Thesis
Observations on Some Cases of Peripveal Sore
and of Peripveal Inflammations

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Observation.

Some Cases of Periarticular Tors; their Relation to Pelvic Inflammation; their Cause and Treatment.

It has often been said that the Bachelor of Medicine of the Grand Old University of Edinburgh has in order to obtain the coveted degree of Doctor of Medicine only to write a Thesis, but this would seem to be the old story of the four grapes once again, for though the way is easy by a Thesis, when the Thesis has to be written we find the path beset with difficulties of an ocean nature. For one who possesses the time and means to remain a Student still under the shadow of his Alma Mater, the task may not be as difficult. He is still the Scientific Adept, can still be a Disciple at the feet of the highest authorities in Medical Subjects, can obtain from the hands of his Professors counsel and advice. He has time to spare, Reme and interesting Cases to be studied in Hospital and his diagnoses in many cases confirmed by an "in practice," easy access to Books of Reference, and in fact every convenience and facility to enable him to present a Thesis worthy of his University and of its Professors.

How difficult on the other hand is the production of the long Practitioner, who has gradually merged into a country Practitioner who is due to
be called to an urgent (?) case the moment he 

begins to study. The bundles having to be checked the 

count of diseases in every conceivable form . . .

Perhaps that which is described in the first 

books has to decide on the one hand lest "Baby" 

is to be fed, when it is to be vaccinated, and how 

many teeth it ought to have through, and on the 

other hand to listen and give advice to wives 

about their husbands, to women about marriage 

again, and even in a few cases to young ladies 

about their lovers. His bookcase and the 

library is sure to be difficult of access and 

thus the efforts which he feels forth in the 

endeavor to write a presentable Thesis, only 

end in a poor production which he feels ashamed 

to present; still while lamenting the position 

in which he is placed as regards writing his 

Thesis, a ray of hope streams in as he remembers 

that many of the facts which were not long 

since clouded in darkness have been brought to 

the light of day by the observation of the 

Physician a Seymur and while the latter could 

hope to advance anything new, perhaps by 

reading cases which he had had in his care, and 

by pointing out facts in these cases which seem 

to him to bear out what has already been advanced 

by writers, and by discussing the treatment in the 

light of these observations he may add somewhat
to the knowledge we have gained and many help
to combat the great enemy of the species, disease.

The subject which
I have chosen for my thesis is part of that branch of the
Practice of Medicine which still is one of the least understood
by the laity and even by the leaders of medicine.

By the term "Puerperium", in general, I have a better idea of this knowledge
de to find that we cannot study the subject as
a living being, and only rarely leads to normal condition
in the post partum room, and it is only by examining
the condition which is present in the human female that
we can advance our knowledge, and it is only very rarely
that the opportunity to do so is given us on the dead bodies,
as most of the deaths which occur during that period are
attributable to some abnormal condition of the uterus, or
with to examine it; it is due to a disease which has an
abnormal condition of the uterus conjugated with it, and then
the methods of procedure which are employed in practice
are even yet based in many instances on those
suppositions of the changes that occur in the uterus
after delivery, and how are we to make much
progress in the study of the Puerperium when the internal
condition are still unknown to us. Dr. Bartow has
recently, however, in a paper read before the Sectional
Society of Edinburgh considerably advanced our knowledge
of the Puerperium in illustrating what the normal
condition of the post partum uterus is, and the condition of
the lining membrane of it -
The subject in detail which I have chosen to upon some
points which are of interest in tracing the origin of
Phlegmal Fever and of Phlegmal inflammation and in
proving the origin and cause of the disease I shall
offer some remarks upon the treatment of a complaint
which fortunately in this scarce form does not often
occur, but which when once it has shown itself
implacable its symptoms firmly in the memory of the
unfortunate practitioners who have to deal with it.
It is not my intention to open up the discussion that
has been brought up again and again as to whether
there is a specific form of fever or in other words if there
is a form fever which gives rise to phlegmal fever
but what I wish to show is that if there is a specific
form fever that the infectious agent of either fever
can be characterized which are almost exactly similar
and while the different forms cause a disease, shall
in certain cases approach so closely that their symptoms
are indistinguishable from one another, in these cases
we can time a distinct difference varying with the
cause — To state more definitely the line which
I shall endeavor to pursue in this paper, I propose
describing the chief particulars of a certain number
of cases, and by them discussing the points rising
in my subject to bring out several features which are
both useful and interesting. I think perhaps the best
way to follow is the intention I have in mind to
be first to give a brief resume of the different cases.
and then to state the various points in succession, and the different symptoms which indicate them.

Case I. 8th to 15th of 27th. Third confinement.
She considered herself to be at the full time. For some 10 months before her pregnancy she had worn an instrument (pudendal pad) there was nothing abnormal during the pregnancy. Labor commenced about 11 p.m. on the previous night. The membranes ruptured about 4 a.m. At 5:30 the 15 was the age of the fetus. The presenting part being in the third position (RSP).

The pain was severe, but the head was still above the brim. Labor continued hourly, the sound becoming very close with every advance into the pelvis. Until with every surge pain the head suddenly rotated into the 2nd position, and then under the pubis and was quickly drawn about 5:30 a.m. - though weak and sickened for a time. The patient progressed satisfactorily for the days, on the 2nd day she began to complain of after-pains which continued very severely. In the third day the temperature was 103.8 with a pulse of 95, and the skin was covered with perspiration. The patient to the back and of the abdomen was very severe. It was relieved somewhat by rest, and the injection of weak Epsilin fluid every 3 hours. On the 3rd day the pressure from the fundus of the child increased and greatly in the left parietal region. The labor was delayed, but one had nullus was entered from then. The
Initial Section became far too heavy about the fourth day. The pain continued worse also for about a week when it gradually decreased leaving some debility. The temperature continued above 100 for eleven days from the commencement, varying between 102.5 and 100.3 for five days and gradually lowering after that until at the end of eighteen days it was normal. On vaginal examination on the 15th day there was considerable swelling and hardness on the right side of the uterus and a slight feeling of thickening on the left; there had examined there was still some hardness on the right side.

The treatment employed during the acute period was hot antipretic injections, retention of the abdomen, Joseph's Bill, ice to the pain and a mixture containing Saline Acetate and Sulfate of Effervescence. Convalescence was very slow and contracted but the woman in about two months from the confinement was considered well.

Case MT. C. aged 20 pregnant. The pregnancy has quite normal until the last two days; during this time she has not felt the presence of the child. The pains had commenced about one a.m. The membrane ruptured about 7 a.m. and slight pains continued during the day, at 8.30 a.m. the pains were still slight, and on examination it was found that the presenting part consisted of two tough edges of bone.
Enlarged in a soft skin about 1/4 inch apart, which I diagnosed as the edges of the parietal bone separated in a dead child, from one extremity of this was a soft film of hemorrhagic material felt beneath the skin of a distinct dead state. During a pain the breast and discharged a quantity of grayish material (the discharged brain) the bones of the head got adventuring I used the forceps and delivered with such ease that the patient did not know that instruments had been used, a dead child with the head burst open and the skin quite clear and the hair falling off. The placenta followed very easily and was quite dark and compressed. There was no sigh of disease about it. The vagina was dry and at once with soft motion and the next day three times with weak. End the third 4th done for the three following days and afterwards took a day. On the second day there was considerable pain and pressure for a few hours, and ended after the use of 1st injections of black Brys. The doctor continued as normal. The patient improved fairly well but was rather weak until the end of the month when the body quite well. About a fortnight after this she had been working a sewing machine. She complained of a prod deal of aching pain in the right upper region, and on examination there was found the considerable amount of allulitic which gave rise. The impression that it was outstanding and had
been visited. The first inflammation was set up after several days in bed, and suitable treatment thus gradually subsided and the woman recovered her health again.

Case III. Mrs. W. aged 32 yrs. 5th child.
The pregnancy was fairly normal. Labour was not difficult and may be considered as normal. There was some slight prostration after giving the rise of temperature. The pulse averaged 80. The recovery was fairly good for a few days, and then was very slow with a feeling of great weakness and lassitude, a pale and flabby countenance, stiffness under the eyes, and want of appetite. No albumen in the urine after about the 20th day began to improve, and eventually regained her natural health.

Case IV. Mr. A. aged 34. Fourth child.
The pregnancy was normal. The labour was rapid. The membranes ruptured at 8 a.m. The child was born at 8.30 a.m. At 8.30 when I arrived the woman was sitting at the bedside. The child which had been born on the floor, was still unseparated from the uterus. Having separated this, by placing my hand on the abdomen and the woman lying on her back motion and gently pressing downwards on the uterus in the axis of the spin during a short time the placenta was easily expressed. The woman being put...
Case 5 Mrs. J. 22 yrs. of age, Printmam.

Her Pregnancy was characterized by the absence of any abnormality - Labour began about 11 P.M. and continued slowly. At 4 A.M. the or was the size of a dinner, and lasting eight hours. Choral Hystole relieved this somewhat, and at 7 A.M. the or was nearly thirty in diameter. Shortly after this the membrane ruptured, and severe pains came on, and after twenty minutes time the child was born about 11 A.M.

The Placenta was easily expulsed and the next day the vagina was washed out with water and starch. For two days the went on well. On the 3rd day the patient complained of headache, want of sleep, and general uneasiness. After a dose of Castor oil and relief of the bowels, the symptoms were slightly less but returned at eight o'clock with pain in the hypogastric region and back becoming the pain was felt more, and the temperature was found to be 103°. Lumbar treated with 101.4 and hot poultices and injections with Umerphi, which internally relieved the pain and secured some quiet sleep. On examination there was considerable hardness in the left side in the broad ligament.
and tenderness on pressure. There was some on the left
right side, but some tenderness in the foot region near
the spine continued some twelve, or three or four days.
the temperature gradually subsided to normal; and got
for eight or ten days, and after this the woman
was left very weak, the gradually began to improve,
but even at the end of six weeks was pallid and
very anemic and pale, and was so weak that she
could not carry the baby across the room, although
four weeks before she had been a very strong healthy
woman. At this time medicines seemed to do much good.
quinine, bathing, acides, resins, etc. were all in their
turn tried but all seemed powerless to give her
strength. About seven or eight weeks after the
confinement, she began to improve more rapidly and
in a few weeks regained her strength.

Case V. Mrs. A. age 36. 4th Child
All her previous pregnancies and labours were normal
and the recovery speedy. Five days before labour
began the woman, for some hours, and cease
suddenly fainted and fell. She complained of slight
pain in the left side at first. Labour began in
the early morning and towards 6 or 8 she began to
lose a good deal of blood at each pain. At 11 am
when I arrived the cervix was the size of a farthing
at each pain a part of blood was forced out. The
membranes were artificially ruptured as the best
Mean of determining this, as I considered that it was caused by a partially detached Placenta. I
saw that the hemmorhage was dangerous, the patient was apathetic, and half chamber doses of the liquid
extract of忧 were given every hour. The site of the
Placenta could not be ascertained. This treatment
stopped the bleeding but the pains were very lingering
all day. About 7 p.m. they became more severe and
about 10.30 p.m. a dead child was born. It seemed
at have been dead and a short time (probably
from the extra press enacted on it by the increased
uterine contractions during its passage through the
recticular canal). The Placenta was easily removed
in about 15 minutes by Bell method. There was
very little loss of blood after the Placenta was
removed, with which however came a large clot of blood
that was the sign of damage after the through an
inch. A clot of blood about 14 in diameter was
found adherent to it about 1/4 from the margin of
the Placenta. Injections of Lady's Hiring (diat.) were
and regularly twice a day, after the first day, the
after pains were very severe. The 2nd, 3rd, and on the
third day, the patient complained of chilliness, a
feeling of cold water running down her back,
speckles, and that she could not get to sleep.
The temperature was as high as 38.5. The pain had
very severe over both right and left origanial region,
but especially in the right. The odor was very
noticeable to be bad smelling and were still held in.
The following prescription was given:

R. Quin Sulphate per os
Acid Sulph.
Said Acute.

On the 17th day the temperature was 106°. The woman had had fits. She had a great feeling of weakness and an aching in the back, also severe pain on pressure in the right and left joints. The discharge became scanty and began to be offensive. She had no appetite. The pulse was 120. Poultices were applied to the abdomen and hot vaginal injections of diluted lindolyn. These were used. On the 18th day the temperature was active lower 103.8 and the pain felt grade to severe, but the pulse was 135 for minutes. The lindolyn were used active some offensive and became active. Evidently she had had quite all at once. The vaginal injections had been continued 3 or 4 times a day. Thinking that there was some accompanying catarrh in the uterus and examination was made, and the uterus explored with the finger. Its membrane could be felt against the wall but the uterus had a compressed feel and was faint pinky and soft. A double cannula was fitted into the bladder and attached to a hopperless cannula by tube filled with fluid and through it was gently and slowly injected about two quarts of warm saline lindolyn fluid. This at first returned
quite brown, but at last returned the same color as when it entered. In the evening, the temperature had fallen to 100.6 and the pulse to 98. The vagina was washed out every three hours during the day. During the examination it was found that on the right side of the uterus was a hard, feeling, tender, 
pressure, also swelling was felt in the posterior fornix and left side of the bladder.

In the 6th day after labor, the canula was 
removed again. The temperature having risen a degree through the fornix was still below 100, the lithic 
were still, nature offensive, though very little of the intrauterine injection was decomposed. The 
swelling was in a great extent prime, but still some 
remained especially on pressure at the fornix. The 
Hot foot baths were continued on the abdomen, and 

Simply vaginal injections of hot boric were used 
three times daily, and internally is injection of 
Sulphur Digitalets and warm three pies.

The recovery from this period was gradual, the chief complaint being 
the weakness, and for some six weeks slight pain 
was still in the fornix, especially the rectum and 
a numb feeling down the right leg. The 
injections were continued for about 10 days, more 
for the effect of the hot water than anything else.

But six months after the confinement there was still 
great weakness and a hard lump was found on the 
right side of the uterus and a thickened band on the left side.
Case VII  Mrs. B. aged 27  2nd confinement

A fairly strong woman labour lasted ten hours owing to early rupture of the membranes. The pains began about 8 a.m. At 10.30 a.m. the 5 was the rise of a smile, and the membranes ruptured. The Perineum and Perineum were normal. The termination of the 2nd stage was at 7.30 in the evening. The child was clear enough to the lumbrum of the labour. and the perineum tended by the uterine without dilating the 6 after the membranes had ruptured. The Placenta was easily separated at about 15 minutes from the birth of the child. It was very thin, and there were no signs of distress about it. The breast seemed fairly well though not entirely after the labour. The after-pains during the latter part of the night and next day were per se not so severe and kept tending them somewhat. The vaginal discharge of Yotis Fluid which were ordered none through the relief of the Patient in the who was nursing her were not given until the 2nd day. The Solids were noticed in the temperature normal in the morning of the day after birth in the second day after delivery there was a good deal of twining with great pain in the lower part of the abdomen. The temperature was 102.4; Pulse 108. The discharge began to be smothered first.

In the third day after labour the temperature was 101.5, the Pulse about 140-150 (read 150 and equal) and was very thorough. By examining the lung the base of the left lung was found to be slightly more dull than normal. and some expectorations were heard. There was red pest
Dizziness of breath and rapid breathing 30 - 44 per min.
and the foetation was very faint. The still being
great fecal in the recto-sacral and vaginal region
the stool very soft) a vaginal and retro-uterine
examination was made. The lining membrane of the
uterus presented to the touch a very similar feel to
that in Case 17. Having notice a cough as perhaps to indicate
the latter a kind of velvety feel, as portions of membrane
could be felt. There was indication around the uterus
A double Pessar connected to a regiment of force
pulled with fluid having been poured into the uterus
about two points of force. Under this fluid was injected
until it returned quite clear. As at first it returned
quite brown and decomposed. This was repeated
the same night, but the foetation of the Patient
was at first the next day that only vaginal injection
could be used. With regard to internal treatment
the main indication pointed to stimulation after
the 1st two clamps during which time 1 ounce
was relied upon either in the form of the Salphate
or combined with other drugs in the form of harshey
extract (in which I believe there are 62 ingredients
beside alumine) on the 8th day half drachm doses
of the mixture were repeated every three hours were
used. Then 37 doses of harsheyextract then were given every
from alternating both 5 minims of 0.25 virchowise in
tablespoonful of whisky but 1st treatment seemed to be
any good. The woman gradually became weaker and
weaker and at last all control over the bowels
and died of exhaustion. The temperature during the attack of the illness was never more than 102.4, the face was very ashen and at times could not be counted. The breathing was also ashen. In 1/2 hr. could be obtained.

After this came I thought it time to discontinue midwifery practice but accidentally arrived at a case without being aware of its nature until I got into the bed room. The following is a brief account of it.

Case VIII
Mrs. P., aged 30 yrs. [sic] 5' Child
The child was born on the floor before I arrived and the woman was kneeling at the bedside when I arrived. The placenta was barely expressed from the uterus. The woman was put to bed and nothing fluid was used as an injection twice a day. The woman recovered without any bad symptoms.

Case IX
Mrs. W., aged 36 yrs. 4' 2'' was confined of twins both girls. The labour was fairly normal and both in the same day of membranes. The third day she had a shivering with increased vomiting and some slight pain within 48 hours from this the scrotalical rash came out and local peritonitis seemed there was no cellulitis. After several days she gradually began to improve but for a long time was very weak owing to albumenuria which was 4½ per cent. which remained for several weeks.
Case 5. Mr. S. Smould three weeks after Case 5.

She had a normal labour and for the 1st day seemed to use the common phænomena as well as could be expected but within 36 hours there was a Peter and a partial aftertaste of the colics and the temperature was 102°-106°. On examination cellulitis was found to exist in the left broad ligament. The uterus was washed out and there was a slight abatement of the symptoms but the temperature again rose and did not fall. The woman became weaker and weaker and in about two days died of exhaustion. During the latter part of the illness there was a kind of tweeny cough felt around the uterus but not sufficiently defined to say that fluid was present. No P. Dr. could be obtained. A fortnight after this the children on the farm were taken ill with severe paroxysmic aches clothed to the drains they were found to be very defective.

Case 11. J. E. 28 yrs. Bath Empiement. She had been in fettle health for some time and had a slow lingering colitis. Twenty four hours after Labour she had a temperature of 104°. The labour was very short but casts suppressed. There was no uterine symptom whatever. When the temperature came on the third day and the temperature rose to 105° cold wet sheets were applied to to lower this together.
With amine but although this raised the temperature the patient sank and died of exhaustion. On looking around the house it was found that the sick in the next room to that in which the boy lived directly into the drain and subsequently he learnt that Cases of Typhoid had occurred from the same drain in neighbouring houses.

Case XII Mr. A. aged 24. June
The eldest child had just recovered from Scarlet Fever in the head & General Labour. Only two days after labour the child began to vomit violently. I was doubtful if there was any back but an inflamed throat was present. The discharges became purulent and very acute Phlegmonitis occurred below the cellularities. In the posterior from here a turgid feel as if there were effusion into the Peritonitium which had probably occurred through the fingers could not detect distinct fluctuation. The abdomen was washed out three or four times after the symptoms showed themselves and after each irrigation the temperature fell for three or four hours when it began to rise again with dyspsia. The patient was then examined and owing to the highness at one portion the emesis was used and a few strips of membrane were introduced as relief of the congestion was obtained for four or fiv
Became when the temperature was as high and the
fever as rapid as before. No fluctuation could be
felt in any part although the constant Agito
and returning high temperature almost to indica-
that some was present somewhere. Probably in the
peritonitis. The worst symptom was the continu-
ous vomiting which only allowed her to take a very small
of food or medicine and the gradually sank and died
about five weeks after the confinement. No P.M.
could be obtained.

The cases which I have briefly alluded above I am
familiar in the practice of this medical men that if
condemned and if my Partner the first eight cases
were attended by myself and the four latter ones
by my Partner. Her attendance was quite
distinct to such it was impossible to have
spread the infection from one to the other.
As regards the general symptoms of the con-
tractions they are very similar in all their detail.
the people being all in fairly healthy condition.
Seven being the wives of well-to-do men and
seven the wives of tradesmen, one of a Wesleyan
Minister and one of a farm labourer.

The details have not been given.
In most of the standard treatises on the subject of pelvic inflammation, the authors have stated that there is a very close connection between these inflammations and periappendicular pyorrhoea. It is that they come together, both, e.g., they may arise from a wound or exposure to cold. If by some unknown cause the womb has returned to its normal size, or if the inflammation is due to some condition of the appendage, this inflammation may be so violent and give rise to such symptoms as may render it almost invariable from periappendicular fever. They may be just as bad as it in another limb, and while they are going to the other extreme and approaching some writers that all inflammations in the periappendicular state are due to a septic process, consider that most of them have cases of the due in the first instance to the introduction of a septic process through the action of blood and the action may be aided by conditions which occur in such as cold, erosion, etc. Above are a series of cases very similar in some to one another. In the first case we have all the condition for a simple inflammation. There was pain in the region of the appendage because there was acute, severe, and very intense inflammation of the appendage, and it was beginning to be considered as the result of an unusual string and was looked upon as a simple inflammation.

In the second case again we have circumstances which would lend us to look upon a pelvic inflammation.
as nothing extraordinary, the woman had a dead child, a tedious labour and through the tract an apparently fair recovery at the time; the first stage in a train was applied; the inflammation which I believe had occurred slightly in the early part of the antebirth from its stare and stayed out with doubled energy. The symptoms which occurred about the 2nd or 3rd day and was referred to being caused by a cold in the patient. Afterward when the whole affair is seen together seems to be important & by inflammation while occurred being one of importance there would be entire failure and when occurring in antithermia principal this had semblances of a joint activity of consideration if they ever due to a single factor and to some deep material by which the letters was delayed and which it was endeavoring to supel in case it there was as far as one could say violent inflammation the inflammation had been after pains there was a good deal of exhaustion for some days and weakness and constipation for several weeks. The symptoms bore considerable resemblance to albuminuria except that as albumin could be found in the urine and how I have no doubt that she was suffering from a third period of kind governing both a latent some slight pelvic inflammation in case it we have again seen pain about the third day and in this case the arm of gravina was to be a large one possibly from the labor long
Longer and more manipulation being employed for the inflammation was severe enough to pro-
duce its symptoms which allowed of the doubt that there was pelvic inflammation which was
confined by a vaginal examination in this case,
also after convalescence had commenced the pub-
ic breasts flabby expiratory and帧吸 ability continued
which for a long time the medicines seemed to relieve
In Case 17 the true nature of the disease seemed
seemed to assert itself coming from an increased
size of the tumor or from the accumulating toxin
of the tumor for we got gradually the severe
symptoms especially the rapid pulse and we
examination we find conclusive evidence of a
pelvic (s.4.1 ending) material in the vagina and
enchiriculations felt in the uterus after symptoms not only
of cellulitis but also of peritonitis and an spot
of the treatment by vaginal suppository. The disease
still burned its course with great violence into
the tumor worked out which seemed to remove
the prime source of disease. In this case also
were have the severe pain at first and the long
continued weakness and central diarrhea too
which is still yet left. In
Case 17 which started the day after the abortion
and before any serious symptoms had manifested
themselves in the room also showed symptoms of
pelvic inflammation with the cough feeling of the
uterine wall. The process there was bitten as
Nucleus is in such quantity that the woman was soon led to recover, and left for doubt as to the nature of the disease, and formed the results. Metaphorically speaking to all the other cases, and allowed us to understand the cause of symptoms, which had always been seen by themselves. This case throughout its entire course seemed of a very low nature, the effect principally of the body. The poison had in the system before the treatment was commenced, and I believe chiefly to the neglect of using the syringe. —The Pneumonia almost existed, I consider it to have been caused by an embolism, and the consequent congestion, as it occurred so suddenly coming on almost within an hour. —

The main points of interest and practical importance which I gather from the consideration of these cases, are the constancy and all the cases of the symptoms of pain. —What is the cause of this pain, I think hardly yet decided though several theories have been advanced. The pain has not seem to be due simply to the inflammation of the cellular tissue, as we often get this with only a very insinuate amount of pain, certainly without the severe pain which occurred in nearly all of these cases. By some it has been attributed to the muscular condition of the intestines, but I am inclined to think that a greater part of it is due to the uterine contraction.
Caused by the continued irritation of the optic material in the lumen for so long. As soon as the system has been properly washed out, the lumen cleans with the falling of the temperature. I think that the pain too should be an indication of some mischief, and should not be ignored. Certainly if a case with the lumen containing again fluid and with any symptoms of general unsanitary condition with other symptoms, the lumen will not allow to relieve it.

The exact practical point to consider is the amount of infection in cases which are apparently simple inflammations. Some of the above cases are so close and exactly similar to simple inflammation, and yet they have continued in the lumen, and have gradually increased in length and force. They have, they may all be considered as due to definiteness, and if this is the case, how important it is to view such cases in their true light. So that the infection may not be carried to injure those but the questionable cases. Is there any way to distinguish the infection cases from the simple inflammations? The answer to this question is present must be that it is impossible perhaps as we have more knowledge of the yet undiscovered world of infections. Pernice may be able to distinguish them by the microscope or other means; but at present...
We cannot and the only safe rule will be to take precaution in all cases of inflammation after labour, and especially if two or three cases follow one another in quick succession, and at once to take medical measures of treatment, as we would if it were a case of more serious importance. Concerning the cause of these illnesses, I think it the fever of complications has always and rightly been considered a normal process and not an abnormal one, a physiological act, and not a pathological, the condition of the case can hardly be considered a cause, though it is certainly the predisposing condition of those which allowed the illnesses to occur. As females in this condition, particularly in field cases, forced rapidly to a change of their health, their illness is an illness like the above. This cannot be some added condition which is the actual cause, and in the 36th page I shall endeavor to trace back this added condition, its source and how it is communicated. As to what this added condition is, I think there is very little doubt now that this as well as other infectious diseases are caused by a process fever. In some cases it may be if a specific cause had in addition by a focus which is borrowed as it were from another disease, and which acts in a special way owing to the special conditions which led
in the green affected. This of course is the
present state of our knowledge. It may be called
only a theory, and until Cases can be examined
by means of the microscope, and by experiment,
so that the specific factor may be found to
exist, remain a theory. But in noticing the
advances that have been made in the past
few years in this branch of science—1.4. The
Dreyer's as regards the Helicole Bacillus, the
Cthrna pen, and the discovery by Hofmann
Greenfield concerning the Bacillus of Anthrax
we may hope that one day the actual infective
agent or agents may be discovered, and especial-
ly such a fact as that found by M. B. that a compan-
ion of these cases I have occurred seems to show that the
infection in them is derived from three causes,
and one of these causes can be traced to the
specific disease itself, but arise from different
infection carriers. In the 12 right cases the
origin seems to be derived from a Case of Erysipelas, a
Case X and XI from Scarlet Fever. While the
Cases X and XI seem to take their origin from some
Causes as Typhoid Fever. With regard to the
first series of Cases those who contracted the
Inflammation were believed to have derived it
from a Case of Erysipelas which resulted from
an abscess in the chest wall. With inflammation
of the cellular tissue and with abscess of
bronch
There cases seem to illustrate what has long been supposed to be the truth viz that the disease which has been termed Puerperal Fever is in some cases at least the effect of the introduction of the foreigner material from an infected distance into the absorbing factorious canal but modified in its course by the special condition of the patient.

The real question one has to consider is the time when the infectious material is implanted. Is it at the time of delivery? When the uterus certainly is in close relation there at any time of the puerperium. Is it by the after birth? We make to the patient after we have been guilty of some infection absence? This may seem a trivial matter to consider but it really comes to be one of some importance, for it as based the treatment we may adopt to prevent it. If it were implanted at the time or before the birth of the child one would imagine that the usual egress of liquor amnii and blood would be sufficient to wash away any foreign particles and yet I think that this cannot be the puerperal fever's affection. It will be noted that I have given brief notice of these cases which seem a special curiosity, and any reason for doing so is that one of these cases troubled and formed a breach in what otherwise would have been a continuous series of cases. The
Thus occurred shortly after I had discontinued attending complications. They were both precipitate labours, in both the child was born before labor. In both the placenta was expelled by the hand in the abdomen (Citi belli) and in neither did I touch any gland of the postpartum canal. Both proceeded steadily to produce lesions without difficulty. That I was in daily attendance in each case from a week after the birth and thus I conclude that the infection is carried by the praeclampsia woman at the time when the child is being born and examination are made.

Though all observations and the study of the graphic and spirals of certain cases are interesting they would be without any practical effect if they did not give me and indication how to deal with them. And so that our treatment should be based and be considering this portion of the subject, we have to deal with the treatment of the fever generally caused by a septic focus after labor, and this I divide into two parts, the ministrative and thin treatment when the fever is actually present— with regard to the syphilitic treatment, the best absolute way of preventing the infection being caused from any contagion this is by the decoction rapidly obtaining from birth and exposing the patient from any fever by aspirators and a warm steam source of infection.
This course is best a possibility in but a very few cases, as even in the medical case could estimate truly, we could not in all cases avert the homes and have quite free and healthy, but though it is best possible by taking complete isolation as one standard and by endeavoring to attain to it as nearly as possible, we shall in many cases prevent illness which would otherwise have occurred through this being an impossibility the medical attendant must endeavor to mitigate the risk of carrying the infection as much as he possibly can. Such precautions as washing our hands in a disinfectant, and changing our clothes after attending a few cases, I do not think anyone could disagree with and yet I believe there are few medical men who do carry out these simple arrangements, but there is one method which if carried out would I feel convinced prove of these cases of force. I mean washing out the uterus and vagina after labor with a weak disinfectant. I have already stated this reason for considering that the infection is carried at the time of the labor and if this is the reason for washing out the canal after labor is very correct. In most cases we wait until the disease has set in by high temperature and quickened pulse. By this time a portion of the poison has been absorbed, and we have an infected body to deal with. When we commence the treatment which we consider is required. But when within the treatment recommended is at first to wash out
The vagina with warm antiseptic, and the bene  & clone, this the more I am doubtful of its usefulness, because in considering the condition of the vagina and uterus (of which valuable information was given us a few months ago in a beautifully illustrated publication by T. Barton "The uterus during the third stage and post partum") it seems very doubtful if the former could be absorbed by the vagina at all, except in cases where there was some excitation while the uterus is first in a condition to absorb it very rapidly, and thus by using the vagina seems to work on to reach at the root of the practice. But only to wash away the injured quantity of uterine material which is still untouched. I think probably the home most by keeping the vagina free and washing off the contaminating materials to the uterus, and by keeping the lacerations clean but I think it is in the uterus that the main source of infection lies, which normally after labor contains a breaking down blood clot and cellular tissue and to this I think attention should be paid as first, instead of waiting to see the course of events during which kind of inactivity an invasion of the poison is taken up. By using a double cannula repeatedly of calamine and uterine by the careful use of a syringe by being an indwelling tube as a syphon the uterus can be washed out safely and comfortably to the patient. In case of the good effects of this is seen at once the temperature fell almost immediately the fingers
Become very much worse and to that question I believe the woman said I'm fine, but they should be wait as long before doing this operation is better than care and just as in vaccinating for the prevention of smallpox we choose the time when the child is best able to bear the illness, why should the child in every case be to speak metaphorically as a sort of vaccination for smallpox, fever, and inflammation; by washing out the uterus just after delivery. The uterus is larger than than at any time and a numb could easily be introduced while later on it is a matter of some difficulty. The risk of cure, we think is as slight as in vaccination and the adults I believe will have no fear for any septic material is at once removed before it has time to implant itself in the cord which is only too well suited for it and it does wash away a good deal of the material which is ready to gratify. It seems to me that after labor the anterior and posterior walls of the vaginal outlet come again into close apposition after so as to exclude the entrance of air and with it of course any stomachic particles. We see much the same on a smaller scale in the uterus and bladder. When there is an enlarged prostate, we have a protrusible portion of the bladder and a hollow canal leading to it yet the urine does not become decomposed, just even when a catheter is introduced if it is perfectly clean but once let a dirty catheter be used and we have...
The issue becoming ammunable and sets up the
true mischief consequent on it. Thus also in the
attitude we have in the contents which remain after labour
a material which will easily become a stint because we have
the living canals with its order in opposition and we
leave the fringes of fringe of the occlusion to introduce
someaptic material at the time of labour, and contrary
this I think if we make the washing out of the uterus,
and caput, immediately after labour, a constant practice
we shall prevent many though perhaps not all of the
aptic mischief which so often arises especially in large
towns and thickly populated centres especially when
any epidemics of infectious disease visits.

Against this
plan of procedure I have no doubt many
objections will be urged e.g. that it is dangerous
from the risk of sinning can into the veins of
into the fallopian tubes so that we cannot carry
the apparatus required about with them or
that it is disagreeable to the patient as well as
several other objections. However, the method that
favours is neither difficult nor dangerous
and requires a very elaborate apparatus
simply form a pair feet of rubber tubing and a
double cannula of vulcanite; a few crystals of
potash; pennsauge dissolved in a pitcher of
water the tube slowly simmered from end to
end to fill it with fluid, then tie and closed.
and lifted over the edge of the fingers and applied to the concealed and holding it low down the fluid is allowed to run through for a few seconds before introducing it into the uterus, then by raising the finger above the patient the antiseptic fluid flows gently in and washes out the uterus and then as it is withdrawn the vaginal canal is removed with it any material that has been introduced or has entered during the labour.

Concerning the treatment after the per tone ligation has shown itself there can be very little doubt that the first step to be taken is to clear away the material which is causing the mischief, and I think we would hesitate to say that the best way of doing this is by washing out the uterus with antiseptic fluid. I think we would hesitate to say that the best way of doing this is by washing out the uterus and that we require here something which would act more effectively than Concert Fluid such as a one per cent solution of Carbolic Acid 0.1% Concert Fluid. In case to be the true result of early treatment by the uterus, should the temperature fall up at once 98, and in none of the other cases a temporary benefit was obtained, in case where there is material left which the agency could not remove as for instance some shred of membrane in a small portion of the uterus, even strong

measures must be taken on the uterus and
as in Case XII and a temporary relief ensured but as I have explained elsewhere owing to another
support source of the form which we could ill afford it was only a temporary one. The other measures
which are necessary were especially in those forms which are derived from crayfish and in which
I believe calomel to the great results justifies to the abdomen give great relief to the pain and
slow the inflammation. In those cases where
parakeet is the chief symptom Hot Fomentes are
on the first instance of certain doubtful utility
for where the inflammation is just commencing
a hot fomentation I think will often attain best to its
spread and a much better effect maybe gained
by application of cold such as ice in an icebag
and laid on the lower part of the abdomen on a
thumb to prevent frostbite - For the external
administration Calomel gives the best results of any
drug and in one or two cases I have second
better results by using it in the combined form
of Warmly Tincture - Acute calomel gives good result if
and at the small later is for too
desperation - Thin drugs in special cases are
not to be used and one of the most likely to do
any good is the Perchlorid of Iron in Cases in
which there is a good deal of bowels
combined with local Annie - Spiritus
Terbinafine also act well as a Standard
In most cases Gonorrhoea has to be added to relieve the pain and to assist in giving what go of essential importance. In the treatment in later stages when there is peritonitis aspiration has been used and with adults that at Lancaster are doubtful except in those cases where fluid can be actually felt for the opaque. Blisters are also used, and these are one method of treatment which has so far seldom been used or advocated. In those from obstruction of two of the above cases I feel sure in three days of advancing around the city will eventually come into practice. From observing the abdomen and if there is any greatest practice washing it, and freely draining the cavity. In both cases there was a feeling round the uterus which gave me the assurance that fluid existed somewhere but not enough to define precisely its position and the constant fever and recurrent high temperature seemed to indicate that a fluid were was continually being absorbed. And in both cases as this were there is no source of infection to be found in the uterus, and they, perhaps, be able by the continual study of fevers and led to think what cases may be benefited by this extreme procedure.
In concluding the discussion of these cases let me briefly summarize the chief points of interest which they seem to set forth, and first concerning the disease (Bacillus flexe) itself. They seem to indicate that there are at least three sources of the disease, besides it may be a specific form of the disease itself which I have best observed that the disease caused by each from seems to aim a course which leaving many points of similarity is yet distinct—the great disproportion in the scatrical spreading the excessive vomiting and periodicities and the tendency to that derived from dyspepsia to calculi and renal stone that with regard to the cause there is something added which is not normally present and that this is introduced at the time of labor, with regard to the treatment that the prevention of the disease is to be found in endeavoring to keep the surroundings of the patient as free as possible and by trying as far as possible to prevent her getting infected with us and chiefly by washing out the uterus at the time of labor by a sheath arrangement and as a precaution to prevent the formation introduced washing its way up between the vaginal walls if possible washing out the vaginal tissues.
Clearly, by curtailing the uterine wall if there is any doubt of portions of the membrane or placenta remaining and in extreme cases if there is any reason for thinking that fluid or even some fluid exists in the abdomen then our knowledge and methods of examination are more advanced. Opening the abdomen and if any fluid is found washing it out and freely cleansing the cavity. Under grave suppurative inflammation that they should be broken up in all cases as mild cases of suppurative fever and should be treated such.