Thesis for the Degree
of M. D.
on
"Early Puerperal Pyrexia,"
by
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Thesis by John Bower about the Early Postpartum Pyrexia.

In dealing with this subject, I intend to dwell mainly on those abnormal elevations of temperature, arising from or coincident with, and on that account influencing the course of the postpartum state. In doing so, I shall keep mostly to that condition commonly called Postpartum Fever, and to conditions which may be mistaken for it. I define Pyrexia, as an abnormal elevation of temperature, because there is a normal rise of temperature after labour is completed. It occurs within the first 24 hours after delivery, commencing usually in the first hour, attaining its maximum in about 12 hours. There is then a gradual decline, until in from 24-36 hours the temperature is normal. I have found the range of temperature to be as follows: within 3 hours it often attains to 98° F, in 5 hours to 99°, in 12 hours from 99° to 99.6. Any rise within these limits I consider may be normal, although some an elevation such as this, does not occur in all cases for in several cases, I have not observed a rise of more than 0.2, during the first 24 hours. All temperatures above this point 99.6 I consider as abnormal.

It is perhaps needless to remark, that all conditions of Pyrexia, must be ascertained.
ascertained not by palpation, but by the thermometer, without the use of which it is often impossible to detect, or estimate, the amount of pyrexia present, and therefore impossible to ascertain the presence or approach of many diseases.

In treating this subject, I propose to take the different conditions causing pyrexia, as nearly as possible according to their priority of appearance, during the puerperium.

I shall mention, 1. the symptoms which one must look for, as accompaniments of the pyrexia present; 2. what disease such symptoms would point to; 3. the origin or cause of the disease, and its pathology; 4. the prognosis, progress, and treatment; 5. an illustrative case or cases.

Pyrexia with the first 24 hours, seldom exceeds 100°, ranging from 99°6 to 100°5. We find it in cases which have been the subjects of a long, yet uncomplicated labour, as in abruptio placenta, or in labours complicated by instrumental delivery, version, or adherent placenta. There are two groups of symptoms found with such a temperature.

In the 1st group:

we find no complaint of localized pain in the abdomen or pelvis, though there are moderately strong and frequent
frequent after pains, both in front of the abdomen over the iliums, and in the lumbar region. When pressure is made over the iliums, a complaint of soreness in that region is the result, but there is no one part prominently painful on pressure, in fact the only mention of pain being present, is when pressure is exerted. The lochia are normal in quantity, few clots are expelled, and no smell is present. The pulse is quicker than normal, 95-100. There is no headache, sickness, or pain on micturition.

In the 2nd group:

we probably find the same temperature as in the 1st group, but generally it is later on in the 24 hours before it reaches the same height. The patient complains of pain over the iliums, and on pressure it is much intensified. Specially painful spots are found either at the right or left side of the iliums (most frequently the left side), or over the body of the iliums itself. The lochia are either small in amount or frequently suppressed altogether. When present it is mostly as clots, which cause an increase of pain at their expulsion. No smell from the lochia. After pains are few in number and not strong. The pulse varies in frequency, from 70-80 per minute.

Headache,
Headache is often complained of, accompanied by sickness and vomiting. Pain on urination or retention of urine is not uncommon. Rigors are occasionally present.

In these two groups, we have a Pyrexia due to irritation of the uterine with more or less laceration of the Cervix, Vagina and Perineum, but without any inflammatory action in the uterus or its surroundings, which will subside in a day or two, provided there be no septic infection induced subsequently. The origin of this condition is due to the injuries in the passages or uterine, during delivery, giving rise to irritation of the nerves of the parts, causing elevation of temperature as the main result. The prognosis is good, provided there be no Placenta remaining in the uterus or passages, and provided that by attention to cleanliness, there be no infections or putrid matter introduced from without. If these things be attended to, there is usually a fall of temperature of 1° or more on the 2nd day, with less pain or pressure; and on the 3rd or 4th day the temperature is normal, and all pain even on pressure has disappeared.

Treatment: 15 my doses of the Hy. Morphiae for every hour, or a Morphia suppository 1/2 gr. per rectum, are all that is required as a sedative to the irritated nerves.

Illustrative case: Mrs. Hanson, Oct. 25, Fulkworth.
Primi para. Delivered Jan 9th of a male child. 
Lingering labour, terminated by long forceps. 
Temperature 102 hrs after delivery 100.2, with 
slight pain on pressure over the uterus. Considerable after pain, lochia abundant and 
clotted, no sickness, headache, no pain on 
micturition. Prescribed Leq. Morphine Siccis 
no 15, every 8 hours. Next day Jan 10th her 
temperature was 99. Pain on pressure less 
severe...Little after pain. Lochia normal. 
These symptoms gradually became normal, 
and after the 4th day there was nothing peculiar 
in the perineum. 

In the 2nd group we have to deal with a con-
sidering inflammation, either of the uterus, of 
the cellular tissue surrounding it, of the Pelvis 
Peritoneum, or of a combination of two or all of 
these conditions. The cause of it is found, in a lac-
eration of the uterus, cervix or vagina, often in-
volveing the cellular tissue round these parts, or 
even extending to their Peritoneal covering. This 
gives rise to an Inflammatory action in the 
parts, which may spread to and involve neigh-
bouring parts, such as the Bladder and Rectum. 
The Progress of such cases is grave, as an 
Inflammation of the Pelvis tissue, arising in 
the fourth hours, shows usually, some serious 
injury to these parts. The Progress of such a 
case usually is, that on the 2nd day there is 
a still further rise of temperature to 101.408.
and on the 3rd day, to 104°-105°. With this there is a feeling of sickness and vomiting, with pain on defecation and micturition. Locally almost suppressed, the discharge has acquired a rather disagreeable odour. The pain in the Pelvis increases, at one or other side, or over the Ulterus itself, and it is greatly aggravated on pressure. If the cellular tissue be involved, on one side of the Ulterus only, the thigh of that side becomes flexed on the abdomen, with a tendency in the patient to lie on the sound side, but when the Ulterus itself is inflamed, the tendency is rather to lie on the back with the knees slightly drawn up. There is great sleeplessness, giving the patient a worn appearance. The appetite is almost wanting. Bowels are costive as a rule, but occasionally attacks of diarrhoea are present.

On examination Per Vagium, there is a great feeling of heat and soreness in the Vagina, with slight consolidation in one or other of the Fornices. Pain on bi-manual examination of these regions, and also of the Ulterus. The temperature still remains high, though in the case be not fatal, within the first 5 days, there is a slight decline of temperature, in the morning to 103°, and in the evening to 103.5° or 104°. The pulse increases from a rate of 70-80 per minute.
on the first day, until it attains a rate of 120-130 on the fourth or fifth day. Lochia become more abundant and more fetid. Thickness still persists, but the vomiting is not so frequent. If there be no fall of temperature about the 12th day, the case is often rapidly fatal, from extension of the inflammation to the general Peritoneum. This is ushered in by rigors, a further rise of temperature to 106°, or in some cases a fall of 3-4° with sudden collapse, the pulse becoming almost imperceptibly, the features puffed, and the skin clammy. The Abdomen becomes distended and tympanitic. Vomiting becomes frequent, and retching, with diarrhea at times taking the place of constiueness. Death generally takes place within 24 hours.

Provided that the first week of the disease be survived, there is generally an amelioration of symptoms under treatment. The temperature falls, in the evening to 100-101°, in the evening to 102°, with slowing of the pulse to 100 per. minute. Thickness and vomiting much less frequent and gradually disappear. Pain diminishes even on pressure, and little pain is present on coition. The lochias have a less disagreeable odor. The appetite improves, and sleep becomes more frequent. If there is not so much heat and pain in the Os para. The
The Fornices and Uterus are less painful on pressure, though the consolidation still remains.

By the end of the 2nd or 3rd week, the temperature is nearly normal, with little or no evening rise. The pulse has resumed its normal rate. No tenderness, and pain is almost absent from the Pelvis even on pressure. There is less consolidation in the Fornices, and about the Uterus, and in about 5 or 6 weeks from the commencement of the illness, there is little permanent hardness left, and that left is only in the shape of bands of tissue, running between different organs in the pelvis, binding them together.

Instead of disappearing however, the hardness may form an abscess, which may even then be absorbed, or may burst in various directions. Although I have met with this condition of Abscess formation, it has only been where the patient has not been under treatment from the commencement of the disease. In treating a case of this kind, the great object must be, to keep the Pelvic inflammation within bounds or to check it altogether. It is well to commence treatment by an antifebrile mixture, on the first appearance of Pyrexia. Give Ligno-

Ammunis acetat. Of Etheris hydroz, Picrin.
Antemonialis, and Ligno. hydroz as much as the
the last two in very doses every 2 hours. Should
this not relieve the pain within 24 hours, leave
out the antimony and increase the Elixir
Infusion into 1 or 2 doses. From the first
apply Turpentine suppositories to the abdomen 2 or 3
times a day, using hot fomentations or bran bags,
well steamed in the intervals. Give vaginal in-
jections of Linshape Fluid 2 or 3 times a day not
introducing the tube into the uterine unless there
be placenta remaining, as I have found that
all examination of the Vagina and uterine, with
endeavors to give intra-uterine injections, aggravate
the inflammation, and from the patency of the Os,
the fluid easily reaches the interior of the uterus
from the Vagina. Give stimulants in the shape of
Whiskey or Brandy 1/2 oz. in the 24 hours, with milk
dist. If vomiting be severe, give Soda water, with
the milk, or a little ice to suck. If there be
no improvement by the end of the 2nd day in
addition to the antimony, give one of the fol-
lowing powders every 2 hours: R. Pulv. Speciasum
Cornus. pestis. Calomel. pestis. Fl. pulv.
Continue the suppositories, fomentations and inject-
ions. Give all food warm on account of
the Calomel in the powders. Continue the powders
until the pains are affected. If the pain
be not less, increase the dose of the Liqueur.
Infusion Infusion into the mixture to 1/3 dose,
and give it till the pain is relieved. It
may be necessary to draw off the urine if
there
there be no attempt at menituration. The Cal-
ornel generally affects the pains by the 5th
day, after which the dose must be diminished
to 2 grs every 3 hours, increasing the dose
however, should the pain be more severe
again. The diet care now be made more
stimulating, especially as the vomiting and
sickness diminish. Give strong beef tea,
(oeuton broth in some cases may be tried,
but it is apt to cause diarrhea). Farina
cares foods are indicated. Continue the
stimulants. As the case progresses favourably
the Calomel is diminished, and may be
omitted at the end of about 10 days.
The dose of Morphia must also be dimin-
ished as the pain is less severe. Give 1/4 th
Potassium 6-10grs, 6 times a day, combined
with Carbonate of Ammonia 2/4 grs., and Tinct.
Coal-horse 3/4 doses. Continue the
Condy's fluid injections until the lochia lose
all smell, and use the fomentations till
the pain has disappeared. There is often con-
siderable improvement after the first 2 days,
and the further treatment consists in rest
for 2 or 3 weeks longer, tonics with Jodide
of Potassium, and good nourishment.
The main treatment in cases of this kind
is the Calomel and Opium, the former
pushed so as to affect the pains in almost
2 days; and the latter to such a degree as
As to headache pain, without producing continued sleep. Should diarrhoea be present to any extent, it is necessary to diminish the dose of Calomel, and to give Subnitrate of Bismuth per os 6-10, as required. As regards intra-uterine injections, I have never seen the slightest benefit from them, as distinguished from vaginal injections, in a pure case of uterine and peri-uterine inflammation, that is in a case where there is no placenta remaining, and no evidence of septic infection. These latter cases, where there is septic infection, are never cases of pure inflammation, and will be treated of afterwards, for they are cases simply of septicaemia. In fact I have seen the temperature on several occasions rise to 40°-41°, after giving an intra-uterine injection, in such a case of pure inflammation, in which case simply vaginal injections had been given formerly, and in this case even when given at intervals of 2 or 3 days, intra-uterine injections always caused this rise, the temperature again gradually falling with vaginal injections alone. Moreover in the commencement of such cases, there is little lochial discharge, and it is only as the inflammation subsides that the discharge increases, but the Os uteri is by this time nearly closed, and it is not easy to give intra-uterine injections; whereas at first the
the Os Uteri is patent and the fluid readily enters the uterus. So that, when intra-uterine injections might be supposed to be of use, vaginal injections will answer as well or better.

Case II. Mrs. Jefferys, Chalmors, Newton, Middlesex, at 30 yrs. At her third confinement she had inflammation of the mouth (according to her account), again at the 4th, and now at the 5th, and this is her 6th confinement. It is premature, being about 8 months gone in pregnancy. She has not felt any movement of the child lately. I was called to see her on Nov. 5th, and found that there was an arm presenting, but the Os not dilated above the size of a shilling, and the waters unbroken. Presentation diagnosed mostly from the position of the child. I gave her 1/4 dr. morphia pill to allay the pain, which were severe. In 12 hours there was little change. I was again called at 12 a.m. on Nov. 6th, and found the Os dilated to the size of a 5 shilling piece, an arm presenting, and the waters broken. Turned by the external and internal method with some difficulty, owing to contraction of the uterus, and the softness of the child, which was evidently dead. The child had been dead for over a week on delivery. Gave 1/4 dr. morphia pill every 4 hours if any pain present. Nov.

Has been sick and vomited frequently. Pain over the uterine severe, much increased by pressure. Pain also at the left side of the Pelvis. Headache is constant. The sense of the left side is drawn up towards the abdomen. Lochia still scanty and have a slightly disagreeable odour. P.D. great heat in the vagina, tenderness on bimanual examination of the uterine, and in left fornix. Pain on urination. Prescribed: Aconitum 20 D, Lyc. Aconite Acet. 3r, Lyc. Morph. Syr. every 40, every 2 hours, with turpentine stripes to the abdomen, and a vaginal injection of Candys Fluid twice a day. Bully diet, beef tea, rice and soda water. Whiskey ½ 3 every 4 hours.

Nov. 7th. Temperature 102°, Pulse 120. Still vomits, though not so frequently. Pain over the uterine, and at the left side of the Pelvis increased. Great pain in the head. Lochia scanty and with a more disagreeable smell.
smell. Prescribed the same mixture, with the
following powders: P. Pulvis Pecacunae Compos.
pis 7, Colonel pis 7, FF puls. One to be taken
every 3 hours. The ice to be stuffed, and all
food given warm. Stipes etc. as before.
Nov. 9th. Temperature 103°.5, Pulse 120. Pain
over the uterine less severe. Lochia
rather more abundant, and strong smelling.
Not quite so much pain. P. V. but considerable
consolidation in the left fornix. Uterine not
to tender on pressure. Pain on micturition.
Nov. 10th. Condition much the same. Left thigh
still flexed on Pelvis, and sickness
at intervals. Bowels moved, with pain on
defecation, and still slight pain on micturition.
Nov. 11th. Temperature 103°. Pulse 110. Uterine con-
dition as on the 10th. Gums are rather
tender. Pain on defecation and micturition is
less. Prescribed: Potassii Frizz. pros 10,
Lig. Ammoniæ Acetat. 3 F., Lig. Morphine Hour.
y 20, every 2 hours. Powders as before.
very tender. Other conditions rather
improved. Added Trunt. Guicinace Comps. 3 F.
closely to the mixture. The powders to be
Pulvis Pecacunae Comps. pis 7, Colonel pis 7
FF puls. One every 3 hours.
Nov. 13th. Temperature 100°. P. V. the consolida-
ation in the left fornix is still
extensive. The appetite improves, and Faring
acces
Acous diet is ordered, with milk and strong beef tea. Brandy 43 in the 24 hours.
Prescribed Potassium bitartrate gr. viii., every 2 hours with the mixture. Powders as before.
Nov. 16th: The temperature is normal, though it rises slightly in the evening. Consolidation in the left forein rather softer and not so extensive. There is little pain even on pressure over the clavicles. The appetite improves.
The patient gradually improved under tonics with Potash of Potassium and light nourishing diet, and when I examined her at the end of a month, there was little trace of any consolidation in the fibrous tissues.
Case III. J. E. Linton, 36 yrs., Joseph P. Fullam.
Confined Jan. 3/16. Attended by a midwife. Multipara. On Jan. 8/16, the 5th day after her confinement, I was called to attend her. She was almost constantly vomiting. Had been purged three times that day. Temperature 104° at 12 noon.
Pulse 120. Respiration 65 per minute. Abdomen greatly distended and tympanitic. Great pain over the clavicles, which is enlarged above the normal size at that date. The line in her back with the spine drawn up. The face has an anxious expression. Cannot sleep. She was said to have had a long labour, and to have appeared ill on the 2nd day, but had not been what they thought seriously ill till today the 5th day after her confinement. Lochia rather abundant and high.

At 2 a.m. the temperature was 105°. Pulse 120. Respiration 60. Has been vomiting frequently, almost everything coming back. Her bowels have been moved 6 times since morning. Prescribed Dulc. sulph. 5 gr. every 4 hours with the other powders. Brandy 1 1/2 oz in 24 hours.

Pain over the uterus very severe, though not much pain over the abdomen.

Jan. 9th. 11 a.m. Temperature 102° 6. Pulse 140. Respiration 86. Abdomen more distended and painful, as if the inflammation were extending from the Pelvis to the general peritoneum. Vomiting not quite so frequent. Bowels have been moved twice during the night. Still lies on the back, with the hands drawn up. Face drawn. Quite conscious. Prescriptions mostly the same. Continued antiperition and powders.

At 4 a.m. the temperature has fallen to 102° 4. Pulse 124. Respiration 56. Seems to be in a state of collapse. Bowels not moved. Makes little water. Pulse thready. Increased the Brandy to 6 1/2 oz in the 24 hours. Prescribed 3 gr. Hypodermic Civit. 20 every 2 hours, with the
the mixture. Powders to be Pulv. Resinae. Con- 
ges to. Colonial feces to. F. pulse. One every 3 Hours.
Abdomen distended and very 
tender. Other conditions much as before. No 
alteration in the state of collapse. Takes little food.
21st: Temperature 103°. Pulse 110. Respiration 40
Is rapidly sinking, and dies, without 
any alteration in symptoms, during the night.
This was evidently a case of uterine inflammation 
after delivery, owing to neglect allowed to pro-
gress, and involving the whole Peritoneum on 
the 6th day, after that rapidly fatal, with 
a fall of temperature and collapse.
Peritoneal Septicemia.

In the cases of which I am now about to treat, 
we seldom find any rise of temperature on the 
first day. On the 2nd day after delivery, there is 
usually a rise to 99.5-100.5°, with rigors and 
a feeling of general malaise. The appetite is 
also almost wanting. There is little or no pain over 
the abdomen, but the lochia have a slightly 
disagreeable odor, and are abundant. These 
symptoms may be delayed till the 3rd day, 
and if so there is generally a greater rise of 
temperature, to 103°-104°, with more severe rigors. 
Then when the symptoms show first on the 
2nd day. There is also a more disagreeable 
odor from the lochia. The tongue is furred, 
Brownish, with a tendency to redness of the
anterior papillae. A feeling of sickness, but
seldom vomiting. Bowel matter coarse. Little
pain in the abdomen, unless on pressure, but
rather a feeling of lassitude. The skin is
hot and moist, though where there is a broken
face on the 3rd day it may be quite dry and hot.
Pulse generally increased in rate on the 2nd day
to 100 per minute, and this, without a rise of
temperature, accompanied by a feeling of nausea
in the 2nd day, is often premonitory of septic
infection. On the 3rd day there is a further in-
crease in the rapidity of the pulse to 120-130.
A slight quickening in the respiratory rate
is now visible. There is seldom pain on
micturition, unless inflammation of the pelvic
organs be superadded to the septicemia.
F. O. the uterus is enlarged more than normally,
Tender on pressure, but there is little or no
diffusion, consolidation, or pain in the fornices.
In some few cases, there may be a delay of
these symptoms until the 5th day, but only in
one case have I seen them later than this
 viz., on the 7th day. In this case the first
symptoms for which I was called in, was
a severe attack of uterine hemorrhage, on
the 7th day, but there had been symptoms
present for two days previously.
In these cases we have to deal with a py-
rexia, due to septic infection, either from a part
or all of the placenta being retained, from
retained
recovered decomposing clots, or from septic products from outside the body entering the passages. These cause septic infection through the blood vessels or lymphatics, by means of breaches in the continuity of the skin or mucous membrane. There is also another means of infection, viz: an infectious disease affecting the body generally at first, and the uterus and its surroundings secondarily, by means of the blood, as in some cases of scarlet fever etc.

In the former groups of suppurative pyrexia, we have had to deal with an irritation or inflammation of the uterus, or its surroundings, without any evidence of septic infection, but in this last group, we have a purely septic disease, to which may be added either of the other groups, during its progress; or we may have this septic disease, added to either of the other groups during their progress. In any case the great feature of the disease, whether alone or combined, is the septic poisoning, and the progress and treatment depend almost entirely on that.

Pathologically, it consists in a septic inflammation, affecting the uterus and neighboring parts, with little or no consolidation, but with a great tendency to disintegration and softening of the uterine walls. To this is added an inflammatory process
process in the uterine blood vessels and lymphatics, with in some cases occlusion of the vessels, and enlargement of the lymphatic glands. With this there are evidences of general septicemia in different parts of the body. Prognosis: in the whole favourable, though greatly depending on the severity of the disease. When the temperature attains a height of 106°-107° cases seldom recover. Otherwise, with care and good nourishment (which are essential) a favourable termination may be hoped for. Progress: After the day of invasion, rigor seldom recur. The temperature gradually rises (in cases which do not abort), on the 4th or 5th day to 104°-105°. The pulse becomes weaker and more frequent, inclined to be diastolic. There is a feeling of great sleepiness, and the feeling of malaise increases. No appetite. Tongue becomes more dry and brown. Bowels inclined to diarrhea, at times greatly so. Throat hot and dry, and the breathing becomes more frequent. Often pain on pressure over the uterus and round it. Lochia more abundant and foul smelling. These symptoms now increase in severity unless the case takes a favourable turn. The temperature may rise to 107° or even in some cases 110°, but more commonly it does not exceed 105°-5, except in cases which end fatally. The pulse is more frequent, compressible and diastolic.
diuretic. Heart sounds tend to be reduplicated, and not so distinct as normally. Breathing more rapid, slight cough at times, with frothy or may be blood-stained sputum, accompanying which we find signs of sub-acute inflammation of the bases of the lungs posteriorly. The faculties are dull, hearing in some cases being defective, in others slight and small. Tympanism often troublesome. Urine high coloured, urates abundant, and albumen often present. The skin becomes dusky in appearance. The stomach and bowels are irritable, there being a tendency to vomiting and diarrhoea. Lochia still abundant and foul smelling. Ulcers and adjacent parts still painful on pressure, though as a rule there is no specially painful shot, unless there be true inflammation present, in the shape of cellulitis or Peritonitis, in addition to the septicaemia. Usually there is cellulitis present at this period of the disease, and we find effusion or consolidation in the forearms. These symptoms may continue with little change for a fortnight or more, with a temperature in the morning of 104°, in the evening a little higher 105°-105°.5, though it may reach 107° and recovery take place. The pulse continues frequent and diuretic. Skin moist and clammy that of the face often very dusky.
in appearance. There is no appetite. A feeling of sickness is present, and diarrhea alternates with constipation. The lochia becomes less abundant, though still foul-smelling, alters to less tenacity. The patient usually sleeps the greater part of the time, though sleeplessness may be present at this period. By the end of the 2nd or 3rd week, there is generally evidence of a change, in some cases a gradual fall of temperature, both in the morning and evening of 11 to 20, till it becomes normal or subnormal. The pulse gradually gets slower, with less diastole, heart sounds less rapped, and stronger. Breathing more natural, and the bases of the lungs more normal. Urine less high colored, and less urates and albumen. Tongue becomes covered with a whitish film, and the appetite improves. Less sickness, and the bowels more regular. The lochia is less abundant and less smell. Instead of this gradual fall of temperature, we may have a change of another kind before recovery. A rise of temperature in the morning to 106°, and an evening fall to 100°, with a rise next morning to 105°, evening 99°, next morning 100°, evening 98°, gradually both becoming normal. If death occurs, it takes place 1st from hyperpyrexia, during the first week; 2nd, by a comatose condition supervening at any time, owing to the strength of the septic poison; 3rd, by gradual exhaustion in the 2nd, 3rd, or 4th week; and 4th, by the septicaemia.
Changing into a pyaemia, with multiple abscesses in various parts of the body. It may, however, terminate not in death from the disease, but in a permanent debility, in which state the patient becomes especially liable to death from intercurrent disease. When the Septicaemia is induced by external or our disease, there may or may not be a rash present; in one case of Scarlet Fever, Septicaemia, I found an eruption present on the 6th day, lasting about two days, of the ordinary type, and having a distribution over the face, chest, arms and legs. In many cases due to Scarlet Fever there is no eruption, but a red throat. With this exception of the rash, these cases run such the same course as cases of ordinary Septicaemia, and are not distinguishable from them.

Treatment: it must be both local and constitutional. Local, in the form of intra uterine injections of Condyl's Fluid, Carbolic Acid 1:100, or Convexicubed Spirit 1:1000, administered 3-4 times a day, especially where there is the least suspicion of placenta remaining in the uterus. By this means alone, a threatened attack of Puerperal Septicaemia may be averted. These injections must be used on the first sign of the lociâa becoming foetid, and the temperature elevated, and are to be continued for some days after the lociâa and temperature are normal again. If there be much pain over the
The uterus, temperature should be applied to the abdomen. Perfect cleanliness must be obtained as regards bed clothing, garments, with frequent cleansing of the genitals. The whole body, with advantage, be changed every day, it has a refreshing effect, and often causes a fall of temperature. Constitutional treatment consists in treating the patient from the first, as one suffering from an asthenic form of disease. Stimulants are indicated from the first, in the form of whiskey or Brandy 4 to 6 oz a day, large-ly diluted. Carbonate of Ammonia 5 to 7 per
15 every 2 hours, with Tincture Carbochate Comps.
15-20 mg doses. The drug which has produced the most benefit, in my hands, in such cases, has been the Delphi Carbochate of Soda 10 per
15 every 2 hours, increasing to 15 per every 2 hours in a day or two. This is best given in combination with the drugs above mentioned. This drug does not always diminish temperature, in fact in some cases the temperature may rise during its administration, in one of my cases to 104°, and in such cases the treatment must be aided by cold shivering or the cold pack, in moderate rises of temperature use the former, in great hypothermia the latter. This cold shivering or cold pack should be used every 3 hours or oftener, according to the rise of temperature, until there is a fall to 104°. I have never found it advantageous to bring it lower.
lower than this, as further application of cold has a tendency to weaken an already debilitated patient, and moreover, a temperature of 104° is not one of danger from the height of it alone. In many cases however, the Sulpho Carbolate of Soda is quite sufficient, as it keeps the pyrexia within bounds. Quinine may be used in some cases, but its action as an antipyretic cannot be controlled, like that of cold water, as a certain dose of Quinine must be given at first, and if that dose is not sufficient, a still further quantity is required, and this continues in action beyond the period of fall of temperature, and has a tendency to weaken the heart. It often also causes sickness, diarrhea, and may derange the stomach. The same may be said of Sulphate of Soda. Digitalis has little effect either on the pulse, heart or temperature, & probably owing to the high temperature preventing its action on the heart. Aconite at the commencement of the disease may be useful, and with the intra-uterine injections, may cut short the disease, though its action must be carefully watched.

Good results with Sulpho Carbolate of Soda have been good. As a rule the temperature seldom rises above 105°, where it is given, even in severe cases with much cerebral disturbance. It often reduces it to the normal in a few days. It has a decided effect on the type of disease, there
there being less asthma present, the pulse becomes stronger and less diastolic under its use. There are fewer signs of septic poisoning. Convalescence is less, and there is less lung and kidney mischief, or may be none at all. There is less diarrhea during its use, and the appetite is better. The disease may occur under its use.

Diet: the diet must be light, nourishing, and easily digested food. Milk combined with soda or lime water, according as sickness alone or diarrhea is present. Strong beef tea thickened with flour or arrowroot, but thin both, unless it causes diarrhea. Eggs beaten up with milk and brandy, or with milk alone. Eggs, rice or arrowroot. Fatty foods are better to be avoided, as they tend to cause flatulence or fulness. The bed clothes should be light and frequently changed. A change of beds every few days is often beneficial. The room in which the patient lies, should be large and well ventilated, though not cold.

During convalescence, when the tongue has a white fur on it, great benefit is derived from a mixture of Carbonate of Ammonia 30. Tincture Rheia 30; Code 30; Bees 30; Ag@ 30; Fiz to be taken 3 times a day. This quickly cleans away the fur. Afterwards an acid tonic with staphylinum, is of benefit, or a mild iron tonic such as the Citrate of Iron and Ammonia.

The diet should be more varied now, including meat.
meat, fish, and oysters. Change diet will be found very beneficial for thoroughly establishing the strength.

Case 10. Mrs. Neightley, High Uffley, Neath, Yorkshire.

26th. Child born March 14th, after an easy labour, attended by a midwife. Things went on all right till the 27th day when the patient had a severe rigor. I saw the patient for the first time on March 27th.

Condition: Temperature 103°. Pulse 100. Epigastric pain over the abdomen, and little pain over the uterine on pressure. Lochia abundant and foul smelling. Tongue flushed, whitish, with a tendency to redness of the anterior papillae. Feels sick, throat dry, rather painful and red in appearance.

Bowels constive. Skin hot and dry.

P. V. Uterus rather larger than normal, and tender on pressure. No trace of placenta remaining, nor of clots. No great laceration of parts.

Prescribed, Intravenous injections of Lordsbrand three times a day, and frequent washing of the genitals with the same. A mixture: ca.


March 28th. Temperature 102½. Pulse 120, weak.

Bowels have been moved. Lochia are abundant, but not quite so strong as usual. The tongue is dry, and very red at the tip. Throat sore.
tore and inflamed, but no white patches on it.
Coma at times, and is very thirsty. Continued both prescription and diet.
somnolence and slight delirium.
March 30. Temperature 106°. Pulse 124. Respiration every frequent. There is a scarlatinic rash over the face and front of the chest,
with slight redness of the arms and legs. This rash remained out two days, and then disappeared.
At the same time, the throat began to improve and the redness to disappear.
March 31st. Temperature 106°. Quinine 5 grs, and then 10 grs every 3 hours, was ordered, but had
no effect.
April 1st. The rash has disappeared, but the temperature was 107°. Ordered cold
packs till the temperature was reduced to 106°.
These had to be repeated every 3 hours, but were
easily managed, by simply putting a piece of warm moist on the floor, beside the bed,
and when the pack was finished, dry the
patient quickly, and again transfer to bed.
The Anacardia, Carbonate of Ammonia, and
Sulpho Carbosate of Soda, mixture being continued.
April 2nd. Temperature morning 105°, but in the
evening it went up again to 107° between
the packs, which had to be repeated every 3 hours. During this time, the patient was
almost
almost always unconscious, except at times, when she
would swallow whatever was given to her.

Ap. 3rd. Temperature 106°. Packets were required every
7 hours, up to 12 m., when the temperature
did not rise above 104°. Evining temperature 100°.
The other symptoms have continued much the
same up to now. The lochia being abundant
and smelling strongly at times. Urine high
coloured and slight trace of albumen. Diarrhoea
at times, followed by constipation. Delirium
and slight subfebrile.

5th
5th
6th
6th
103°
102°
100°
98°
98°
97°
97°
96°
96°
98°
98°
96°

In this case there was a curious rise of temperature
every morning, after improvement began; with
an evening fall. Her recovery after this was
steady and gradual, her appetite returning, tongue
clean and moist. Bowels more regular. Lochia
became gradually normal and disappeared. The
pulse regained its normal rate and force. In
this case the Quinine was given in 10 pr. doses
before it was discontinued, but it had no
effect, whereas with the cold pack applied
for 10 minutes, accompanied by cold ironing,
the temperature fell from 2°-3°, and did
not rise to its former level for about 3 hours.
<table>
<thead>
<tr>
<th>Irritation without Inflammation</th>
<th>Inflammation</th>
<th>Puerperal Kittlitzsava</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature rises early in the first 24 hours.</td>
<td>Temperature rises late in first 24 hours.</td>
<td>Temperature does not rise till 2nd or 3rd day.</td>
</tr>
<tr>
<td>No suppression of Lochia, and no swell from them.</td>
<td>Partial or total suppression of the Lochia.</td>
<td>Lochia are abundant and with foul smell.</td>
</tr>
<tr>
<td>No complaint of pain in uterine region, though slight pain on pressure. After pains are frequent and more painful. Pulse quick 85-100 on 1st day.</td>
<td>No complaint of pain in uterine region, much increased on pressure. After pains few and little pain. Pulse 90-90 on 1st day.</td>
<td>No after pains as it is past their time. Pulse quick on 2nd day 100 per minute.</td>
</tr>
<tr>
<td>No headache. No sickness nor vomiting.</td>
<td>Headache.</td>
<td>No headache but feeling of malaise. Sickness but no vomiting.</td>
</tr>
</tbody>
</table>
Inflammation Perforal
Leptosomia

Pain or
micturition or
defecation.
No rigors at
rimes on
1st day, but
always on
2nd day.

Inflammation

Pain or
micturition or
defecation.
Rigors at
times on
1st day or
later if
micturition
occur.

Fruits.

Certificates etc., are in the letter
accompanying this Thesis.