months I have been using cane-sugar together with the dextro—malt preparations and have had good results. In cases with acid stools and a large amount of mucus and blood, it is a mistake to resume the use of milk-sugar too soon. Dr. Henry Cott, Newark, N. J.: There is a chemical as well as a gross difference due to contamination between the commercial milk-sugar and mother's sugar of milk. The former contains bacterial toxins. It should be boiled before using.

Dr. J. P. Crozer Griffith, Philadelphia: A large number of cases were there any evidence of irritation at the site of the injection. The serum was rapidly absorbed. The injections were followed by urticaria, but without fever or general disturbance. The average age of the children injected was 20 months, of the controls 11 months. The effect in many cases was an immediate change in the appearance of the child. Children that looked septic in several cases after the injection had a good color, were brighter, took the feedings better and the use of milk preparations in the lung was unchanged or seemed to be spreading. In some cases the serum injections appeared to have no results, but in most cases there appeared to be a better reaction on the part of the child after injection than before. The reaction was usually followed by some reduction in leukocytosis and the percentage of polymorphonuclear leukocytes increased. The pneumococcus serum presented a safe way of attempting to influence the course of pneumonia in children; the addition of antipneumococcus serum seemed to offer no advantage over the use of the pneumococcus serum alone.

Dr. Matthias Nicholl, Jr., New York: After a fairly large experience with pneumococcus serum in both children and adults it seems to me that one should give large doses of the serum, at least 100 c.c. In a recent attempt to immunize a series of diphtheria patients against secondary pneumonia there seemed to be no reduction in the death-rate from pneumonia through this attempt at immunization, and it was difficult, therefore, to have a great deal of faith in the curative value of a serum which had so little protective power against the organisms whose activity it was designed to control. In view of the fact that good results seem to follow the use of the serum in some cases, it is advisable to use it in uninfected cases which seem to be daily losing ground, but the dosage should be large. I have seen no fresh effects from the administration of the serum even though the doses were very large. I prefer to give it intravenously, but 100 c.c. may easily be given subcutaneously.

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The Relation of Thyroidism to the Toxemia of Pregnancy

Dr. George Gray Ward, New York City: These cases may be classified into (a) cases having no Graves' disease, but without sufficient thyroid secretion to promote the increased metabolism in the liver made necessary by the pregnancy, and probably due to the failure of the thyroid to hypertrophy; (b) cases associated with Graves' disease, which usually causes serious disturbance in the metabolism. Toxemias of the first group are frequently much helped by the administration of thyroid substance in the form of either the dry extract or the serum. In toxemias of the second group, it is essential to determine whether the Graves' disease is in a condition of hyperthyroidism or hypothyroidism. If the former, rapid, application of fresh milk, milk diet, and sedatives should be employed, and if these measures fail, an antithyroid serum should be administered. If the latter, thyroid substance should be given in the form of the dry extract, or, what is more efficient, if possible to obtain, a saline extract prepared from normal human glands for hypodermic administration. Reliance should be placed on the nitrogen partition of the urine as a guide to the severity of the toxemia rather than on the blood-pressure. Induction of labor is very slow and uncertain in these cases, and where the toxemia is of formidable force, induction or extraction of the condition is probably the safest method of delivery for both mother and child.

The Treatment of Acute and Fulminating Toxemia

Dr. Edward P. Davis, Philadelphia: One fact stands out preeminently in all fatal cases of toxemia of pregnancy, and that is the disorganized state of the blood, the minute hemorrhages in the liver and other organs, and, when the toxemia lasts for some time, the occurrence of pulmonary edema and of gangrenous pneumonia. The value of milk as a prophylactic diet must be insisted on. A thorough physical examination should give warning of the approach of fulminating toxemia. Should the conditions be unfavorable for spontaneous delivery, and the uterus makes an effort to expel its contents, rapid delivery by abdominal section is the operation of choice. I prefer this to vaginal section because it is free from mechanical difficulty, and does not open the veins above the pelvis and lower portion of the birth canals.

TREATMENT OF ECZEMA

Dr. Franklin S. Newell, Boston: Limitation of absorption of toxins is only to be accomplished by ending the pregnancy. The method of operative delivery must be chosen to suit the needs of the individual patient and skill of the obstetrician. Prevention of damage by toxins already absorbed should be undertaken, and the control of convulsions by the
free use of morphin to the point of slowing respiration to twelve per minute; also lowering of blood-pressure to approxi-
mately normal point by venesection in order to reduce the stric-
tures. The toxin is eliminated by the use of salines and erato oil in repeated doses until several watery movements have resulted. The lower bowel should be washed out by encolic flushing. Probably most of
the toxin is excreted by the intestinal tract, and if not removed it may be reabsorbed and cause a recurrence of symptoms.

In these cases and in patients who have reacted badly to operative procedures, direct transfusion of blood should be considered as a possible life-saving procedure.

-Discussion on Eclampsia-

Dr. George Tucker Harrison, Charlottesville, Va.: It is logical to maintain that in cases of acute toxemia in pregnancy, whether with or without eclamptic attacks, the indica-
tion for treatment is to empty the uterus as speedily as possible. Forceps should be applied only when the head is fixed in the pelvis. In the case of a primipara, when the cervix is maintained in its entire length, the indication is the vaginal cesarean section. Abdominal cesarean section should be reserved for cases of contraction of the pelvis.

Dr. John O. Polak, Brooklyn, N. Y.: Before the forma-
tion of the placenta, the method of choice and after this period anterior hysterotomy offers decided advan-
tages. The preclamptic state, not yielding to dietetic, elimi-
native and medica1 measures, justifies evacuation. When the convulsions and coma have occurred, the termination of pregnancy improves the chances of the patient's recovery, and the condition of the cervix determines whether delivery be hastened, hastened, hastened by vagotomy or forc-
eps. Finally, anterior hysterotomy should always be the
choice over manual dilatation, where no effacement of the

cervix has taken place.

Dr. Cyrus A. Kirkley, Asheville, N. C.: To eliminate accumulated toxins, and to restore impaired or arrested
function in the eliminative organs is the aim of treatment. Colonel soda, followed by saline, alkaline dilatities, if not contra-indicated, the hot bath, the hot-air bath, glonoin, massage, pure air, and abundance of pure water are important aids in treatment. The uterus should be emptied as soon as it can be done without increasing the risk to the mother. While cesarean section should not be the dernier resort, we should be absolutely sure that delivery by other means is impossible.

Dr. Robert Peterson, Ann Arbor, Mich.: If the patient
fails to improve under the prophylactic treatment, the best
method is to empty the uterus as quickly as possible.

Dr. Barton Cook Hirst, Philadelphia: I have used para-
thyroid extract for five or six years, and I believe that in
the rare types of toxemia I get better results than from the
thyroid extract itself, but those toxemias that require parathyroid treatment are rare. I am strongly opposed to unqualified abdication of the operative treatment.

Dr. Richard C. Norris, Philadelphia: In last thirty
cases occurred during the period when vaginal cesarean
section was discussed by the profession. Of these, there were thirteen actually eclamptic women who had had forty-two convulsions; there were seventeen preclamptic cases past the seventh month of pregnancy. This group of cases was treated by the conservative plan. One woman died without eclampsia from a wide-spread accumulation of fluid in the serous cavities, chronic Bright's disease, and none of the infants died, most of them being premature.

Dr. J. Whitridge Williams, Baltimore: Vaginal hyster-
otomy or cesarean section is the method I have employed for some years to empty the uterus for the vomiting of preg-
nancy. In cases of eclampsia, it is very essential to indi-
vidualize, but I believe in every case, in which the cervix
is rigid, and in which prompt delivery is necessary, vaginal
cesarean section is the operation of choice.

Dr. Charles M. Greene, Boston: When these patients are put under the usual eliminative treatment, very often labor begins and they deliver themselves and recover without ever having convulsions.

Dr. Henry D. Fay, Washington, D. C.: After putting the
woman to bed and taking off all food by stomach and giving nutrient emas I use inha1tions of oxygen, and if I can
not get a percuaneous tap I am satisfied I should empty the
uterus. If a primipara has a rigid cervix I believe in doing a
vaginal cesarean section every time, and not abdominal ce-
sarean section.

Dr. George W. Konnak, New York City: It is not fair in
the treatment of these cases to assume that convulsions are
the deciding factors, and that is why I object to basing a series of statistics on the presence of convulsions. Henry Ensminger, St. Louis: No matter what method of treatment is resorted to in these cases of toxemia of
pregnancy, the patient should be put into a hospital. It is
unsafe to resort to operative measures amid unfavorable sur-
rroundings. Conservatism should always be kept in mind in
dealing with this class of patients.

(To be continued)

Current Medical Literature

May, 1915, No. 3, pp. 312-318
1 Regulation of Maternal Nutrition. J. N. Hurd, Indianapolis.
2 *Bacterial Contamination of Bread. F. E. Howell, Chicago.
3 Conservation of Food Products by Refrigeration. P. H. Bryce, Ottawa, Canada.
7 Practical Modification of Window Dust Filter. M. C. Schroe-
pher, New York.
8 Inexpensive Outfit for Collection of Bacterial Milk Samples. F. O. Tenney, Chicago.

2. Bacterial Contamination of Bread.—With the plan of
determining the degree of bacterial contamination of the out-
side of bread, 100 loaves were collected by Howell from
various districts in the north, south and west sides of Chicago.
The loaves were about the same size, ranging from 345 to
375 gm. They were oblong in shape. The exposed surface
was, therefore, about the same in all the loaves. The shops
from which the samples were chosen differed greatly in condi-
tions of sanitation. There was every degree of cleanliness from the clean shop where the bread wrapped in oiler paper
was kept in glass cases, the dirty shop where the bread,
when cool, was kept on a counter farther from the front, the
shop that dusted, flies and to handling by the customers. Each
loaf of bread was taken to the laboratory as wrapped when pur-
 chased, since this imitated the conditions under which the
bread would ordinarily be used. The entire loaf was then
swabbed with wet sterile cotton and the cotton thoroughly
rinmed in 10 c.c. of sterile water. From this suitable dilutions
were made.

The mediums used in the experiments were gelatin, lacto-
Bnitis-agar and lactose broth. The gelatin plates of the first
fifty loaves were inoculated at exactly 20 C. for seventy-two
hours, those of the last fifty at room temperature (which
was practically 20 C.) for seventy-two hours, and the lacto-
bactis-agar plates at 37 C. for twenty-four hours before mak-
ing the colony count. The count was much lower when the
bread was kept under clean conditions than when the condi-
tions were dirty. All mixed colonies were picked and special
search made for E. coli and streptococci. These were chosen
as types, since they are both common and give some indica-
tion as to the cleanliness of conditions. E. coli was isolated
from three loaves. Two of these loaves were purchased in
dirty shops. The third loaf came from a fairly clean store.
Streptococci were isolated from thirty samples.

6. Disinfection of Tuberculous Sputum.—The new method
of disinfection for tuberculous sputum, which Stokes and Schmitz have found serviceable, rests on alkaline solution of
sodium hypochlorite (antifomarin) as its basis. The advan-
tage in using this material consists in the quick solution of
the mucus and pus contained in the material disinfect.

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