisposition, which continued without any more striking symptoms until Wednesday, February 7th, when he complained more of feeling badly, and the mother noticed the putrid odor of his breath, yet heeded it but little, as the child, though confined to the house, lying down occasionally, had not yet taken to his bed ; neither a chill nor noticeable fever had been observed. On Thursday, the 8th, a physician was sent for, and on the following day, the 9th, informed the parents that the child was beyond hope, a statement which was probably based upon the heavy diphtheritic deposit upon the uvula and fauces. Of fever no evidence seemed to have existed. On

the night of the tenth I first saw the patient, being summoned, as it was supposed that the child was *in extremis*, to determine the propriety of tracheotomy. I found a pale, haggard child, evidently in great distress from difficulty of respiration, which was mainly due to the greatly enlarged uvula, which, like the slightly hypertrophied tonsils and a small portion of the fauces, was covered by a diphtheritic membrane. The temperature was hardly a degree above the normal; the pulse was fair, somewhat accelerated. As the edema increased a comatose condition developed, the pulse became rapid and filiform. Sulphide of sodium had been given, as well as a weak sulphurous-acid solution, a stronger one being used to cleanse the affected parts; quinine and iron had been ordered. My diagnosis of a probably fatal septicemia was not concurred in, and the local disturbance rather looked upon by the attendant physician as the more dangerous. The diphtheritic deposit, though thick upon the uvula, was localized, not of an ugly character, and the impediment to respiration could be temporarily removed by ablation of the greatly enlarged uvula; the tonsils being swollen but little, this would afford ample space for the passage of air. Tracheotomy was unnecessary, and especially useless, to my mind, on account of the severity of the constitutional disease. The three other physicians present were unwilling to concur in this view, and based their assertion of the prominence of the local symptoms, to which they attached all importance, upon the almost normal temperature. The removal of the uvula was concurred in by all, and at once gave relief to the little sufferer, who seemed to grow stronger with the consequent improvement of pulse and respiration. On Monday, February 11th, I was informed by the family and attending physicians that the patient was improving, and at four P. M. on Tuesday, the 12th, I was again given a most satisfactory account by the attending physician, who told me that the local symptoms were rapidly mending—the deposit had disappeared; the respiration was no longer so rapid or superficial; pulse more quiet, temperature normal; he considered the patient well on the way to recovery. Five hours later, at nine o'clock, I was hastily summoned, and found the child in a comatose state, beyond human aid, dying at ten.

This is a characteristic example of that treacherous form of diphtheria wanting in those symptoms commonly considered as dangerous: the severe inaugural chill, a high fever and rapidly extending diphtheritic deposit; the constitutional symptoms rarely coming to the surface, yet constituting a powerful and almost invariably fatal under-current. Family and physician rejoiced at the absence of fever, and the mild and circumscribed appearance of the local symptoms, the ready casting off of the membrane, and kindly healing of the ulcerated surface, the absence of pain and complaints serving to strengthen this view of the case.

The patient shows his well-being so markedly in this form of disease, but without that desire for leaving his bed and a rapid getting up, so common to the convalescent; he is satisfied with his condition of comfort and well-being.

CASE III.—I will briefly mention this case, though thoroughly identical with the preceding, as it shows the course of precisely the same form of disease in a robust and stronger child, in perfect health, with greater powers of resistance.

On February 7th, she complained of sore throat; hot, dry skin and other evidences of fever were present. Three days later I saw the child. It had been treated with mild and indifferent remedies, the case evidently being considered by the physician, as it appeared upon superficial examination, not by any means dangerous.

I found her quiet, comfortable, sitting up in her bed, a little pale, complaining of nothing but some discomfort in the throat, respiration slightly impeded; local symptoms as in the previous case: deposit upon the uvula and fauces, very little upon the tonsils; temperature about normal, pulse slightly accelerated. Two days later I heard that the child was improving—doing well. The heavy membranes had been cast off, with no reformation in progress. She continued to do well; the throat was clear; respiration unimpeded; no untoward symptoms. A week later the other children, who had been removed from the house, were recalled and permitted to be about; the attending physician informed the family that all evidences of diphtheria had disappeared, and that there was no longer any danger to

the patient, and no danger of infection to others. She seemed to be doing well, playing, but, unlike a convalescent, she ate little or nothing, and seemed to have no appetite and no longing for food. It was this same quiet, well-being, perfect contentment with her condition, but, unlike a true convalescent, without appetite or desire to leave her bed.

The local evidences of disease, which had been so slight, had entirely passed away; the constitutional symptoms were concealed.

Having called as a friend, not as a physician, I could do no more than warn the family most earnestly of the impending danger. The identity of the case with the one previously mentioned was so marked that I anticipated a fatal result from the first, and was in constant expectation of ill news. I was told of improvement constantly. Upon the 31st, almost a month after the inaugural chill, I heard of the child's death. I was told that pulse and temperature had been normal, and the child in perfect well-being, though without appetite, until eighteen or twenty-four hours before death, when chills with convulsions came on, after the third of which she died, having scarcely swallowed anything for some time previous.

CASE IV.—*Puerperal pyemia; the abdominal cavity distended with pus, yet pulse and temperature scarcely affected.*—Mrs. B. S., primipara, aged twenty-three, was taken with labor pains at ten o'clock, P. M., on April 16th. The membranes ruptured at four A. M. of the 17th; at nine o'clock, five hours later, the breech was found to be presenting, in the brim of the pelvis, which was contracted antero-posteriorly so that the promontory was just within reach of the index-finger. The pains were irregular, weak, and at long intervals, and but little progress was made; the patient was cheerful, though vomiting occasionally. Late in the afternoon delivery was accomplished under chloroform, but with considerable difficulty, the child surviving only twenty-four hours. Soon after delivery an intra-uterine injection of a five-per-cent solution of carbolic acid was given; the perineum, which had been lacerated, was repaired, and an iodoform dressing applied. After several doses of ergot, the uterus contracted well, the pulse rose to 100, temperature 98.5°. She slept well, annoyed only by a slight dryness

and thirst, probably owing to the anesthetic. Upon the following day the abdominal tenderness had ceased; slight nausea continued; the pulse was 104, temperature  $98.6^{\circ}$ . At seven p.m., after a violent chill, the pulse rose to 140, temperature to  $103.2^{\circ}$ . Carbolic acid injections were given, though the discharge was sweet and natural; slight tenderness of the abdomen and occasional vomiting followed. Ten grains of quinine were given every four hours; ice-bags applied to the abdomen; ice-pellets, iced champagne, and hypodermic injections were given. Patient slept but little, on account of the severe pain. On the 19th the sutures were removed, as the parts were very much swollen; the pain had almost entirely disappeared, yet the abdomen was distended and tympanitic; the tongue was clean, but the vomiting continued; the bowels were constipated and would not move; the pulse was 128, temperature  $100.5^{\circ}$ . On the 20th the pain had entirely disappeared, but the abdomen was very much distended, apparently with a purulent effusion; it was soft and tympanitic, but not in the least tender; patient perfectly comfortable, in this characteristic condition of well-being. Pulse 128, temperature  $99.5^{\circ}$ , respiration 32. By evening the temperature had been reduced to  $98.25^{\circ}$ , the pulse remaining at 128. On the 21st, she felt comfortable and well; free from pain, but the injections, and repeated doses of calomel which had been given, did not move the bowels. The temperature continued near the normal,  $98.5^{\circ}$ , the pulse in the neighborhood of 124; and in this condition she remained until her death, on the morning of the 25th of April, the temperature varying between  $97.8^{\circ}$  and  $98.5^{\circ}$ ; it was that same quiet well-being, with an apparent stupor of all organs. She was thirsty, but ate scarcely anything, so that nourishing enemata were resorted to. Within the last twelve hours, however, the pulse became imperceptible, stupor and vomiting of fecal matter set in.

This case was not so deceptive; the inaugural chill and fever, though of very short duration, being well marked, yet the violent peritonitis, with an effusion of several gallons of offensive pus, was not characterized by those symptoms which would ordinarily be looked for. It differs from the more

deceptive forms of the puerperal septicemia in the marked inaugural symptoms, and the absence of even a slight tendency to diarrhea.

As a typical example of these I would mention

CASE V, the history of which was given to me as one of unaccountable death after labor. The patient I did not see. Mrs. R. C., aged twenty-five, in fair health, though suffering since the birth of her first child with slight uterine disturbance, was delivered of a second child on May 12th. The waters broke early, pains irregular and accompanied by great suffering. She was, however, delivered without assistance, on the following day, after a protracted labor, of a healthy child. The uterus contracted well, the lochial discharge was natural, but slight, the after-pains somewhat annoying. The patient had not nursed her first child, and had but little promise now of a sufficient supply of milk; the puerperium appeared to be fairly progressing; on the fourth day she seemed nervous, and complained of not feeling so well, lacking appetite; motion of the bowels without assistance; pulse of 120, temperature but one degree above the normal; the breasts not more enlarged than they had been, neither swollen nor tender; no pain on pressure on abdomen; lochial discharge still not offensive. Upon the following day, the 5th, these symptoms, which were supposed to be due to the action of the bowels or the lacteal secretion, began to subside. She expressed a feeling of well-being; she was "all right and comfortable"; the appetite did not improve; perspiration was very free, not offensive; the lochial discharge slight; the bowels moved freely, with a copious, natural action. For three days this condition continued, patient feeling well and comfortable, without pain or complaint; without appetite; the bowels moving freely, somewhat loosely, often twice a day; abdomen soft, not sensitive; uterus rather large; temperature normal, pulse varying between 100 and 120; the patient, however, growing steadily weaker, dying in a comatose state. No post-mortem was made.

CASE VI.—*Death from septicemia consequent upon the disintegration of an intra-uterine fibroid, with subnormal temperature.*—Miss P., aged fifty-six, of very healthy family, was

remarkably strong and energetic. The first unusual symptom appeared in 1879, when she was in her fifty-second year ; this was a profuse and continued menorrhagia, supposed to be the change of life, which had appeared with her mother and sister in the fifty-fifth year. After months of profuse and weakening hemorrhages menstruation ceased entirely for two or three months, amenorrhea alternating with irregular and violent menorrhagia.

In November, 1883, medical advice was sought, rather on account of the watery discharge than for the violent flooding. Occasional applications were made, but without result, as it appeared to the attendant impossible to enter the uterine cavity at all. The sound penetrated into the cervical canal to the extent of one inch. I saw the patient for the first time on Sunday, May 18, 1884, on account of her weakened condition in consequence of a profuse gush of putrid, nauseating matter, perhaps a cupful of disintegrated blood and tissue of a most foul character being discharged at once. I found the patient in her bed, weakened as she supposed by the discharge, but complaining of no pain or diarrhea, headache, or other symptoms of septic poisoning, with a pulse of 104 and temperature but a degree to a degree and a half above the normal, skin moist and pleasant, with the face, however, of that peculiar sallow appearance so frequently accompanying septicemia. For three months since February she had been feeling badly, was about as usual, but dragging herself around, miserable, weak, with a constant discharge, soiling her linen, and having twice before experienced a similar copious gush of offensive, putrid blood and tissue, which had been accepted as the menstrual flow varied by change of life.

The case was to me, unquestionably, one of slow, insidious septicemia. I found the uterus hard, enlarged to the size of a pregnant uterus at the second or third month, containing a submucous fibroid with disintegrating surface, in the fundus. I washed out the uterus twice daily with hot water and listerine or carbolic acid ; disintegrating blood clots and shreds of septic decaying tissue came away, gradually lessening, and, a day or two after these had altogether ceased appearing, a slight formation of healthy pus began ; the nausea ceased, the stomach

improved, the sallow color of the face began to disappear, appetite and strength returned ; she sat up in bed ; the pulse varied between 80 and 90, the temperature between  $98.5^{\circ}$  and  $99^{\circ}$ . I might say that from twenty to twenty-four grains of quinine, with five or six drops of carbolic acid were given daily. The uterine cavity had been thoroughly cleansed, and a healthy condition restored. Adstringent applications were made in place of the intra-uterine injections. Thus all the conditions improved, so that after two weeks, toward the end of May, the patient seemed to be rapidly recovering ; she sat up daily, had a good appetite ; the pulse was natural, temperature still perhaps half a degree above the normal.

On Friday, May 30, the patient was drowsy during the day ; during the night she had always been sleeping soundly and well, hardly able to obtain sufficient sleep, contrary to her usual habit ; during her entire life she had been restless at night, obtaining but little sleep. The very heavy sleep of this day I attributed to the unusually large quantity of iodoform with which I had surrounded the cervix. This was stopped. On the 31st, Saturday, this drowsiness had diminished, but was still present during the day, after sleeping soundly during the night. The administration of quinine and the use of antiseptics were stopped in order to determine the actual condition of affairs. On Sunday, June 1st, she complained of pain in the left side, which, however, subsided with the use of a mustard plaster. Medication and local treatment not yet continued. Toward evening the pain recurred with a pulse of 120, and temperature of  $104^{\circ}$ , following several slight chills ; sallow color of the face returning, skin moist and pleasant. Pelvic cellulitis had evidently developed in the left side, resulting in a peritoneal effusion which was very marked but no longer sensitive ; the discharge from the uterus was slight and not offensive ; the pulse somewhat accelerated ; temperature normal ; appetite fair. Her appearance and condition were those of a person weak from sufferings previously undergone. There were no complaints of discomfort or pain ; she was feeling well whenever her condition was inquired into ; there was no evidence of fever ; she was apparently convalescent and would soon gain strength. Notwithstanding the most attentive

nursing by day and night, and the most careful attendance by her physician, with whom I had seen the patient in consultation on account of the local disease, she grew slowly weaker. The bowels moved freely and easily; the stools were soft, yet no diarrhea was present. Every organ seemed to fail slowly, until it became necessary, on account of the sensitive condition of the stomach, to give food and medicine by the rectum. Quinine was given by injection, externally by pads and inunction. Thus the vital powers seemed slowly failing, while the only active symptom was the offensive, septic diarrhea, which appeared in the last week, over a fortnight after this inaugural chill; with a most variable pulse, the temperature slowly decreased. Wednesday, June 18th, up to which time the condition had been that of an almost healthy slowly-failing body, we find the pulse varying between 160 and 200, with a temperature of  $98^{\circ}$ , respiration 16, skin moist and pleasant. Milk and wine were given in dessert spoonfuls every hour; no vomiting, two fairly healthy motions of the bowels during the twenty-four hours; hands pleasant and warm, the extremities having less of the bluish look they had begun to assume; more natural. On Thursday, the 19th, pulse from 114 to 138 in the morning, 160 in the evening; temperature  $97^{\circ}$  throughout the day; dozing, mind wandering, skin pleasantly warm, pulse near normal, variable in time and character, sometimes a few slow beats followed by others rapid and weak. Friday, June 20th, pulse 144, temperature 98 to  $97^{\circ}$ , chest warm, extremities cool, sensorium more clouded, feels comfortable, but always "so sleepy"; at times very garrulous, constantly dashing ice-water on herself. Bowels moving more frequently, peculiarly offensive, thin, greenish-yellow color; sinking in mind and body; refusing food; garrulous; hands and chest again warm, appearing to grow warmer as she grows weaker, having been quite cold some days before. Saturday, the 22d, pulse 120 to 170, temperature  $95.6^{\circ}$ , skin moist; restless, but sleepy. Beginning to tear the bed-clothes; heart fluttering; skin cool over the entire body; extremities clammy and cold. Now for the first time the skin is cold and moist, previously had been cold and dry; does not complain specially, states that there is no ache or pain, only a suffocating feeling; wants ice constantly.

Thus we find the body slowly weakening. Sunday, pulse 120, temperature  $96.8^{\circ}$ , respiration from 18 to 24 ; as the temperature falls the pulse rises. Monday, temperature  $97.2^{\circ}$ , pulse exceedingly fast and weak ; body cold, fingers bluish, mind weaker and wandering, bowels moving from six to eight times a day. Pulse very variable, intermittent, sometimes imperceptible ; constantly demanding cold, ice on the head, the chest, and the bowels.

Thus life ebbed slowly away, until the struggling sufferer became comatose and died on the 25th of June, of septicemia, upon which a pyemic condition supervened. This powerful frame and strong constitution had been slowly undermined by the septicemia resulting from the slow absorption of putrid matter, retained in the uterus from the decomposing fibroid, for a period of over three months ; when great quantities of this foul matter had gathered, it was expelled by the efforts of the uterine muscle, but not until it had accumulated for almost a month. Notwithstanding that good cause for the presence of the disease was evident, pulse and temperature did not indicate its existence, nor were other symptoms characteristic of septicemia present, so that the distinguished physician in attendance with me was unwilling to accept my diagnosis ; and, even later, after a cellulitis had supervened, he would not admit the existence of the fatal disease, hoping until the last, and invariably contesting my view on account of the absence of all symptoms usually accepted as indicative of this disease. The peculiarly offensive diarrhea which appeared toward the last was the only one evidence. How little the presence of septicemia was manifest may be gathered from the decided opinion of this able and experienced practitioner, who hoped against hope to the very last, and to the family as well as myself stated that he could not detect any evidence of such an affection. Even fever, he claimed, was absent, the feeble and rapid pulse being due, in his opinion, to the weakened condition of the body, which was owing to want of food.

These are typical cases of this fatal disease, the *insidious* form of septicemia and pyemia, seen by competent observers together with me. Cases more striking still have been re-

lated to me by others; these I will not consider, as I believe that I have sufficiently shown the importance of close study of this most treacherous form of a dangerous disease, wanting in precisely those indications to which the public look most anxiously, and in those symptoms upon which the physician mainly relies; in addition to this, with the patient himself in that state of perfect content, we can readily see how it runs its fatal course unknown to any one.

Strange as it may seem, it has been demonstrated but too clearly that extensive suppuration may take place, as well as absorption of purulent or septic matter sufficient to destroy life, without any of the symptoms usually attending these conditions, and, unfortunately, where this process is so insidiously inaugurated, a fatal termination will result, be it in days or months.









