

Clinical Notes, Suggestions, and New Instruments

THE WALCHER POSTURE VERSUS CESAREAN SECTION

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Is it not surprising how many cesarean sections are being performed by the younger class of obstetric surgeons? An obstetric surgeon reports that, though he has not been in practice more than ten years, he has already passed his one hundred and fiftieth cesarean section. It may be questioned whether the conditions warrant the operation. Has not nature perfected the proper way for normal birth?

Cesarean section is justifiable only when the following conditions are present; contracted, deformed or diseased pelvis; placenta praevia; eclampsia; fibroid tumor; kyphosis; osteosarcoma of the pelvis; hypertrophic elongated cervix; uterine fibroma; malignant disease of the cervix uteri; face presentation with chin directly posterior; funnel pelvis; inoperable carcinoma of the uterus; presentation of the head, cord and foot; atresia of the vagina; deformities of fetus of abnormal development, including the hydrocephalic fetus; ruptured uterus; hydramnios; suppurating ovarian cyst; double uterus; adherent placenta and ruptured uterus; Bright's disease; difficult labor after ventral fixation of the uterus; scar of old operations for other conditions; vaginal occlusion; dyspnea; cyanosis; anasarca and albuminuria; dermoid cyst of the pelvis; malignant ovarian tumor: labor with impaction; rigid os; pendulous abdomen; malignant disease of the rectum, and anteversion of the gravid uterus.

Why not try the Walcher posture before using the knife? I have found this posture sufficient in quite a number of patients, even though cesarean section was advised by reputable surgeons, and the patients were willing to submit to the operation.

THE WALCHER POSTURE

The patient is placed in the decubitus position on a table with one end so elevated that the nates project well over the edge, the legs hanging perpendicularly, the feet not touching the floor. When the head presents in the soft parts the end of the table is lowered so that the top is level. The patient is then put in the extreme lithotomy position and delivered with or without instruments. This position increases the diameter of the superior strait of the pelvis one-quarter inch or more.

TYPHOID FEVER TRANSMITTED THROUGH THE BREAST MILK OF THE MOTHER

REPORT OF A CASE IN AN INFANT OF EIGHT MONTHS*

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March 19, 1919, there was admitted to the adult medical service, at Mount Sinai Hospital, a nursing mother suffering from typhoid fever. Two days later the patient's baby was brought to the pediatric service, afflicted with the same malady. A bacteriologic study of the mother's breast milk disclosed the presence of typhoid bacilli.

HISTORY OF THE MOTHER'S CASE

The patient was a married woman, aged 29, whose family history and past history were quite negative except for an attack of influenza six weeks previously. Two weeks before admission to the hospital she suffered an onset of pain in the lower back region, headache, fever and chills. There was no epistaxis. Diarrhea had been present for several days. The patient was found acutely ill, restless and actively delirious. The lower pole of the spleen was felt 3 inches below the costal margin. Definite rose spots were present. The pulse was dicrotic. The temperature while the patient was in the ward showed a typhoid curve, gradually falling in the fifth week of the disease from 105 F. to normal. The

* Read before the thirty-first annual meeting of the American Pediatric Society, Atlantic City, N. J., June 18, 1919.

blood showed a leukopenia, the white count being 4,200 with 68 per cent. polymorphonuclears and 32 per cent. lymphocytes. The blood culture showed the presence of typhoid bacilli, and the Widal reaction was positive. A culture of the breast milk revealed the presence of actively motile bacilli corresponding in every respect to the typhoid organism.

HISTORY OF THE INFANT'S CASE

The patient was an infant, aged 8 months, whose birth history was perfectly normal. It had been breast fed until two weeks before admission to the hospital, having been weaned because of the mother's illness. There had been no previous illness or physical defect. Four weeks before the admission to the hospital there had been an onset with a rise in temperature to 101 F., but the infant seemed as well as usual. In ten days it had apparently recovered entirely. Then there followed a sudden rise of temperature to 105. Both ear drums were incised, but the fever continued. There was no vomiting or diarrhea. There were no convulsions. The baby appeared acutely ill, with rapid respirations, and flushed cheeks. There were no rose spots. The spleen was enlarged, the lower pole being felt 1 inch below the costal margin. The rest of the physical findings were negative. The blood count was 8,000 white cells, with 74 per cent. polymorphonuclears and 26 per cent. lymphocytes. The blood culture showed the presence of typhoid bacilli, and the Widal reaction was positive.

COMMENT

We have found the experience worthy of report because of its very unusual occurrence. We have been unable to find any similar record in the literature. In one case however, reported by Lawrence,¹ typhoid bacilli were found in the breast milk in a nursing mother of 23, ill with the disease. But in this instance the infant escaped infection.

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Idiosyncrasy to Quinin.—About six years ago I drove 6 miles into the country to see Miss O. B., aged 14, who had clinical symptoms of malaria. I left for her quinin sulphate in 3 grain capsules. Within two hours a messenger came for me, and I found her with hands, face and feet swollen, rapid, difficult breathing, and a sense of suffocation and weakness. These symptoms were followed by burning and itching all over, especially within the nose and ears. The symptoms gradually disappeared. The patient had taken 3 grains of quinin. One year later the patient took one of the much advertised L. B. Q. tablets for a cold. Within an hour or two she fainted, falling on the floor, and otherwise had symptoms as in the former case. Three years ago a Mobile physician prescribed I. Q. & S. Elixir. Suspecting quinin, she took only 15 drops. Within two hours she was suffering as before. Two years ago she filled some capsules with quinin for her father. She did not taste it, but unconsciously rubbed her lip. The lip swelled as thick as a negro's, and she had slight constitutional symptoms. Two years ago she married and preceding a recent confinement she had several attacks of fever lasting several days each time and resembling malaria. After a number of trials we found the tertian parasite, but gave her no quinin. Following confinement about ten days, I gave her a tonic, containing one-sixteenth grain of quinin to the dose. The first dose produced all the symptoms detailed in the first instance. The patient is a large woman, weighing 200 pounds. As a small child her mother often gave her quinin without any ill effect.—M. A. FORT, M.D., Grand Bay, Ala.

1. Lawrence, C. H.: Boston M. and S. J. 151:153 (July 29) 1909.

Warning Against Fly Paper.—An exchange mentions that the Public Health Service in Germany has issued a warning against brands of fly paper which contain considerable arsenic and might prove fatal if it fell into the hands of young children. It is advised to use fly paper that has been made with quassia as this would deter children from touching it, while the content of arsenic is less.