Prospectus of Insects

1900.

A most important part of the scientific study of
insects is a proper nomenclature, and in view of
what has been known for many years to insectists for
the past of the subject is now of the greatest difficulty.
In some cases the almost all insects of the province
attained into the chemical symptom and signs of fever
were known to be due to a special peculiar
"insectal fever" seems to be so correct a term
as to deplete a typical fever. But scarcely when
the views have been changed, the term "insectal
fever" no longer satisfied. The old name of it being an
essential fever, a pathological entity, the genus is given up
all, with the term "fever". Brain fever etc., it ought to be
discarded and pass gradually into the to region when
clinical terms. Which shows the deep and formal in
now taking their well-earned places. All was very
nice that as Robert Burns said year ago "we must
abandon the attempt to find one definite insectal
fever, and we must recognize the clinical truth that
the "insectal fever" "that statement must al-
ways be borne in mind, at least the truth is
must be remembered. But it is not to my eye
to substitute another expression". This later year

"frepend ulceration" has come into how general
vogue, but it is open to objections, though in the
whole it is fairly satisfactory. It has been e\poin
t that there is a septicemia present to the fever-
ulence and distinct from septicemia in ordinary
forms, and this is most certainly not the case.
Again, the term septicemia means really a circula-
tion of septic material through the body by means of
the blood, and as a matter of fact, there may be
and frequently is an abnormal condition of the organs
in the oversea woman without a general infection
of the whole body. It is not easy to receive a
term which will take satisfactorily the place of the
classical "septic ulcer," but if we take of the
septic infection" we probably come as nearly to the
ideal as can be found. We then first turn in
the fact that there is a specific poison
by a septicemia due to the presence of an autolytic
agent, and though the blood supplies a cause
and not an effect, and it is far from true
that, yet it comes to the whole frame of dis-
ed conditions, general and local, seems as
mild. The terms septic ulcerosis, septic
ulceration, septic ulceroma, and others have
also been proposed and used, but meanwhile I shall
put these with further on, a consideration of these expressions.
...the frequent period is frequently attended with
the signs and symptoms of fever and those of a large
one nature has long been known. The "Father of Medi-
series", Hippocrates, who was born about five hundred
and thirty years before the Christian era, speaks of the fever
and the other symptoms and gives as the cause the
stoppage of the bowel discharge. And though I am
aware that all the writings related to Hippocrates are
by no means certain, still it is at least clear that
from the time of Hippocrates the condition usually from
a frequent fever was well recognized. For we
now believe, that are specific germs—live forms of
organic life— which are the real causes of the condi-
tion, then it is another proof of the longevity and
survivability of such organisms that one thousand
years ago they were flourishing and producing the same
disease results then as now. Of course the thousand
years must be, after all, as a day to them and
we can imagine their existence for millennia turning
by all the laws of the elements and the cataclysm
is charge of a myriad of unending passing
from one planet to another.

Consideration of space and time forbade me to
make any more comments on the Sicilian content, but
very briefly I am giving the name ofAvgiva,
the Persian physician who the Hippocrates
observed that frequently the belly was affected
and became sore to the hils effects to that part.
For this can be advice in开具ut, and if they do not
know the blin of the "Librum", and add,
"st phlegmatism, cause curvature juris, tet fetus."
In a book "published by Thomas Raynall, physician in
1569, entitled "The gyft of midwyke, otherwise named
the Romanes booke," and which is a translation of
the Latin. The original is said to have been written in
the Latin by Elizabeth Rhodice. This book was so great
when all over England, and about the year 1535 was
translated into Latin and other languages and became
handily the midwife's book all over Europe. The sourc
lands in which various forms is dismissed may be pated
as fact: "It is also to be understood that many times,
after the delivery, h apprentices to women with the face,
so ague, or dwelling, or infection of the lodge, other lumbago
in the belly, or else commotion or setting out of order
of the intestines of the belly. Cause of the while lumbago, is
domestically backache of the and sufficient pursuance and those
other of the lodge, of the syphilis, or the contrary syphilis,
are much lumbago of the same, which for doth
weaken the woman, like the poor labor, and stignyse
of the mother in the syphilis. Some things are that is
ensueth by so many other occasions and causes, it shall
be note that woman in this case be nothing ashamed.
new attacked to declare their minds into expect phlegmous, thuring them breathing in it, as they have observed it should come, so that the phlegm uncommonly ye the chronic agues, magi the time by keep usage and experience Ciscoe the true cause of it, and the very reason of it and, to prevent it.

John Plot in his book "De ventio dolere" published in Buda in 1656 states that in his opinion the pains after childbirth are frequently caused by the cold air rushing into the cavity of the uterus immediately after delivery, as denting it. But the next cause of the symptoms accompanying is frequently from the attribution to inflammation of the uterus. "Depressio vento in partio difficilissima, ut utrumque uterinum et uterino uterini, uterina frequentem inflammatio: teneque vel specie aut secundari antricamentum aut hisi unicitis, ut uterinae inflammatio: dolor et fides augmenta."

In the work of Daniel Denon (London 1656) "De febris et morbus acute praepreparum," he states that the pain arises from either a suppression of the bowel discharges, or an occurrence of expectorations, usual during the time of gestation which are put in motion by the succeeding labor.

The recives in bleeding of the strength will admit it and if the bodily air suppressed. But if, on the contrary, there be a sufficient discharge from the uterus he then thinkes it is best to leave the whole under to nature. In 1674, Jacques de la Riviere, usually known as Remizius, published in Frankfort a book "De effusione vel sancta"
He also believed that a happy result in childbirth could only be obtained if there were a perfect lubrication of the womb; hence he sought that congestion which is in the veins of the uterus and other parts of the body. By giving the woman 20 to 30 squills, he said, that they were cleared of the discharge. He observed, to suppression of the colic, fever, headache, redness of the eyes, swelling of the legs, and malignant tumours. The cause of the suppression was the first thickness of the blood, hemorrhage or obstruction of the vessels, told his patients and nurses to the abdomen, pain in the belly, pain in the joints, redness of the face, difficulty in breathing, rigor, fever, faintness, etc. He described this effect as the cause of the suppression, and that of the suppression of the whole, as one of the remembered views of nature been to point that way. But if the fever be attended with total debility suffering for a vein must be opened in the uterus. He is a type, a repetition of the same of his time and his views were then generally held by him, and as I read not least at length from others about this period. Thomas Hall or Willis in 1682 wrote "De Fabulis Medicina;" Franzi de la Boe in 1674
"De locuminarii vitio". The letter, usually known as Syphilis, which communicates syphilis to a woman salt and dysentery. In 1710, Daniel Defoe, A.D. 2, published in London a book entitled "The Perilous Face", continuing his
writing very rare. In 1721, Francis Mercury, brought at
in Paris "Dentelle des Maladies des Femmes Potassiques". In
1726, Thomas Sydenham, speaks of suppression of the tubercle
being followed sometimes by a fever, which either prevents
of the then raging epidemics, or proceeds immediately
from it. His treatment is here: "each patient is to be of
plashed to the nose, and an electuary, taken composed of
the neurons of Roman cinnamon, and rose, butter of myrrh,
caster, keplum, volatile oils of red amanuus, and
potatoes, of which the quantity of a large bushel is to
be taken every three hours, drinking after it four or five
ounces of a tisup composed of equal parts of distilled
water of rue and composed by myrrh water. Hermeto
Braunsg, De Aen Waffon (1734), "De la Mote" (Paris
1722) all write in much the same terms. An
English book written by John Edridge (London 1751)
on "An Essay towards a complete and system of the
syphilis", describes the fear of inflammation of the uterus
which may lead to suppression of the tubercle. "Plantful
but profuse bleeding (for the cure) under a cooling regimen,
in general, absolutely necessary; as if the after the
secretion of milk must be prevented, which is a matter.
I have been very anxious to take notice of, not only, in order to remedy these acute complaints. In fact, British authors, such as in his "treatise on the therapy and practice of Medicine" (London, 1762) say that a person who suffers from an inflammation of the ears, or obstruction of the throat, and that the one is generally the consequence of the other. As regards treatment he advises in acute cases that, inflammation be removed by the taking of warm, weak, deluting fluids, such as those taken by taking of spirits and laudanum in different forms, as may be agreeable to the stomach. If these fail and the person is bed and cold, then bleeding at the arm or caudal to draw air less quantity, according to the degree of fever and abstraction. Treat in his "treatise on people in sick state" (Paris, 1779) gives from causes of fever: (1) An excess of heat, (2) an inflammation of the ears, (3) a sudden suppression of the throat, and (4) the fever and other accidents resulting from this. Among other symptoms he mentions a red stain or that which was so red as the blushing of the cheeks, as the disease increases, turns black and is always a great distemper. Bleeding, warm fomentation and empirical dressings, hot friction to the body are his medicine. Mr. Atta, Professor Royal des Maladies et Mathématiques, consultant in Rome, has a most famous statement in his "treatise "Traité des maladies des femmes" (Paris, 1765) in the chapter "De ridicule supprimé." He ascribes the face watery to the obstructive Kochia.
and that he says is produced by four causes: (1) Cold, as by the room being kept insufficiently warm; (2) Vexation, (such as) truth, grief, or fear; (3) Violent excitement from eating too much, "the greatest sensation that is made by that recession by diminishing that which should be made by the return," as (4) inflammation of the uterus "which by touching its substance, close up all the veins off and from whence the third of the labor flows." He says that "this inflammation is at times produced by some heat or to the uterus produced by a bad labor by the hands of an "unskilful midwife.""

A Conference of Midwifery by Thomas Coxe has (Kind of) also gives us the idea of the "age in prospect given. Many other causes he give...the hysteric of strong figures, a tendle too highly excited." A very full and interesting statement is in "the essay on the Perplexed Douer" by Thomas Denman, who was a well-known teacher of midwifery in London. His essay was published first in 1765, but I have seen the last edition of 1783. So it must have been popular among practitioners and physicians. The first two days were dedicated to William Hunter, the third to Dr. R. of Better. He gives his facts, as regard's treatment, very largely to bleeding and tender traction, and gives case illustrating his practice. For example, he says, "In this manner I treated the wife of a woman in the family. When I attended on July 1, 1769, a wife but a few hours labor. She was of a very strong habit of body, a
expressed of thirty years of age. About thirty hours after the birth of the child, she was seized with a violent shivering, followed by severe pains in the abdomen and limbs, and within a few hours from the attack she became nearly as big as she had been before delivery. On the 3rd I gave her four pains of the antimonial purges before mentioned.

—this was by the way,

[Signature]

—ante mortem

[Signature]

If a poison thus prepared than to 10 grains—

"and finding no desirable effect, I repeated it in the same quantity after two hours. The father twice and had eleven (1) dose, like past in appearance, within six hours after the repetition of the purges. When the stomach of the medicine ceased, the abdomen was almost wholly emptied, and the abdomen and face was much abated. And she was much fatigued, often in a cold sweat, with few drops of sweat. The head and joint very

in the right, and settled perfectly. Then she was without any necessity of repeating the purges, and the

remained perfectly, without taking any other medicine except some calomel draught, and afterwards the

decomposition of both twice a day." The further

states knew that "further experience has convinced

me, that without previous, and perhaps repeated

ing, this medicine will often fail to subdue the fever,
And that it is not infrequently mistaken in its operation.

It will be seen, that in accordence with the routine of the day, Dr. Dromen addressed himself to the treatment of "Hypochondriasis," (London, 1767) such "of frequent presence in the Venereal dipping under the heading of 'Suppuration of the bladder,' which gives an idea of his views. He here came across an early indication of what was long afterwards believed in as a cause, viz. "a particular moisture in the atmosphere." The other causes are much the same as those already stated by previous writers, and as for treatment, he is a great adherent to the remedy of the Venereal sickness in the early stages. John Dallas, M.D., in 1770 published a work on "Observations on the preceding disease in Great Britain," as in the 2nd chapter of the 3rd section, he says: "From the nature of the disease, and the loss of the character of the disease, and the affection, there is no doubt the disease be directed by the advice of an able physician. From which observance one judges that Dr. Dallas was not so much an authority as a physician in the nature of his superior position and rights.

William Hanning's (1771) in his "Treatise on Female Diseases" says that he seldom finds bleeding except in a healthy woman, and that the signs of inflammation rise high. Nathaniel Hume, M.D. in 1772
published "A Treatise on the Precaution Fire, Shewing the
Nature and Causes of that Disease, &c. &c." in London
the represented in a New Point of View, Illustrated by Dia-
rections; and a Rational Method of Cure proposed, Confir-
mated by Experience". He gives the reader of his book "Ration-
examination and thoroughly though in all he states that the
views has just found and contracted, and laid hands
within the cavity of the pelvis". As far as I can make
out, there seems to have been diffusion patients hardly.
This can be no doubt that to Hahn must be given the
credit of establishing by actual verification of fact, by
quite personal observation, to arrive at some reliable
explanation of the phenomenon. He is as he says at vari-
ous, with the opinion of the established bondage of so many
years. He tells us that it has been "the general opinion of
authors, from the time of Hippocrates to the day, that the
disease principally arises either from a diffusion of the
loins; an inflammation of the uterus; a retention of
milk; or from some other Complaint peculiar to the uterus.
As a proof of this, he states the number of cases he
caught: "All I can offer in my defence is, that I have
known my patient's cases of this disease from some
reasoning neatly supported by observations, and has founded
my theory upon a careful examination of all its symp-
toms." His theory is "that the immediate cause of the
intestinal fever is an inflammation of the intestines, and
omnium; and that the chief facility comes in the
prescription of the patient's taste. He has a long discus-
tion on the effects of the changes made before and after delivery, but I shall not follow it here. If
from the observations here too, as in many cases, and by
application made, but still this makes a step in the
right direction. In regard to treatment, Helwee
says that no diet or seed be taken of suffusion belief.
"The nature considers the obstruction of the body as
only the effect, not the cause, of the disease. Take
away the cause and the effect will cease. Or, in other
words, cure the disease and the flow of the body's ill
return of it will return of course. In mild cases be given in syrup
and if that is not successful a cathartic, followed
by a gentle unction as well as a small dose of urine
antimonial; frue water, balsamic water, fruit or sap too,
only to be drunk, his spirits, insolite, to satisfy; rest
of body and mind. Helwee has also advanced in his
directions requiring cleanliness for the laps; "the clothes
of plentiful women should be frequently changed for
clean, dry, warm ones, heat, by retaining a great quan-
tity of fruit, and steam; they should add food to
the disorder. Indeed, cleanliness and cleanliness alone
at all times be particularly attended to after every
childbirth." Also in respect to ventilation his
opinions are quite up to that. For example, "The
Caustic of confining by gipsies in women in an overheated air or to a warm regimen is frequently attended with the most fatal consequences. It makes the whole system extremely irritable, enter, heart, etc. etc., Yet how often do we find this beneficent method put in practice! How careful are the good women to stop up every crevice and keep out every breath of air! How anxious in keeping clotted in the bed, so that the poor patient can hardly breathe beneath them! How cautious lest the cautery of the bed be in bed should be withdrawn.

And so on. He speaks in striking against closed brakes, and for fresh air as any advocate of the Ancillary System in 1700. Even in respect to ventilation Wilson tells what was then a new idea, and concludes his observations on the part of the subject as follows: "If I must err, therefore, in this case, and who amongst us is free from error? let it be better, I say, in point of healing too late, then of bleeding too much." I cannot refrain from quoting this brief account of his labours and all the valuable works on the case, though I know that I have gained more from them than I ought to have done. The disease when first arisen is liable to occur, so to speak, the symptoms appearing to induce a false but state upon the intestinal canal, and to cause a large quantity of peritonitis and other morbid ligaments to float.
Among the vexations, is it not wonderful that the patient should at last sink under this qualitative discharge? In such a desperate case, must it not require more than the utmost force of the whole medical remedy to withstand its force? What medicine has sufficient virtue to prevent it, the utmost poultices of the body? What plant is efficacious enough to heal the yatric intention to revive the sinking state of the patient, and draw off the pusulent discharge from the cavity of the abdomen? when is such a remedy to be found?" And 125 years afterwards, he is still asking the same questions.

John Locke M.D. in "Practical Observations in the Chills and Bed-Fever" (London, 1774) declare that Dr. Helmin's so-called 365 points of doctrine have been repeatedly advanced by him (Locke) nearly thirty years before in his public course of lectures on this subject. Locke however, finds a thing of his own that he had. He has a great idea that temperature from weather is very close from the state of the atmosphere and in his lecture he formulates us into a record of the state of the weather from October 1769 to the end of May 1770, and also into the statistics as to the number of deaths from 1768 to 1771. The statistics are probably of no value, but such as they are I prize them.  "From 13 Dec. 1768, to 12 Dec. 1769, died in Chills, 165. From Dec. 12th to Dec. 11th, 1769, died 270, and from 11th Dec. 1770 to 20th Dec.
1771 and 1772. I have omitted to mention that there were
the deaths in the yearly bills of mortality for the cities of
London and Westminster, and the breeding of children.
He continues: "So that in the year 1770, compared with
the other two, the number of deaths was very near a third
part more; and as this increase of number did not
happen uniformly throughout the year, but was chiefly
brought about in that half of it which commenced
with December and ended with May, it is still more
evident, that it could arise from no other cause than
a malignant state of constitution of the air." The treat-
ment recommended is "bleeding, purging, and fre dilation."
In 1795 Dr. Snow of Oxford gives an account of the
spread of scarlet fever and its causes which
show that a clearer insight was being achieved
to one here and there. Some of his works are scanty
of remembrance, and were chiefly as they were quoted
with approval by the good old men of medicine and
letters whose name is known and loved by every one of
their wonderful volumes. Soon says: "This disease seized sick
persons only as they watched, or delivered by a
practitioner, or taken care of by a nurse, who had
impatiently attended patients affected into the disease."
"It is a disagreeable declaration for me to mention,
that I myself was the cause of carrying the infection
to a great number of women." Again, "Survival at
that certainly took in the matter that I could venture to predict what "men would be affected with the disease, upon seeing by that midwife they were to be delivered, or by what means they were to be attended, during their lying-in; and almost in every instance my prediction was verified." Dr. Bannan the first publisher account is in the Philadelphia Medical Journal for 1835 by Dr. Bannan who says that in the autumn of 1832 he met with twelve cases, while his medical friends in the neighborhood did not meet with any at least very was. The case which the circumstances to us so long there have been present at the hospital after the death of two cases some time previous, and if his having inspected the disease to his patients, notwithstanding very present. I must not refer to many other writers both Sabin and later than this time, and goes so to what is now in recent time. In the Proceedings of the Biddie's Medical Society of Edinburgh, April 1857, and the Edinburgh Medical Society of Edinburgh, Sir James J. Simpson read an essay on "The Communicability and Propagation of Puerperal Fever." He said that in this country he do not believe that the disease is usually propagated in the way directly from individual to individual, but indirectly through the medium of a third person; and that from usually the medical attendant at once, we
do not believe it to be owing to any specific influence. For
het in the air, remaining from the locality. "It has been
the use to hunt the cliffs of a single practitioner only, in the
a community." Dr. F. Moxon, of Manchester, tells us that in
1849 upwards of 4,000 women were delivered by different mid-
wives in connexion with the dispensary hospital in Manchester.
These 4,000 women were delivered in different parts of the town
at their own houses: 16 of them died of puerperal fever; all
the other made good recoveries. "These facts have
demonstrated..." that the disease is not
difficult to treat..." that the disease was in fact entirely
limited to the patients. There must have been something,
then, connected with that one midwife, in which she differed from
the other midwives, whereas in all her patients took the disease, while
the patients of the other escaped. And in medical philosophy
in cannot deny that this something consisted of light
the true source of that specific principle a virus
which pathologists give the name of contagion."
Siniger also relates a case of Dr. J. Tiley, Shrewsbury,
who had 5 at a time in rapid succession. Siniger attended
the examination of the bodies of two of the patients and
found nothing the disease part. The next four midwifery
patients were all affected with puerperal fever, and
It was the first time he had seen it in practice. Dr. Park, in his lectures, mentioned the various cases. Some cases died immediately after wards, while others had a fever, and recovered. Simpson's paper dealt with a great many other points of supreme importance and gave a thoroughly comprehensive and up-to-date account of the nature of puerperal fever, as it was then known. He wrote about it as if it were fifty years ago: he says, "It has been so seldom stated that human life would probably be saved to a far greater extent by studying the means of preventing the causation of this disease than by any study of the means of treatment, and disease was not actually commenced. And then it was remembered that about 3000 women died of child birth in England and Wales alone every year, and that a large proportion of these 3000 natural deaths were deaths from puerperal fever. He thought he had best make any further observations on the importance of studying the means of prevention and recovery in such a field and practical body.

I have already alluded to the Essay in "The Contagion of Puerperal Fever" by Miss Windeet Holmes, published in 1843 and republished with additions in 1855. It was really written to counteract the teaching of two late eminent American obstetricians, who in a spirit of almost incredible folly upheld the doctrine of non-contagion, and this only 40 to 50 years ago! These books in which they definitely set down their views..."
were "On the Non-Catarginic Character of Percipal Fever" by Hugh L. Hodge, M.D., Professor of Pathology in the University of Philadelphia (1852) and "On the Nature, Signs, and Treatment of Children Scurvy" by Charles D. Meige, M.D., Professor of Medicine in the Jefferson Medical College, Philadelphia (1854). Two or three extracts will suffice to show this view. The doctrine results of the whole discussion will, I trust, serve not only to express your views of the value and dignity of our profession, but to clear your minds of the prevailing thread that you can now become, especially to women, under the extremely interesting circumstances of gestation and parturition, the minuteness of evil that you can convey in any possible manner, a horrible virus, so destructive in its effects, and so repulsive in its operation as that attributed to syphilis or even pernicious fever, as said Hodge, and in this valley of self-deceit, I feel to attribute them to accident, or Providence, of which I can form a conception, rather than to a conception of which I cannot form any clear idea, at least as to this particular malady, "the propagation of which they have so much to do, they into the propagation of cholera from Russia to San Fran-
cisco, and from America to Europe." To write that Holmes into Mr. Spicer wrote an official and dangerous teaching, and as that keeps men speak then dwell upon a certain and freedom which.
has gone for me. But he also uses eloquently serene words of remonstrance. "It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No longer can we tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or begotten it, all less cruelly, the wretchedness of its dying part. There is no time deep enough for repent, and no voice loud enough for warning." "The solemn page of the City's Sages, but his name from the multiplicity takes of life to please votes for his in the hour of pain. And forbid that any member of the profession to which the laws take his life, doubt a passion at that eventful period, should regard it negligently, carelessly, or selfishly."

But before we take leave of this middle half of the first third century we cannot do without mentioning the name of. Sir Philip Snow's, whose work was acknowledged by Sir James Simpson in the papers to which I have alluded. But his name became forgotten and he was allowed to take its conspicuous position among the leaders to his cases, his name still he was presticated in his work, to some extent at least, by Snow's, and later on.
When Wells resumed his studies, and in 1872 a public meeting was held at the College of Physicians, London, relative to the erection of a monument to him, his fame in respect to antiseptic midwifery was well recognized by Sir Edmund Clark, Dr. Duker, and Dr. Bantock. Who spoke in detail of his work. He was appointed assistant in the women's clinic at the General Hospital of Vienna. At that time the conduct of affairs in regard to puerperal fever was becoming worse than it had ever been. As we have seen, it had been in existence, prior to the days of Hippocrates, but then and for centuries afterwards it had been rare only in isolated cases. But the beginning of attendance on women by men who studied in all kinds of surgical work and whose personal habits were not better than was universal in those days, and also with the assistance of the seventeenth century of the first quack in Paris, in the Hotel-Dieu, Paris, was called epidemics of the diseases began. And as they knew, they became worse during this century and developed to an alarming extent. Concurrently with the practical teaching of anatomy in the attached medical schools, in the "first midwifry clinic" in which Semmelweis was attached, the mortality was appalling. Under Dr. Klein, between October 1841 and May 1843, it was as high as 16 per cent. The theory that the fever was due to a miasma was very prevalent.
and on the account much expense was incurred in
rebuilding and in a building hospital, and in in this hospital a new ward was built.
Dr. Bier was appointed to the medical, Dr. Bier, as
appointed, employed students exclusively in his ward. It
was found that from 1841 and 1846 the mortality in
the student clinic was at 9.29; in the medical de-
partment it was only 2.38. Some returns, however,
in those years, the mortality reached the appalling figure
of over 20 per cent. Some faults were certainly in the
staff upon the staff, which showed, indeed, to prove
that the decomposing organic material caused the
hands of the medical students, was the first
cause of the infection, and that pyrogenic in its part
was identical with pyrexial fever. As an
exhortation he used chlorinated lime, beginning in May
1847, and in 1848 the mortality was 1.27 per cent
lower than that of the medical's clinic. Immediately
was supported in his views by Stetten, Stelze, Sennep,
Kühn, Schöpf, but was opposed by Klein, Stanzi, and
Schüchter, and most of all by Virchow. And it was not
until 1861 that he published his book on "The Physiology
Nature, and Prophylaxis of Infectious Disease." His
views were received with ridicule and contempt.
Some editors and book-hearts he died 1868 in a
very hum. After his death, his theory began to find
acceptance and in 1891 his remains were transferred from Vienna to Budapest. When in 1854 he announced the result of his researches, from all parts of the world came letters of congratulations, and subscriptions from all parts of the world were raised. It seems almost incredible to acknowledge that so late as 1852 and 1857—ten years before Pasteur's discovery made—ever was the term 'germs' even invented or condemned, but so it was, and the irrefutability of it remains that hundreds of lives were lost by this blindness of eyes to facts. The idea that as to control the upheaval, efforts to stamp out "epidemics" were made again and again by removing and even rebuilding hospitals, and it was not until Pasteur, founding his experiments on the brilliant investigations of Pasteur's laboratory, combined the surgical skill with his researches and success, that the principles connected with the universal recognition, of course he then it is surprising how long it was before they did, however, for in the first edition of the "System of Midwifery," written by Dr. Lushman, Professor of Midwifery in the University of Glasgow as recently as 1873, the definition of frequency was given as "a disease belonging to the so-called gynaeceum class, the principal cause of which is some peculiarity present to which gynaecial women are liable by constitution, or which is, in certain circum-
further states that he believes that the doctrine of
sanitation has been considerably exaggerated. These
statements were however, left out of future editions
but still it has been long since it is before preconceived
ideas can be given up, and shake the warm and
proud to us in our daily work.
No proper scientific work could be or was done
known until Pasteur began the investigations
which are destined to hand down his name to
posterity as one of the greatest benefactors of humanity.
From the year 1840 when he made his investigations of
molecular theory, until his death in 1895 his energy
and devotion to work was boundless. The story of his
many discoveries and researches is one of the most
wonderful and inspiring characters, but it can only be
better told than that of the discovery of the
infectious diseases that a dysentery
alliance can be made. It is this
that he was a
knowledge of the true nature of health and many other
diseases, but to statisticians his name shall be held in grateful remembrance as the discoverer of the
shingles, typhus, which he called the "disease
of the perial and fever. In connection with this discovery
an instructive incident is related by Dr. Roy, for
many years Pasteur's chief assistant and now sub-
director of the Pasteur Institute in Paris. One day
as a discussion on the whole process which was taking
place at the Academy of Medicine, while one of the most distinguished characters was frequently dic-
terminating on the causes of epidemics of that disease at
Maternity Hospitals, he was suddenly interrupted by
Pestana: "Le qui cause l'épidémie, le n'est pas de not-
tel, c'est le médecin et son personnel qui transmet
le microbe, alors femme malade à une femme saine."
And when the speaker replied that he was much
afraid that they could not diagnose that microbe,
Pestana rushed to the blackboard and drew the
sketches, exclaiming, "Eh bien, voici la figure." As
can be imagined, these first glimpses fell like
the medical men that a novice in pathological
study could make such an assured statement.
This was about the year 1877 and Pestana had re-
searched even in the domain of midwifery but the
condition—erroneous as it is—shall leave that last on. We have
however seen how that the action of the definite
nature of premature from first family founded by
American in 1846, and the analogies of present
and surgical were first pointed out by Dr. James
Simpson, the investigations of Pestana, Browne, and
Simpson, Hook and others on the part played by
milk, ergotism in disease that lead to obstetric
system of obstetric surgery. This has in turn
led to antiseptic midwifery, and both was an
being supplanted by accepted surgery and midwifery,
and by the invaluable assistance of Pasteur. In 1874, he
praised him for having, by his brilliant
researches, demonstrated the truth of the theory of the
rule of Pasteur, and being them from him the only principle
which could lead to the success of the therapeutic system.
Many years later, in the session of Pasteur's jubilee
celebration, Pasteur addressing Pasteur said: "If, then
does not exist in the entire world any individual to
whom the medical sciences are more than they do to you.
Your researches in fermentation have been so powerful
that, thanks to your enlightened direction of Pasteur,
and his transformed the treatment of disease from a mass
of error to the surest, quickest, and to the destruction, inspiration into a
scientific art of true beneficence."
But I must now draw the historical fact. Myths
are inexcusable, though theories of many safe which
considerations of space and time alone prevent me
from telling, for I have read and studied many other
works than those I have mentioned. But perhaps more
has been said to show that the literature on people
of life is very large, and that of diseases occluding
people, too, has been common to them in all
time with others. We have seen that the first write on
medicine, Hippocrates, mentioned it. He furnished some
exciting clinical histories of the disease, and considere
it not only a dangerous but a mortal disease.

"Among his letters set, et famae effugiae present,

In medicis praestitit fort in astris egreisis, litteratis." And such views were expressed by Celsius and Celsius. Arabic physicians. Such as Hecumenos, as well as the physicians of the middle ages have nothing more to say than that women in child-bed sometimes took from which led to their death. In the eighteenth century we obtain accounts of the paste. We shall tell us that Willis gave it the name of "febris pastasi." In Thomas Ray's "The "Nursey of Nonsense," (1763) it is described. Yet few of them toll the origin of the eighteenth century, nor any advance in knowledge was made, though there are many native wise writers whose works remain to us. Many names besides those given have been omitted in our investigation of the writers of last century: Tenure, Newton, Coper, and many others. In the eighteenth century the names of Smoluchowski, Simpson, Hume, Semmel, Starling, are characteristic, and those of Pasteur, Ramo, Her, Raffa, Tewfild, Costa, and many another must be held in perfect remembrance among those who have helped to save the lives of thousands of mothers and their children. As we shall see, however, much yet remains to be done, and it will be a long time before the processes of Pasteur forming as altogether vanishished from our minds.
and let us see if we can formulate a definition of the word 'practical' which, meanwhile, we can use in lieu of the old practical one for reasons already stated. The meanings of various words used by practical writers to indicate all the various diseases conditions as well as those which in a woman's lifetime from before the delivery, the puerperal fevers, septicemia, inflammatory diseases of the nervous system whether due to bacilli or not, such as tetanus, let any or insanity, inflammation of the breasts, and various conditions due to infections. It is very questionable if the term 'practical' for those to be retained any longer. The term 'practical' comes when it should be discarded? Does it seem any useful purpose or is it just misleading? It seems to me to serve no useful end, and really means a variety of pathological processes which cannot be lumped together under one name. The term does not convey the sense of a chapter which stands up in a given case to better advantage or apply the term. The present usage of the term has also been further reduced by the definite significance which has come to be associated with it, and the fact I am sure minutes to a very large degree the value of statistics regarding it. The word 'practical' case in a death certificate have a terrible meaning while to researchers and patients' friends,
and I have several knowledge of cases where a
preet has died from the effects of precautions
taken and yet to avoid the word "preet", an
utterly false and misleading "cause of death" has
been entered on the certificate. Again, it has been
customary to make,inary allegations, accusations
in its use which are derived of all logical justi-
fication. For example cases of pelvic cellulitis
which may almost certainly have been set up
by infection are usually eluded and I heard
myself tell when the absurdity of this is
from that and many other reasons I see the
sanctity object to be gained by the detection of
a form such as cerebral fever, using it as
if it were in any respect analogous to death
in typhus fever, and I consider that it is soon
than time that it was dropped from the
Registereous Gourds report.

The term Septicemia which is so oft used in
connection with preetual infection is need to express the
time meaning an abscess infection from wounds in any
the part of the body. It is due entirely to the
microbes from an abscess which, into the tissue
also, find their way into the general system and
tough the blood circulation become producers of
general systemic infection. Septicemia, a term
applied by Matthew DNem, is a condition due to the microbe known as Streptococcus. This form remains localized, does not enter the general system. Local irritation is produced, either by the microbes or their toxins, polynines or alkaloids produced by the dead tissues during suppuration. There is a third type of pyemia which has become very rare nowadays, as the condition is getting rare. I have however seen it, and shall describe the case later on. The condition is one in which deposits of streptococcus take place in the distant parts of the body and then produce decomposition and abscess. It rarity is due to the fact that usually sepptic infection is now early recognized and more vigorously treated in the early stages than it used to be, and that the cause of the infection is now a less effectively removed for the chance of metastatic abscesses being formed is given. It is possible and indeed almost certain that these definitions will not always hold good. Pathological investigations are proceeding daily, changes in knowledge are constantly being made, and as a matter of fact, I believe that the means of clinically or bacteriologically distinguishing one into absolute certainty between pyemia and septicaemia are instanter and that practically i.e.
cannot distinguish between them. So it is a
ever just point whether the great bulk of Leprosy
can be in many cases much harm, for it is well known
that they occur together, as the hands, skin of the
feet, in the vagina, on instruments, or clothing, and
so after all of them probably that only one definite
sense of the leprosy - Kelly reports attention. But
the same which it is believed play a part in the
discussion of superficial infection in addition to the three
various pathologic processes, and the leprosy seems
the leprosy superficially, the bacillus tuberculinum,
the bacillus, Gottfried, the gnomers, and others in the
bacteria and Rastoul. The leprosy appears superficially
and it was at first believed that they could be readily distinguished from one another.
For this reason, however, has shown that the cultural
character, as first described, are variable, and it is
now generally agreed that they cannot be distinguished
by any cultural or morphological differences. Moreover,
the lesion they cause when injected into animals
appear to vary only with differences of the date
and method of inoculation, the recovery power of the
animal, and more particularly with the virulence
of the disease organism which can be altered at will.
This in itself forms an decisive evidence of their identity
in similar lesion can be produced by other organisms.
which are entirely distinct from the staphylococci. But to any ordinary reason appear to obtain trustworthy data, and who is apt a bacteriologist, it is not

welcome to try to follow the conflicting arguments of different observers. For example, Petriu, in his work for 1895, 1896 and 1897, has made an

intensive of the absence of staphylococci in the human

intestines, while in 1897 Vacche and Stapp, by the use of the lesion, the presence of the staphylococcus in the stool of the

time of men who have also devoted much labor to the subject, and observe the subject. In any case

to the subject. We may say that "staphylococci"
is not a pathological entity but a complex phenomenon due to different causes, and its severity as regards symptoms depends on various conditions,

such as the state of the organism, the presence or the
tissue, the presiding power of the patient. How the various germs may enter and invade the tissues will be discussed later on. Meanwhile we must

leave the subject and pass on to a consideration of the processes of infection.
This is also a subject bristling with difficulties. Some of these have been already pointed out, and it is as true of this as of other subjects, that statistics say almost from anything we wish. Hospital statistics we can now more and more, but as for them in private practice we can only "take them as we find them." I must make the best of them with reservation. I have already said statistics in the last century, and again in the Vienna Hospital in the time of Lenz. In 1837, Sir James Simpson said: "When it was determined that about 3000 women still died in childbirth in England and Wales alone every year, and that a large proportion of these 3000 deaths were from suppurative means, the need was made very obvious, the importance of obtaining the means of prevention in such a fatal and formidable malady." Today, it is said to relate the mortality from suppurative infection to be diminished or even placed at a level in Simpson's time. It is true that it is not improbable that the older statistics were less to be relied upon than the later ones, but that it is a shocking state of affairs that knows which in the great majority of cases an absolute premonitory warning ought to be so common.

It is not necessary to go farther back than 1870 when Dr. Matthew's Duncan published a work
through and due taking inquiry, and his conclusion then was that "not fewer than 1 in every 120 women delivered at or near the full term, die within the four weeks of childbirth." In 1855 Dr. Chadle J. Callaghan wrote the subject permanently from the medical profession. He showed that from 1854 to 1866 inclusive there were 2465, 2420, and 2076 deaths from puerperal fever recorded in the Report. Lees's returns a sum of £6,60 for 1000 cases of childbed fever. In 1852, a third of Dublin and in 1855 26 per cent of London had also spoken of the huge mortality, and in 1857 Callaghan wrote another on the "Minimized Mortality from Puerperal Fever in England and Wales." He showed that in 1851 there was a rise both in the actual deaths and the percentage, and that since then the increase has been maintained. In 1851 and ever since, letters of inquiry, asking for the particular causes where the deaths occurred have not been satisfactorily filled up, in which the causes of death have been imperfectly stated. In 1861 alone the result of asking out these letters was the discovery of 330 additional deaths due to childbed fever. rifle of course this may be the cause of the apparent increase of the mortality. During the last few years, but still making all allowances the fact stands as in the face that the general mortality is still too high.
The following table will show the changes in population in England and Wales from 1847 to 1895. The columns indicate the year, number of births, and number of deaths.

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In a most elaborate paper read before the Irish Medical Society in 1876, Dr. M. Williams, Medical Officer of Health for the county of Glamorgan, shows that between 1865 and 1874, Lancashire, Yorkshire, and South Wales head the list of districts to which the highest death rates from infectious fever all over 2.2 for 1000 registered births between 1865 and 1874.

Dr. Williams entered fully into a consideration of the causes of these high death rates from infectious fever in Wales and more especially in the county of Glamorgan and he gives many ample materials for forming an estimate of the determining causes of the high death-rate from infectious fever. He says that density of population does not seem to be a factor much in determining infectious mortality in this century, both the mortality from infectious fever and accidents of childbirth display a marked tendency to prevail in those counties where the only features in common between them is that they are mountainous, hilly, and sparsely populated, and that consequently locomotion is tedious, and medical assistance difficult to obtain in time.
On the other hand, the mortality seems to be lower generally in the plattest counties. But I feel that I have gone too little into advances of my subject which so far deals only with the question of prevalence. It is necessary before we leave it to consider the mortality in Scotland, and I can

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The proportion of deaths to the number of pa
tient borne from 1855 to 1864 was 1 in 206, f
from '65 to '74 1 in 202, from '75 to '84 1 in '92,
from '85 to '94 1 in 183.5 and in 1895
1 in 208. So we see that in each decade the
childbirth mortality has slightly increased in
Scotland.

We have had a good estimate—subject to
all the fallacies and mistakes and inaccuracies
which however tend to make the figures en in
the direction of being below the truth and not
in excess of it—of the maternal mortality in
the United Kingdom and Britain. But it
must now be forgotten that hundreds of the
kinds of cases of childbirth there is frequent
infection from which the patient dies and
the link has serious damage done to her
pelvic organs from which she may perhaps
never be quite cured. In hospital work
I see this daily and am confident that
a very large proportion of chronic total
womb, endometritis, subacute, postpartum
disease is due to after processes set
up during or after childbirth.
We must now consider the question of laceration in puerperal infection. There is no need of me repeating that it has already been said that the cause of all wound infection has been proved to be the action of micro-organisms. After the act of child birth there are two main causes leading to infection, in addition to that left by the detachment and delivery of the placenta. The principal woman is thus in a condition predisposed to infection. The process of involution creates an environment which is favorable to infection. There are normally blood clots left in utero and very frequently—as far as I have ever, always—pieces of placenta retained as well in utero. These provide a fertile hide for the growth of germs in a moist soil and a favorable temperature. The lacerations often serve for the entrance of organisms and toxins. There is less resisting power than normal in account of the exhausted digestive and muscular systems. Lactation to a certain extent may be a source of danger from the microbes which may lodge spheres of the nipples and so gain an entrance into the blood. The perineum of the anus and the rectus urinarius of the vagina, both yielding highly decomposable
natural, and the glands instantly swelling into
dangerous swells is another source of danger
to very jeunesse women. In a healthy
woman in labour for the first time the low
dejection from the vagina is a mixture
produced from the glands of the cervix and
from the vagina itself. This is acid in re-
action and although swarming with non-
pathogenic bacteria has really the power
of repelling the attacks of virulent germs,
which would require an acid medium for
their growth. The cervix is flushed with
a scald of serum which is aseptic and
prevents the entrance of pathogenic organism.
Duration in such a case as this should be absolutely safe if it could be left alone.
The vagina could be washed out by the
aseptic beverage, afterwards thoroughly
scrubbed by the head and body of the child,
and finally again cleaned by the remaining
aseptic beverage, blood, and the placenta.
Could micro-organisms be prevented from
entering the vagina afterwards and did
not already exist in the body, the fear
should be absolutely normal.
After such a normal labour as we have
imagined the woman felt a sense of relief and satisfaction that the labor was ended. The uterus is full, strong, regular, and most important of all—soft. The temperature during the puerperium should rarely reach 100°F, and in many instances will not be over 99°F. Minute labor should be silent and easy; the quantity of urine should be normal. On the second or third day the bowels should move, and the stool be every second day. Constipation should be established fully in a day or two, the nipples should not be painful nor the breasts unduly distended. The lochia should have only the characteristic odor but should not be offensive, and the stool color paler should not be tender. Rest and sleep should be conditions which come naturally and fatigue and thirst should disappear in a day or two and leave the patient by that time feeling much as if in her usual health. Any departure from these normal conditions should be the warrant for watchful attention at night, for many cases there is no preceding infection. While we must have for a moment lose sight of the possibility. In a large number of instances relief is to a loosed bowel by means of a purgative or the use of the enema, the emptying of a distended bladder.
or the table, support to a more distinct breach will
result in a quicker pulse, abdominal tenderness, slight
fibrin, and a constant offensive looking. The maintenance
of a normal febrile convalescence is indispensable
at the diagnosis of pathological conditions affecting
surgical or other interferences more than I have en-
dicated. We must for a normal standard, and
any deviation from it must demand attention. One
and we again be find slight, deviates dis-
appear in an early stage of the loss of a large
line in the catheter. If we have the charge
of the Case during the operation, we ought to
know whether there is any condition meeting
which should interfere with the normal progress
of the evacuation. Tumors, syphilitic fleshes,
submucous fiall abscesses, pelvic induration
etc., when left in the pelvis are certain to
increase the danger of the evacuation by
furnishing an additional and abundant sup-
ply of pathogenic organisms. The presence
of tumors of the soft parts, of abnormal
ities of the long pelvis, the presence of
epithelia or cystitis all ought to be known
and if they are adherence can be made for
them in estimating the normal or abnormal
progress of the evacuation. If we have
not had charge of the patient from the first, and an ignominy of that matter be found in that case pretty any indication of foul, beast, or malleus function before proceeding to do more. When we can rectify or close those conditions and there are still signs pointing to infection, the question of treatment otherwise comes up, but let us for a glance briefly at the germ which have been detected as cause of the infection. The primary consideration here is, what germ exist in the vagina and uterus in normal conditions? A great mass of literature exists on this subject, and chiefly German. The names of Döderlein, Hoffmann, Mege, Winter, König, are among those associated with the inquiry, and so it is to be expected in the investigation of an obscure and recent subject, one more beset with technical difficulties and liable to easily found errors, the results are somewhat conflicting. The study began in 1887 when Tüpler using modern bacteriological methods, wrote a paper "über Mikroorganismen im Sekret der weiblichen Genitalien während der Schwangerschaft und bei spezifischen Erkrankungen", although similar to that found in the urine, and has been done by Huygen, Helfer, Kowalski, and others. Tüpler concluded as the result of his investigations that pathogenic
organisms that do not exist in the vaginal secretion of pregnant women, and that consequently they could not be infected from within and that pessary-like vaginal douches were not necessary. Richter found as to keep a different state of affairs, that 75 per cent of the cases contained bacilli of some kind, but infrequently the streptococci, staphylococci and staphylococci are of course behind in coitus, but in pessary-like vaginal douches the state of facts goes on, though generally speaking the theory of autoinfection has been given up as far as practical work is concerned and preliminary vaginal douching is not carried out. It is not possible to give any idea about the extent of the work done by nearly 100 cases, but nearly all these that the conclusions come to by finding of high fever to be the most firmly accepted and are in accordance with clinical experience. His conclusions are come to in "Scheidenentzündung und Schwangerschaft. Recepta in die Geburtshülfe" (1904) according to the original secretion of pregnant women who have not been examined, no matter whether normal, pathological, or highly pathological, never contain organisms which grow aerobically upon the ordinary media at the body temperature, except yeasts and gonococci, and therefore never contain diptheric bacilli. The vagina of every pregnant woman who has not been examined is therefore
acceptio.* A great many of the diverse views of the various observers must have been due to faulty methods of withdrawing the secretion and other technical difficulties. Bassin at the base of the hymen and upon the labia minora are readily lifted upwards by a speculum and first time is required in making such delicate investiga-
tions. The general conclusion as to this time is that the original secretion does not contain seyster-
ogenic cocci, and therefore cannot afford any support to a belief in anti-infection so far as they are con-
cerned. None of the usual forms of seyster-infection need therefore be considered as due to anything expect infection from without, and only the presence may exist in the vagina and during the spermatium is to add to the utensils and tubes. Possibly in rare cases the vagina may contain non-seysterogenic bacteria which may give rise to capricious by anti-in-
fec tion, but this is not yet proven. Superfes-
thetic organisms are such scavengers that they swarm
always and could readily be carried by dust laden air into the vagina during manipula-
tions. In any case they play an important part in getting rid of foreign matter, and we must always act on the assumption
that we have to deal with pathogenic organisms.

The stage has now been reached when we must deal with the pathological condition present in cases of frequent infection, found either on inspection, by examination during life, or by post-mortem examination. And now I had to say concerning bacteriological investigations that they have been contradictory and somewhat misleading and unfortunately not in many casesgive results of practical value in clinical work. As again in the descriptions which pathologists give in post-mortem examinations we have to be content by an all grand. We also have too many examples of imperfect description and careless statement, and indeed to relate this also holds true as regards the general habits of the medical profession. Lack of care, want of correct observation, are notoriously frequent in our routine and make confusion a thousand times worse confused. To return to pathological descriptions of frequent infection in glands, for example, each term as chills, fevers, debility and other confused with "pathomia", which one has not the
Slightest knowledge to what condition actually refers to, I have, unfortunately in some respects, seen a number of post-natal examinations upon patients dead from perineal infection. In many cases they were found decorated of the perineum, anterior and posterior vaginal walls, and cervix, endometritis, salpingitis, 


erotitis, thrombo-phlebitis, thromb-sympyisis, para-metritis cellulitis. Sometimes the vagina and vulva become inflamed, and in the worst cases this is inflammation of the placenta and peritonism. Of course in the syphilitic cases abscesses may occur all over the body but I have only once seen a case where abscesses formed on the upper and lower limbs, buttocks, Isles, and that patient ultimately recovered. A very recent paper by Sir Edg. Manting, late assistant physician, Bellevue fever Hospital, New York, appeared in the British Medical Journal for 17th Feb.

1900, and the results of 21 post natal examiniations is given. During eighteen hundred 

17 cases of perineal infection were admitted, 21 proved fatal. The following table gives a summary of the results of the examinations, and it will be observed that in nearly every case the mischief had extended interna.
Directions

Endometritis alone 2 Cases
Endometritis, Peritonitis 2 "
" " Oophoritis 1 Case
" " Oophoritis, Parametitis 2 Cases
" " Oophoritis, Thrombosis 1 Case
" " Thrombosis 2 Cases
" " Parametitis 2 "
" " Thrombosis 1 Case

Extraperitoneal Abscess 1 "

In eight cases (40 per cent) one or both Fallopian tubes contained pus, and in 3 of these peritonitis had occurred. The case showed evidence of a chronic tubal condition, extending and very probably exciting the acute suppurative mischief. The tube was the tube found thickened to any appreciable degree, the appendix was affected in two of the cases, in both along with prevalent salpingitis and peritonitis; in one instance there was single oophoritis, in the other salpingitis and by tension became. As will be seen from the table, nine of the cases had peritonitis.
"
was connected with the placenta, this time occurring in small localized masses just beneath the abradent surfaces of the inflamed partition, and these these few were collected in considerable quantity in the fundus of Douglas. In all it 11 cases, 124 cases had occurred in the abdominal, and superficial muscular coat of the muscular wall being softened or sufficiently elevated. In further advanced cases the whole wall of the uterus was necrotic and perforated. The blackish, dry, adherent usually the small collection of pus is in the muscular wall of the uterus, at or near the base of the placenta. Frequently pus was found in the large veins, in the case being throughout the whole length of the ovarian vein, in a manner progressing from the right uterine, the internal and external iliac veins, and the lower part of the inferior mesenteric. As can be readily imagined, a piece of the uterus may be easily torn off and carried away by the blood-current forming the embolus, or the disintegrated fragments thrown with the intervals may form new foci of disease in all organs. Out of the 21 cases under review, 9 had deposits in other organs—lungs, kidneys, spleen, and liver. In 7 cases parametritis was found, and in those 2 1/2 of these cases there were impending ovary abscesses. Other complications
venous present, especially in the intestines. There may be slight or superficial injection of the mucous membrane due to chronic or ulceration of the large intestine throughout its length. Usually these changes involve only the lower part of the bowel, the caecum, appendix, and ascending colon. In all, 12 out of the 20 cases presented the features of rectitis.

In these cases there were injection and oedema of the bowel membrane. Oedema occurred in eight cases, acute nephritis in five, diarrhea in five, delirium in four, rectal pain in one, subphrenia in three, and spastic arthritis of the knee joint in one. Other observers have noted injection of the lymphatics. The uterus is a network of lymph-spaces and lymph-vessels which finally lead to the lymph glands. Normally these vessels are so small as to be invisible when not injected, but in septic infection they become so thick as to be like small red pencils and may form projections on the uterine surface as large as cherries and full of pus. The uterine vessels, one of the ovaries and the lower fourth of the vagina lie connected with the celio-

official vesicular glands, then join them to the ileo-vesicular glands, and these again are connected with the ileo-colonic ileal glands. So

incisions of the healing of lower part of the
region of reflection and allowed to become detached may become the starting point of general peritonitis. From the few lymph vessels around the uterine infection may pass into the surrounding connective tissue. This disease known as pelvic peritonitis affects the common complication of peritonitis infection and may be due to cellulitis or abscesses and at times by the forma- tion of pus in the leg. Occasionally a patient may die from the violence of the septic fever with very few pathological signs to be made at after death except a dark urine, only slightly coagulable blood, a black bloody fluid in the peritoneum and pericardium, traces of phlegm and gas filling the upper abdomen, and an enlarged soft and tender condition of the spleen, kidneys, and liver. These cases however are rare. Perhaps I ought to define more clearly, what is low heat by peritonitis, what I mean by heat or to understand when he used the expression. It really is inflammation primarily of the tissues of the surrounding the uterus. This is at first a soft, elastic, elastic swelling, then it loses elasticity and leaves a healthy condition or else a firm, long-like mass. Often, however, these formations are usually in the form of small abscesses distributed throughout the mass. The swelling may have various fractions in regard to the uterus.
generally lying festively you on one side, but it may lie actually, a particle or action. Actually or. That is frequent, it may fill the whole pelvis like a mass of flakes of snow. Again, it may fuse upwards the layers of the broad ligament and form a large mass extending into the abdominal cavity and may still further extend in other directions.

Such are some of the processes produced by infection of the female womb and they are grave enough to warrant us urging all precaution to prevent them. These already form an account of the micro-organisms which are responsible for these conditions of affairs. Many have found in the cases in which a bacteriological examination was made—although this examination was not perfect—the streptococcus pyogenes and enteroccus, bacillus coli communis, and other streptococcus pyogenes and others. These are the usual organisms found that observers have drawn instances of streptococci, pneumococci, dysentery bacilli, bacilli felaci, typhoid and tetanus bacilli. As to the cause of infection it has also studied the question of organisms in the body fluid and vagina. The normal secretion is white, of the consistency of creamed milk, mingled
The pathological secretion has a yellowish color. Its reaction may be acid, neutral, or alkaline (Dölling). Balbini says that the genital canal is divided into two parts: the infundibulum, the vagina, and the lower part of the cervical canal. The latter consists of the upper portion of the cervical canal, the uterine cavity, and the tubes. They also explain the liability of the upper cervical canal and uterus to all known by the action of the deposits produced by the cervical mucous, by the mechanical action of the muscular fluid, the ascent of the placenta and membranes during labor, and the stress of the labor afterward. Of all types of bacteria may lead to the cervix or be introduced into it why is unfavorable for them? Apparently clear, the reason is that the human organism is capable of combating these provided the local functions are not disturbed and the vitality of the tissues is not lowered by manipulation and interference. The vagina bacilli reduce the effect of the cocci and bacilli that invade the vagina with the cultures of Staphylococcus and Staphylococcus found that none of them could be discerned after them to twenty-four hours. A very impor
The point gained from his experiments is the fact that if the infecting mixture were administered the infecting mixture were not destroyed by the donkey, but it took the visceral operations from nineteen to thirty six hours to destroy microbites that without the donkey would disappear in from three to twenty four hours. (Rut. 1. Sci. 1841. 2. PP 315). These observations have been confirmed by others. (Rut. 1. Sci. 1842. 2. EVIII).

Ever since the time of Jenner has all the voluminous work that has been done—patient, one after another, accumulating—seems more than conclusively that the infecting infection is due to the introduction of infecting material from without, except in a small minority of cases, and that for all practical intents and purposes we have the, to be on our guard to prevent the entrance of those microbe forms.

And now let us see what symptoms clinically are produced by the entrance and propagation of these forms within the body. From what I have already written it is very evident that there must vary very considerably according to the nature of the germs—pathogenic or non-pathogenic—i.e., the resisting forces of the patient, the condition of the general passages to defend injuries, the pre-existing state of the organs, and
other ethical conditions. There are two universal
symptoms known which are not as obvious of curing
as those in charge of the physical senses, viz., of
temperature and acceleration of the pulse. There
is no doubt in my mind from the study of many
cases that in a normal peripherean fever excep-
tion, an aerophyte fever, as complete the temper-
ate course may be as normal as in a healthy man.
I
have seen dozens of cases with a temperature even
above 98.4° and frequently subnormal. Sometimes,
expecially in a primipara, this may bring the first day
be an elevation from 99° to 100°. In the accidental
from a large number of cases, indicate
that in primiparae the average temperature on the mor-
ing and evening of the first day and in the morning of
the second is higher than in multiparae. As the
morning of the second day, the temperature is such
always as indicated. So I have long held that a temperature above
99°.7 except on the first day is an indication
for keeping a close watch on the case.
The most symptom at an early stage is a
higher pulse rate, and here we must remem-
ber that different women have different normal
pulse rates. I have seen a woman with a
pulse ran 100 for three days after delivery
with normal temperature and no bad symptoms
while the case terminated favourably. But the
patient was nervous, sensitive, too highly educated,
and always more or less hysterical. But there is a
difference between the rapid pulse due to emotion or
done temporary condition and that of acute infection.
In so far that it is not so full how are the evidences
of increased cardiac thieves with the former.
It is of the greatest importance for the obstetrician
to know if the condition that acute infection
can cause a rise of temperature and pulse rate.
I have seen cases where undoubtedly there was other
causes, primary (appendice) influenza etc. Not
naturally considerable anxiety is felt but the
condition declines itself. If so case I have
a very vivid recollection. The lady had been
confined naturally of a still child and soon
after five days in. I saw the case in con-
scussion, and soon after was able to detect
a swelling of the right ovary which rapidly
increased. No specially bad symptoms
declared themselves, however; the temperature
became low, but the pulse remained rapid.
In eight weeks after the confinement I re-
moved a distending ovarian tumour, and
the patient made a good recovery. As to other
causes it seems an undoubted clinical fact that
a phlegmon which goes well will frequently
cause a fall of temperature and an elevation
of headache, and it may be presumed that
pyonemia has been the cause of the elevated
temperature. Whether or not there has been
some specific affection I cannot say, but in
many cases I always on the second day after of the
pus seems to eliminate the possibility of phlegmon
formation. But after all, all the conditions
I have mentioned are not common, and if we can
eliminate them we may safely assume that from
and rapid fever occurring during the first few
days of the pus seems to be due to infection.

The old theory of so-called "Milk fever," is partly
well explained as a reason for prolonged fever
after delivery. Certainly abscess occurring in the
breast will cause fever but this is much later
in the pus seems and the local signs and
symptoms are well marked. Occasionally, how-
ever, when the definite inflammation has been partial,
even a high degree of fever may occur with
little or no elevation of temperature, the rapid
break, similar with the history of the case and
the absence of marked anemia and other causes.
for a rapid pulse will indicate the true nature of the disease. As regards the labor it may be acutely or offensively. In the former case of the temperature and pulse are very high, the prognosis is unfavorable. The after process is violent and general. In cases with offensive labor, the gums are aphthous and the producing decomposition of the matter—piece of placenta, membranes, blood etc. The poison is not in the blood, but acting locally, and if we can remove the decomposing nature, the chances of recovery for the patient are good.
But frequently the affection is a mixed one, and locally, the decay symptoms are the same as both, so that a different diagnosis is not very easy. What we must remember is that the temperature should be taken regularly, night and morning for five or six days after labour, and any deviation from the normal should put us on our guard. The chief cases are those which recur earliest. A fever may become affected a week after labour, but the chances then are that decomposition of the uterus has progressed, the uterus too small, a lesion has been formed between the decomposing and the healthy tissues; the tissue in fact is dead and eutrophic and the constitutional disturbances will not be grave. During the first few days
the condition, favourable to granuloma formation, are at
their best, the surface tense or raw and fresh and
so absorption more readily occurs with consequent
constitutional changes.

With regard to symptoms other than the fever and
rapid pulse already described, they must of necessity
depend largely upon the tissues and organs infected.
There is frequently pain, especially below the is.
Liver and peritonitis. If suppuration occurs in the for
a case the head mass becomes soft, the temperature
little on the typical fever remission and excitement.
and especially fluctuation may be felt. In another
the peritonitis is softer. The liver is enlarged and tender, bein.
The peritonitis causes great tenderness and pain in
the lower part of the abdomen; the abdomen is dis.
Indentation in that region, and the patient lies on his
back with knees drawn up. The temperature
rises up rapidly to 103° or 104°. The pulse is
weak, small, and rapid. Thirst, vomiting, constipa:
tion, passing into diarrhea, rapid breathing are all
terminal symptoms. In a week or two, a mass
of coagulated organs relieve, occiput, tibia, knee
motion along with tenderness and ready formed
adhesions can be felt in the fibrous and lower part
of the abdomen, pressing downward into the forno.
frenzied and stretching the limbs forward and forcibly to one side as well. The leg is usually afire, a little or not at all, the walking usually safe to recession, but leaves its decease, displacement, chronic pelvic inflammatory and as a consequence, disability and liability to fresh attacks. In other cases complete recovery occurs. In others four or more other signs appear, the face eunice, and the walking difficult. In other cases the patient, instead of being localized, is generally on the front. Then again the symptoms are distressing to the patient who lies rigid with knees drawn up, an expression of intense anxiety and pain on the face, the temperature from 104.7 upwards, and usually constant vomiting. The abdomen becomes greatly distended and the patient usually dies. In the descriptions of the clinical aspect of "pumpkin face" as we read them in the older manuals of midwifery there is a vivid description usually of general feverishness. For example in Euchlen's "System of Midwifery" (3rd Edition, 1873) we read "One of the earliest symptoms after the disease has been thoroughly established is abdominal pain... excessively acute, so that the patient frequently complains of the weight of the bed clothes, and it is soon accompanied by more or less swelling, or tense, slippery—
the enlargement being done, in the first instance, to facilitate distension, and subsequently, to fluid effusion which is forced into the cavity of the abdomen. As the abdominal distension increases, which often happens with extreme rapidity, the sufferings of the patient are proportionately augmented. She now lies on her back, breathing shallowly, with her knees drawn up, and exhibiting on her countenance that appearance of ghastly disease which is so painful to witness. The surface and extremities now become cold; the mechanical impediments to free respiration cause something of distress to the countenance; and the symptoms, being otherwise more grave, indicate that the period has been reached when hopes may be well-nigh abandoned. At this period, the abdomen will pain, tenderness, and tension of the diaphragm; and bad for the urinary failure and constipation, the attendants may think the patient was better. The diarrhoea continues at first being passed in bed; vomiting occurs, instant vomiting of a dark or greenish matter, and the patient may now breathe with great ease. The pulse is diminished in frequency, but is otherwise changed for the worse, as is indicated by its thinness or unfeeling character. The intellect generally remains clear to the end, but in some cases, for want of diseases, delirium, delirium tremens, and other similar symptoms, come on before death occurs. This dignified description of death from "putrid fever" is still...
and always will be, a most description of such states.

of death from pernicious fever, these gland infections is

a prominent feature of the case. The secondary conditions

such as pleurisy, pneumonia etc. as will all be

due to the men special phenomena which should not

trouble to detail. As regards the phlebitis, if that

occurs in the case, pleurisy in other cases comes in

and it may be acute or chronic. With chronic phlebitis,

intestines is almost certain to occur in the

organs and the symptoms will vary according to the

violence of the pneuma and the organs affected. Part

ably these will be pneumonia, diarrhea, albuminuria,

and possibly delirium, convulsions, delirium tremens.

This even, pleurisy, in various tions side

and other, splenitis, abscess, and diffuse cellulitis of the

limbs, and elsewhere. Before leaving the question

of symptoms in pernicious infection I must not

omit to say that some cases die at a very early

stage before any symptoms occur other than very high

fever, chills, rigors, unconsciousness, incoherent tone

caution of speech and urine, the latter of which is dark

and highly albuminous. Death occurs in a day or two.

This form of infection must be due to the direct in-

fection of mucous linings on broken surfaces

and is rarely seen nowadays. In the other features

of hospitals it was not uncommon.
In the cases noted by Dr. Harkness as admitted to Belvidere Hospital, but which seemed, the following complications were found: Phlegmone, Periphlebitis, Rectal Abscess, Peritonitis, Extensive Abscess of the Bladder, Extensive Abscess of the Kidney, Extensive Abscess of the Hip-Joint, Extensive Abscess of the Abdomen, Extensive Abscess.

I need not spend any time in demonstrating after the result of the dreadful consequences of small-pox infection that a disease such as this ought if possible to be prevented. Prevention is not only better than care, it is usually easier, and in the instance in point decidedly is. To do so for the most important duty devoting upon accounts of both cases and preventive among all classes is to treat the occasion by preventing it, I shall not hesitate the methods by which this can be done. That it is possible with the records of hospitals from the days of Jennerian till, though as I have shown by the mortality in private practice is still so high that this might be doubted, I do not mean to say that every case of infection during the Jennerian time is due to carelessness, for I well know that this is not so. Prevented inflammation of the tonsil, peri-appendicular abscess, old standing appendix, and other conditions may all produce symptoms, from colitis, but still there the man, and after all be must have every midwifery care as one liable to infection.
from without, and use all the means in our power to prevent that infection. As to that I have already said that if we have change of a case during the pregnancy we refer to treat of priests all sorts of dangers later on, such as pyogenic inflammation, &c. We can avoid inflammation of the lungs passages in men by the injection of pneumatics liquid, and in various other ways conducive to prophylaxis. We shall take care that the expectant and delivery undergo nomaintained in proper order, that strength nerves and muscles are not wasted needlessly, that sufficient nourishment is taken and that species of a suitable character are regularly kept up. In the proper balance of functions is the safeguard against the invading vital forces. As regards the home in which the delivery is to take place, it is necessary that the drainage system should be perfect. Dr. Playfair points out some years ago that defective drains play some part in the production of pneumocele infection, and while I think that it is probable that his cause were of eminence from complicating the pneumocele yet we cannot afford to ignore the dangers to a puerperal patient which may arise from them-gas forming. If we have done all we can to put the patient in the best possible condition for enduring the labour by all the resources I have indicated and by other
which deadly ooze to one's mind such as a terror to the niggers, he must then learn that during the labor an infection should occur. We have just beyond the days even of things with this belief in the role of Providence as a cause of infection, and we must recognize that upon us doctors and their responsibility, not only as regards our own conduct but also the nurses. To begin at the very beginning when we are assembled to a woman said to be in labor we must go prepared with everything which may be needed. In my own case I always make sure that my requirements, the few as antiseptics go, are already in the patient's home. But the midwife's bag in any case should contain, first of all, a hemorrhage and dressing can of linen, though I do not trust to that bag an aseptically wound and boiled towel as well. In this bag we must have, one pair of traction forceps, scissors, needles, silk, sterile corn, and ether, a pair of lancet, a glass catheter, a uterine catheter, a douche which can be used like an ordinary Ewer, hair brush and antiseptics. I have beside of me a syringe, a 存在，a 存在，a 存在，a 存在，a 存在。
Clear from sti, be taken also. I have on the three
time that in my own case among well-to-do
people, I have had the boy's room thoroughly
cleaned, the calfs, after being well beaten, stuffed
into cotton and tobacco, all dépouillement painting
and ornaments removed, the hangings taken down,
the windows kept open for several hours every day, as
the room thermogène is to be taken begins. Of course
among poorer patients, or if there are many boys in
the house, these measures cannot be carried out in
their entirety, but a great deal can be done to make
the room as receptive as possible. Among the three
very poor, it ought to be understood that even
if there is only one room it ought to be specially
clean in view of a confinement, and the bed and
bedding should be as clean as possible. But when
all these preliminary precautions have been taken
and we are well armed for the case, what is
next to be done. Now I may say that of course
there is a vast difference between a delivery in a
maternity hospital and in private practice. I have
had experience of both, having been assistant phy-
cian to the Claparé Maternity Hospital as well
as in my large midwifery practice. I have in my
own practice the frequent occurrence of anything
more than an occasional labour case, but this
it frequently enough in consultation. And yet in many
hospitals the mortality has been lowered almost to
vanishing point, whilst as we have seen the mortality
in state or private work. Garrison tells us
that in New York or other large cities, out of every one
child, sixty-four, or one eighty-nine hundred delivered
in private practice, one dies; that is, up to 1.12 per
cent against 0.6, 0.6, or even 0.4 per cent in the best
hospitals in establishments. Of course it is not so easy
for the general practitioner among the few to carry all
his weight, as would like, to do, and I have great
sympathy with him in his constant struggle against
the Beginnings, the time and liability of his patients, in
his own necessity to treat epidemically after having
dealt from bad many other conditions perhaps all
in the same hour that he attains a confinement.
Then cannot be any direct because that if we
inconscienciously carry out a routine practice and
do so persistently he would have fewer cases of
specific infection and by his example he would
always something towards educating his patients
and their attendants to believe in this fact, that few
specific infection is this, in the vast majority of cases, to
the introduction of infectious matter carried into the woman's
system through unclean hands and instruments. To prevent
it otherwise than that the doctors and nurses exchange the
life of the patient by introducing into the engine a fluid that has not been disinfective. In country hospitals, and in the country at least, the two often look planned and constructed, that they ought to be at any rate a regular rotation in the use of the beds, one bed being disinfective and throughly aired while the other is used. The delivery occurs in a special "labor room" where everything is kept strictly aseptic. Then right to an isolation of rooms, each different from another, having a special doctor and nurses in attendance, and completely shut off from the general wards. The wards, charts ought to have special attention, and should be placed at some distance from the beds, separated from them by a curtain with two doors, so the doctor or instructor should be constantly free. Then right to be a disinfecting room for clothes, mattresses, etc., and the members of the staff should make: fresh air, examining, or handle pathological specimens. We take it for granted that bacteria are everywhere in the air, on whatever and persons, on all surrounding objects, on every thing brought into contact with the patient, and our measures are all directed towards destroying them, or preventing their action. I have said that if possible a clean practice is good, and fresh a room is possible, and in hospital beds we use linens in rotation, this infusing by fresh air and sulphuric acid, chlorbic acid and solutions of mercury, these to be used.
that as regard the patient herself. When labor begins he
has a warm bath, being well bedded in boughed cloth,
in the form and coat, special attention being paid to the
lower part of the abdomen and the pubis. If the hands
are wetted and dirty it is safer to have them washed off.
Then clothe her as fast as, and the husband or friend
is then taken to the labor room and the patient well
washed with 1 to 2000 ptyaline or muriate of mercury. If
it is known that the patient requires a nurse, it is
fixed the patient should be dressed with towel or clothed
and in fact it is foolish to do this in the case of
women patients who may have been lying sixty, closed
or, in great part, labor, in private practice. The same
precautions as regarding the changing of the patient is
necessary as if the patient is poor as the attendant
must trustingly the doctor himself must see after it.
But first of all, of course, he must see that his own
hands are as clean as possible. He then takes down
the shirt and removes any solid part above the elbow,
and the hands and forearm will be washed with soap
and water, particular attention being paid to the nails, and
as to the coat. This should be done for at least
five minutes. Then a bath of warm soap water should be
applied upon them. After this the hands should be
immersed for one to two minutes in corrosive solution
1 to 1000. If before this, temperature followed by delirium
still

since he need an additional precaution come to gain.

be kept that an open is the put on, but in point practice
the is seldom necessary unless any manipulation under
be required later on. In private practice I have seen a patient
with a very vaginal disease. I have never been the necessity for it,
pack I have always believed that "necrogenic mutilation is
and mutilation" he does not wish to remove the bladder
or from the vagina, which as we have seen has frequently
at present, and to have a time for which the bed will
not easily wish but will readily cause abrasions and
injuries. We in hands are stated as clerical as possible
we must leave them in a solution of iodos (isodine)
This is a past favorite of mine, as it is non-poisonous,
makes a better one to as often habitual is required for
the fuses, and is cheap. Here in Scotland we have not
yet attained perfection in abdominal pretension to the
extent of being able to thscape into specific examination.
But we certainly ought to rely more on the latter than
in dog, though it seems to me that certainly our unknown
patients or princesses his head not disfigure into a
knowledge of the condition of the or drum bronze passages.
Perhaps of the misadventure can be made not by abdominal
and palpation and of course in cases of hemostopy
there is no question as to the necessity for vaginal ex
amination. Look at of Dallas has been one of the
strongest advocates of abdominal palpation, having me
over again points out by statistics from the clinic and clinic
practitioner letters. Among the great mortality and mortality in cases
in which vaginal examinations were made, even with the strictest
precautions, when compared with those cases where labor proceeded
without unnecessary examinations. He claims that abdominal
speculation is safer, more reliable and more satisfactory than the eye
and clamps. This opinion seems to be gaining ground for all
newer methods that look short further advance to its discussion.
The woman, in death or labor, lies on her back with the
limbs extended and the abdomen exposed for palpation to
examine cartilage. In accordance, tests beside her, and the
bladder having been just emptied, press both hands slightly
against the abdomen, and by a series of simultaneous
movements which she has described, the edge of the uterus, the
gestation, and the presentation of the child, can all be made
out. These tests must always be carried on, otherwise certain
contractions may set up which interfere with examination for
the time. But in Scotland, anyhow, we all make vaginal
evaluations, and among many patients, a doctor who does
not examine frequently and “help” the patient is considered
highly lacking in knowledge of his work in order to
be very lazy and indifferent. Patient and friends tend
to ask, “When will the child be born?” “Can you not help
her?” etc. She finds the temptation to make frequent exam-
nations leads to return to the vagina and stretched
the cervix is almost overflowing at times. Until then you
is only a matter of custom and education and at present we must be prepared to act as prudently. The cumbrous paraphernalia has to be made, the optimal quantities of the pesticide and the kernels of the rye must be determined. The surge is passed directly into the engine by light, not on the corpse, as we used to think. One thorough examination should then be made, so that if possible all may be detected which is necessary to be known. As far as can be managed, pyre can not be used. I am convinced that these days their use is much too frequent, and leads to slippery slopes to unnecessary lamentation and fruitless mourning. If they must be employed they should be put in a solution of washing soda (a little applied to a quart of water) for five minutes, and then of the seeds are extracted and the patent material will look as though it is required. The pyre are used only in a portion of the kernels. One should be regarded as an evil and should be avoided as far as possible, but if really necessary the instrument should be of metal or glass which has been soaked in the soap solution, and the region of the treatment should be thoroughly cleansed. In the end, until the third stage, the greatest can is necessary that the utmost be completely cleansed of particles, non-uniform seeds, etc., by means of the well known closed depression. Reclaim the same the ridge of leaving anything behind, if the particles are found non-existent, the well then fixed and should be introduced into the seeds and then mixed and scraped off into the ridge. It is a simple point whether or not sight is advantaged during the first
human. I do not think that it is. After the closure is over, the question of draining again has to be considered. Since it may lead to instruments in the wound has been introduced into the ulcerate, if there have been extensive ulcerations, or if these have been a small or piled together, if there has been first part been applied. The ulcer or tumours is to be well treated, repairs are made to a true primary, and an acute and has been applied. Again, I say, before losing the last part of the subject, that as rare than that the drain is necessary to ensure a perfect recovery of the patient, I would emphasize what I said concerning the use of sponges. Sponges do not only serve to prevent from forming, but only that there can start and are unable to produce repairs. If in a given operation, if necessary, the closure of the cells is thereby brought by mechanical violence or if there are the shock applied, and cells are usually excepted to the closure of form and the post-operative treatment which would be adopted or produce increased in terms of ordinary vitality as would be possible with great specificity. During the postoperative bandage, and clothes should be removed at once. The drain should be cleaned twice daily with soap or antiseptic solution, and the dressing changed about twice daily. In the third day the patient should, if he is strong enough, be up in bed for the purpose of anticipation and to facilitate drainage. Before draining by a complete as soon as the wound is clean, do not cause a small amount, a little and clearly lessen, as it gives a sense of cold and much pleasure. When draining is done only if it becomes red is necessary only if the lesion is offensive, if the pain and the contractions of relief, as will be discussed later on.
A reason which largely helped me in working my theories on the subject of puerperal sepsis was that I had been a good deal apart not only in private consulting work, but also that of rare uncommon postpartum in hospital. I held the post of assistant Physician in the Jasper Hospital of 500 patients. During nearly all the time I did, septicemia in milk from cows was not uncommon. I examined the charts several years ago and found that it was rare for a patient to contract the sepsis in the milk, the temperature rising to at least 101.7. During the year 1876 matters became much worse, and in spite of rigid antiseptic precautions being taken and, I think, sufficient care being employed during the labor, a very large proportion of the cases developed symptoms of sepsis. In the course of the year 1876, 400 women were operated on at first, and 30 pregnancies had miscarried in the hospital — altogether 476. Of greater cases there were 152 of women, 16 miscarrying, 26 with fever of labor, 2 cesarean sections, 1 abdominal section for ruptured uterus, and 1 miscarriage. 15 women died in hospital, but not of septicemia. Three women were cut to deliver a live baby, having developed septicemia and of them, one died. But a great many other cases had well marked signs of sepsis, though with early treatment they became well, and altogether the year was a most disastrous one. Two cases were cut in January to deliver, one in June, one in September, and four in October. The occurrence of these last group of cases made a determined effort to stop them necessary at once. No new cases were
Admitted, the bones were completely displaced of pelvis and
sharply enclosed and displacement. I shall give note of two
only of the cases which allow as they are fairly typical of cases
of this kind and while rare. In the first operation, I had it in
truthly the same as my own notes. On the 11th of September, 1876, delivered at 12 at 8:5 p.m. Duration of labor, 17\hspace{1em}23\hspace{1em}23\hspace{1em}74\hspace{1em}5\hspace{1em}55\hspace{1em}6 minutes. Child born alive (formation) male.

The case was brought by a radical means on account of contracted
pelvis, and was in labor on Division. The regnind laparotom was on
side. She had presented with its uterine fundus diametrical lying
transversely or nearly so, right to the right. It became engaged in the
chin to a slight extent but did not succeed in arising. The mor-
ning after admission, Dr. Black performed mesostomy, extracting a living child
after some considerable difficulty in bringing the head through the spine.
Condensation post-partum hemorrhage followed, as ordinarily the
placentas was removed by the hand, and a hot antiseptic uterine douche
given, when the uterus contracted fairly. The pus in the uterus was
complete relief, and few fetuses were inserted. After delivering
the patient had a fever with elevation of temperature to 101.4 °F, but
she passed a formed urine. On the evening of the 2nd the temperature
again rose to 103.4 °F. From then till the 6th, it remained febrile,
so several injections reaching 104 °F and the traditional infusion.
The placentas were passed after the evening of the 6th. The amniotomy occurs
daily since the 4th. His on the 5th it was aspirated with a blunt
flushing catheter. The red of the urinary every 4 hours, 2
ampoules and iodine solution (1 in 10) has injected into the aorta.
The delirium, which the 62d and 63d patients seemed in
the same condition. At 6 a.m. on the morning of the 63d his temperature
was 104°. During the 72d and the preceding night, she had the
malaria, and on the 73d and 64th there was an increase of the
temperature. She was removed to the 64th to Philadelphia, and after
a long illness, with phlegmonous of the right and other similar
symptoms, she was ultimately discharged, arrived on 25 December.
This case of fever may have been infected before admission to
hospital and the blood was examined inside. But in any case we
see what a terrible thing smallpox infection may be, even in a
febrile case. She was suffering from delirium and had headache
and fever, and skin is all the time. The head was uniformly
member. When the body was found in bed, and probably for years she
had the same or similar in his delirium, with a head
fever and rigidity and patient's fever. Another case, by Dr. W. D. A., of a
21-year-old, admitted 23 December 1894 at 3:40
am. had delirium on 21 December, at 5:30 a.m. Blood from veins (very)
positive. Died at 2:30 p.m. Had fever of 30 F. 20 minutes
before one applied at the point of the needle. Death at 2:30 p.m.
for several days the patient had been well, with a temperature
ranging from 100° to 103°. A rapid pulse, and general symptoms
of jaundice. The abdomen is slightly tender, though not tense,
and the general condition to the touch, is particularly so on the
down right side. An intra-abdominal dose was given to the
blood without pain and acceleration of the pulse. On the
other hand the temperature was falling, she had a sudden
rush.
Judge, is slightly disturbed and takes admonition. His other symptoms point to his. The man removed in that they to

residences where he was not removed till 3 April. I have already given a report from Dr. Hay's paper of some of

the cases which dies 21 November. When we made up our minds

that the red state of affairs should and must come, he was

much hindered by the action of the nation who ultimately was

forced to rejoice. Let us praise and thank, it will cost of

some lives, but we have said that an intelligent cooperation of

men in the movement to make the staff is absolutely necessary if

such infection is to be reduced to a minimum. No one in private

practice can make better work for the good that is to come,

and good will of the people, in alike steps of everything correctly.

They know that the infection could not always be conveyed to the patient at the

time of being. We have seen our temperature reduced as nearly as

possible in abnormal cases, and that they are functioning mal-

and in some faulty techniques in the parts of the muscles of

those one then. The symptoms used to be of late and blue and upper

and again after baking. We have told they were baked, but found

that in some cases of they had been very slightly while they were too

out of the basket in which they had been kept away the

oven only once, and lose the quantity and were again. A biological

examination found of two of the so-called black mold

found the presence of black mold. Absence of fat

found as was used which the burned afterwards. A steam treatment

later obtained and to it are just the absorbed cotton. The
towards, and all the other losses and abortion whatever were in con-
tact with the patient. The pictures such as they have indicated
is frequently of the joint benefited by prompt injection as carried
out most rigidly and thoroughly and the results which the in-
formation is most gratifying. Practically, it is abolished and even
after severe operations, the temperature are rarely raised. In all
maternity hospitals throughout the world similar results are being
recorded, it would be untrue to take into many hospitals to from them
the anesthesis, Ferrigues tells us that the following are the heads
of the New York Maternity Hospital before and after the introduction
of a shorter and more effective method of treatment.

<table>
<thead>
<tr>
<th>Year</th>
<th>Deliveries</th>
<th>Deaths</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1875</td>
<td>570</td>
<td>10</td>
<td>1.75</td>
</tr>
<tr>
<td>1876</td>
<td>656</td>
<td>32</td>
<td>4.93</td>
</tr>
<tr>
<td>1877</td>
<td>480</td>
<td>20</td>
<td>4.17</td>
</tr>
<tr>
<td>1878</td>
<td>255</td>
<td>7</td>
<td>2.74</td>
</tr>
<tr>
<td>1879</td>
<td>2574</td>
<td>11</td>
<td>0.43</td>
</tr>
<tr>
<td>1880</td>
<td>147</td>
<td>8</td>
<td>5.37</td>
</tr>
<tr>
<td>1881</td>
<td>362</td>
<td>9</td>
<td>2.51</td>
</tr>
<tr>
<td>1882</td>
<td>421</td>
<td>14</td>
<td>3.35</td>
</tr>
<tr>
<td>1883</td>
<td>447</td>
<td>10 (suffoc.)</td>
<td>6.71</td>
</tr>
</tbody>
</table>

After the new treatment was introduced there
were 102 deliveries without a death which the Ferrigues
says "these appeared almost miraculous". During the last three
years of the next set of letters it will be shown that only 4 died out
of 1057 pregnant women, or 0.37%, and not one of them from
infection.
<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
<th>Mental</th>
<th>Total</th>
<th>From Fever</th>
<th>Total Mortality</th>
<th>From Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>1874</td>
<td>762</td>
<td>5</td>
<td>163</td>
<td>0.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1875</td>
<td>537</td>
<td>3</td>
<td>0.56</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1876</td>
<td>446</td>
<td>5</td>
<td>1.12</td>
<td>0.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1877</td>
<td>297</td>
<td>5</td>
<td>1.30</td>
<td>0.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1878</td>
<td>377</td>
<td>3</td>
<td>0.79</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1879</td>
<td>314</td>
<td>1</td>
<td>0.32</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1880</td>
<td>345</td>
<td>4</td>
<td>1.13</td>
<td>0.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1881</td>
<td>240</td>
<td>1</td>
<td>0.41</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1882</td>
<td>341</td>
<td>1</td>
<td>0.32</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1883</td>
<td>305</td>
<td>2</td>
<td>0.66</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The comparison is very striking and the same results have been noted in every maternity hospital in the land, exactly, as like results have occurred in surgical wards, in which strict antiseptic and aseptic methods are employed. I must now, however, turn to the much less satisfactory subject of treatment. It is, unfortunately, frequendy infected here, and if anyone reflects upon the results produced in the brains by the pathogenic ferment, as I have pointed out the part of my thesis devoted to the pathological appearances, he will readily see how impossible it is to cure when all the body is invaded by them and thoroughly disappear, especially by fever, and I have already indicated in the foregoing text, the pathological is the form to be relied upon, and if anyone reflects upon the results produced in the brains by the pathogenic ferment, as I have pointed out the part of my thesis devoted to the pathological appearances, he will readily see how impossible it is to cure when all the body is invaded by them and thoroughly disappear, especially by fever.
is treated in the early stages by the medical attendant who is
fondly hoping that the rise in temperature and pulse will pass
away naturally in a Day or two. This is the usual folly,
for some early treatment will do good if infection is timely
and in any case can do no harm. We ought then on the
idea of a healthy pneumonia, in which as I have pointed out this
should not be a temperature of over 99.5, certainly not 100°
and we should act as one if the temperature reaches the
latter point. We must not be misled by the condition of the breaths,
by the statement that a "chill" has been taken, or by any
expression whatever. We must not wait for chill, tenderness on
the abdomen, acute colics, temperature of 104° and all the
sudden signs and symptoms. We must take the fact of
a temperature of 100° as indication of pneumonia as I
have said, and act at once. It is quite impossible, with
certainty, to diagnose between pneumonia and septicemia and
though many cases of the former get well naturally still
it is not wise to trust to this happy result. The first
indication is to examine the patient bimanually, though
strongly in this is the last thing most practitioners
are used to think of doing. But who could dream of at
testing every disease without first of all examining the
patient at the spot affected? As one, and yet in
cases of profound infection it is practically done, the
hand may be placed over the pain abdomen, and an
examination made as to the condition of the loins, and that is all.
Probably in the early stage, an accretion is not regarded, but if we are called in at an advanced stage, it is needed. We must endeavour to locate the seat or seats of the disease. At any early stage, perhaps not very much will be made out, but it is not difficult to detect unhealthy looking blemishes and bruises, and to pass the finger into the uterus and vagina. I often run to the practice that the body has previously been well cleaned out, and that the bladder is often regularly emptied, and that the uterus is being kept empty until round about the nipple. We must of course think that all such possible causes of disturbance of the system and life temperature. To return to the constitution and examination made at any early stage. All unhealthy physical or mental state should be dealt with in the pulpyctasis and the treated with chloride of zinc (28 parts water). A partial or complete extraction is the affliction. The attempt must be made to stimulate the parts thus. What is wanted to do is to promote the growth of healthy granulation, which acts as a barrier against infection. Pieces of retained placenta and portions of the uterus give a distinctly putrid discharge, the uterus is large and soft, painful on pressure. The patient does not look very ill, though there are the usual signs and symptoms of infection. There is automatism, but so far not much else and the indication is one of hypnoxia. This is fairly common and frequently becomes cured. Some cases as I have read somewhere it has been allowed to
"Threat Self Out," but that is hardly allowable. The right treatment is to have the patient anesthetized, the vulva and vagina well disinfectant, and the uterus injected with sterile water or a weak solution of salt. The contents of the uterus must be well expelled into the fingers or fingers and all threads of the cervix and membranes removed. If they cannot be reached in this way into the uterus, a blind curettage should be very cautiously and carefully made, and then another杯子 given. The pelvis
of women I always feel clearest abut being, on account of the tendency to increase the uterine in the urine, and if such it should not have a strict strength than I in 10,000. After
this, the uterus should be lightly packed with gauze or a
substitute for gauze left in. The curettage and sucking should
be well done, so that it will never be necessary to be re-
In many cases it is well to have a bacteriological examination made of the secretion from the uterus before treatment is begun and nowadays even in private practice this can be done and the result known in a few hours from some Research Society. A curved glass tube can be passed into the uterus, after careful washing of the external genitals but injury of the interior of the cervix and external os. The patient being placed in the Vain supine, and a glass speculum introdused the latter operation is easily performed. To the outer end of the glass tube a piece of rubber tubing is attached and to that again a syringe, which syringe is preceded and the glass tube filled with the uterine discharge. The tube can be sealed with heat and sealed along and the tube sent for a bacteriological examination of its contents. The knowledge gained by an examination both as regards fungous and the proper kind of treatment to be adopted is very great.

I have now mentioned the symptoms, mode of diagnosis, and the treatment in cases of infection, to general and vaginal cases.
Place the case and membranes. I am sure that if
or when the uterus is empty and there is
nothing else to it to cause rejections, even if there
is a high temperature and pulse rate it is
foolish, useless, and dangerous to continue
after bleeding or intrauterine irrigation. If
our examination shows no indications of
parametritis, pelvic inflammation, etc., the prog-
nosis will depend upon whether or not the
process is going to be long and, whether
or not new will form. As regards treatment,
the fluctuation is felt in the vagina, forming, it is
perfectly justifiable to explore with a bimanual
for vaginism, or if the fluctuation is deep seated
to ask the vaginal waves membrane close to the
uterus and explore into the uterus. If pain is
made out, then there can be no question as to
the necessity of evacuating it as soon as
possible, and I have frequently done this late
very great relief to the patient and all Con-
cerned in the case. It is not necessary
here to elaborate the details of such oper-
ation. When a case is then late is the
perception that may be very little difficult
ly in recognizing the presence of fever.
It may then be evacuated at the point where it is presented above, Paracentesis, or as it is termed. Some surgeons in nearly all cases make their operation an abdominal one, but I do not agree with this procedure. I have had the most

successful results with the former method and have seen patients die from complication after a pro-
longed abdominal operation. The condition, both

local and general, existing in the peritoneum is

quite different from that in other states, and

what might be good surgery when a woman is

pregnant, how peritonitis is not good but

strictly dangerous during the pregnancy.

It is often glad to find indications of the

presence of pus. I have had cases of per-

metritis and salpingitis with general malle

of the pelvic contents together. If pus has

not formed, the patient frequently has a long

fever. Convalescence here the pelvic organs are

left matted, distended and chronically inflamed;

while after suppression, almost perfect re-

covery seems to occur and that at a much

earlier date.

In cases where the periton

eum is affected, there may be recovery without

more than the usual medical treatment,
but if few forms it must be removed. They seem to resemble some off the glandular portion of the urinary bladder, and when it occurs must be removed either by excision or by the abdominal route. Removal of the affected portion of the uterus should be made by the abdominal process most common by far. As regards the question of peritonitis and ascites, which arise from intestinal obstruction resulting of course such a complication must be treated promptly and by surgical means. The medical treatment resolves itself into obtaining regular motion of the bowels, applying ice bags to the abdomen and giving plenty of nourishment and stimulants.

Opium and antiperistalsis I do not believe in and opium has no decided effect in bringing relief. After all it is simply a question whether the patient is the poison end its effects produced in
the tissues can last longest. It is very evident from this study that it is far a
sensible course of inoculation and the results produced
are concerned. Treatment consists essentially in
the recognition and management of abscesses. This
wise treatment resolves itself into keeping of
the strength and waiting. In cases of
pyemia where thrombi are affected and disposed
and abscesses are found throughout the body there
is absolutely no use in paying attention to the
abscesses after the preliminary drainage, but the
abscesses must be opened wherever they may
form. In the recent form of streptococci
the treatment by resection followed by
intravenous or intracellular injections of saline
solution could be tried.

And finally we must consider the latest
method of treatment adopted in cases of
syphilitic infection, that consisting of the
hyphannic injection of serum produced
from the blood of horses into which strep
tococci of streptococci had been injected.
This is another development of the serum
treatment which has proved so successful
in the case of typhoid. Although
The question of immunity to staphylococcus infection had been previously studied. Manson in Feb. 1895 gave the first communication on the subject which was of decided value, while at the same time, Charme and Lange stated that they also had produced an antistaphylococcus serum and had successfully treated a case of purulent fever with it. Since then an immense amount of laboratory work has been done by Abromeith, Anderson, Dobson, Parkinson, Levine, Williams, King, Laron and many others, and a host of cases in which the serum has been used have been recorded. Nearly all of the latter however are quite useless so far as any scientific accuracy is concerned. The clinical observations show that the results obtained by the serum are very variable, and appear to have little effect upon the course of a general infection.

The results of laboratory work are also most conflicting, but it has been satisfactorily demonstrated that the virulence of staphylococci may be greatly increased by appropriate methods. It has not yet been decided whether or not all staphylococci are affected by the serum. It is generally held
however, that they belong to the same group of organisms known much they may differ among themselves. But at the same time most experiments have gone to show that various streptococci in different bacteria behave in a markedly different manner to those tested with antistreptococcal serum. Thus, black, horsehair, and others show that a serum from a streptococcus produced from one disease may be of great efficacy against infection due to that particular organism, but quite inert against infection produced by streptococci obtained from other diseases. Another device tries, but I think wrongly, and if the former statement is correct it will explain some of the few clinical results.

A very laborious examination of cases reported all over the world to date was made by a committee appointed in 1895 by the American Hygienic and Biological Society. It was however not perfect and a number of cases reported (as not reported of course) not mentioned. Still they gathered together 352 cases treated by the serum and found a mortality of 20.74 per cent, while the streptococci have positively demonstrated the mortality was 33 per cent. They also say

"Mammelto claim that his antistreptococci
Staphylococcus

Staphylococcus aureus is a Gram-positive bacterium that commonly causes infections. It is known for its ability to form tough, protective capsules and biofilms. These characteristics make it resistant to antibiotics and difficult to treat. The bacteria can cause a variety of infections, including skin infections, respiratory infections, and infections of the bloodstream. Staphylococcus aureus can also cause toxic shock syndrome, a severe and potentially life-threatening condition. The treatment of staphylococcal infections usually involves a combination of antibiotics and supportive care. However, in some cases, surgery may be necessary to remove infected tissues or treat complications. The committee also considered the mortality of staphylococcal infections, which is generally less than 5 percent, and that such cases tend to recover if treated early and with appropriate local treatment. They condemned cauterity and parathyrectomy in staphylococcal infections of the full term delivery. They also stress that at least one of the doctors considers the staphylococcus non-injurious, even if not beneficial and that therefore it might be tried if desired. The whole report is not astonishing at all. My own experience has been that I have employed the staphylococcus frequently but have very little success with its use alone. Combined with its interesting dressing and in some cases washing, it is not necessary to detect more than one or two.

For J. aged 80 years, from a local station at Warragul. Attended by a most careful and conscientious practitioner who had taken every necessary precaution to avoid infection. When first seen in the month day symptoms of sepsis had decidedly set in. An intravenous drip was given and 30 cubic cm. of serum (lymph) was injected. The temperature fell from 101.7 to 102.0 in six hours. It again rose in late hours and again 20 cc. was injected. The patient improved after this and made
a good recovery. In one case which I saw with Dr. Cline at Rutherfurd, a large abscess opened between the chilles at the point of insertion of the sernum, and after it was opened the most horridly putrid pus was discharged along with decaying shreds of tissue. I had employed antiseptic precautions carefully and must say it was not very happy for a time about the case. A great deal of the soreness and high temperature was caused by this abscess and disappeared whenever it was opened. My experience has been like that of most men. I suppose very bad cases have died in spite of the sernum treatment and milder cases have got better as they probably would have done at any rate. At the same time I have had one or two striking cases, when after injecting the hot dry skin became cool and moist, the dry contest became soft and clear, the chills, sleeplessness and restlessness passed away. In one case which I saw on Saturday night, the temperature was 104°; I used the sernum, and on calling next morning found a temperature of 99° and the patient recognized and spoke to me. She knew nothing of my call on the previous evening. But after all we still
repair it has from bacteria into the same through
investigation of the various forms of Staphylococci, it
must also have from them a more subtle action than
a bactericidal one as 60% have not. The chief
difficulty in this respect has hitherto been the production
of a staphylococcal toxin, for while it is possible
to believe that some soluble poison of a very powerful
nature is produced in the bodies of infected persons,
yet the filtrates of staphylococcal culture have but little
toxic action. It is a difficult point to settle
whether or not the use of the antistaphylococcal serum
as we have it is of any service and should be
continued. If we could be sure of its freedom from
staphylococci, that it would have no bad effect, only
we might continue its use as a possible help in
bad cases.

But after all, the great hope of every
physician is that the necessity for the use of
serum will ultimately disappear. If it is hopeless
after infection is almost nil, the same will some
day come to pass in surgical practice. That day
will not come soon but only honest men who
faithfully carry out the principles of antisepti-
cism and antisepsis in his midwifery
practice is hastening in this time.

The most elegant tool which requires
The earnest consideration of the profession, the free
and public, public bodies, and Parliament is the
fact that so many useful lives are lost every
year in this county by women being attended
during their confinement by midwives ignorant of
midwifery. Every man who practises obstetrics
or gynaecology and the care of female
patients, child illnesses, left by midwives for
the shameful ignorance of midwives. The
proper training and registration of midwives is
absolutely required, and it should be a penalised
office for any woman to call herself a midwife
if she has had no training. The Midwives'
Registration Bill has been presented before
Parliament to make it a law, and I cannot well understand
why any objection should arise from the medi-
cal profession. If, as is the case in Amer-
ica at any rate, many midwives are in
active competition with the midwives and at
least those for 7/6, it is time that a full
legislation out of the ranks of the profession
was begun. Emigration and insurrection
would be better for a country than to
allow between 4000 to 5000 mothers in
Britain to be slaughtered annually. For
The fact is that men who undertake hundreds of cases annually for from 7/1 to 15/ each leave a trail of death and disease behind them, as bad as to the indolent midwife. Nor can
not altogether blame them. The fact is due to many causes, but which one cannot be told to
nurses. But the fact remains that under
fragment and ignorance are the two great
Causes of the slaughter of the mother which is
going on every day. The County Council could,
it seems to me, give a good enough Salageh
a teacher who would instruct classes of midwive
and nurses in county districts, and
the town councils could do the same in the
towns. The fees which well trained nurses
at present demand are altogether beyond the
means of laborers and artisans, and another
class of well trained Hardy women is needed.

Besides that, every wife and mother in the
former classes ought to know something about
nursing, and again small maternity hospita
tals should be established in a great many
districts. They for a small fee Insulate
women could be confined in safety and comfort.
There are times of the year which would help to 
diminute our frequent mortality and when the 
knowledge that it is almost absolutely prevent 
able in some widely distributed they will all be 
carried out, and a brighter day for fortunate 
women will have begun to dawn.

It is impossible to mention all the latest 
and important in the preparation of this treatise. 
Some of it was written long ago, and, especially 
the historical reviews, and the books of them 
had been, some of them, passed out of my 
possession. A great deal of the treatise 
is, as it is written, the result of my own 
observations, experiments, and reading for the 
last fourteen years. Hence I shall give 
me full a list as I can.

The letters and dates of the older books have 
been already noted.
A System of Medicine, D.L.Kirke, 1870. 
Test Book of Medicine, Krieger, 1839.
A Lecture on Gynecology, Albert v. Flegern 1876
Operative Gynecology, Kelly 1876
First Book of Obstetrics, Charles Dickens 1877
Gynecology and Midwifery, Kelly 1877
Henry Trench's Obstetrical Practice, Morton Smith 1876
Treatment of Pelvic Inflammation, Bayley 1879
Puerperal Mortality, A. J. Williams 1876
Puerperal Infections etc., (Ann. J. of Obst.) 1878
Bacteriology of the Vagina and its Practical Significance, W. C. Williams 1878
Parturition, Parkes 1878
Diseases of the Female Pelvis, Joannon 1878
Schleichterbrust, untersucht von m. Grochowsky 1874
Obstetric Anaesthesia. Stratton 1878
Puerperal Fever. A Practical Treatise. Colebatch 1881
The Lord Mayor's Mortality from Puerperal Fever in England and Wales 1877
Black 1878
Analytical Account of 57 Cases of Puerperal Infection, Tschirng 1880
Le Rنشر Les Antitoxine Gynaecique, Wannemuller 1885
(Compte-Rendu de la Soc. de Med.)
The Value of Antitoxine Gynaecique, Wannemuller 1889
(Compte-Rendu de la Soc. de Med.)
The Treatment of Puerperal Infection, Gynaeceum, Ann. 1879
(From Ann. Eqn. Soc.)