Our Complications of the Puerperal State

Though the title which I have chosen for the following is rather vague one, yet I could not fix on any other which would convey my meaning at least to myself; I intend the term puerperal to include both Pregnancy, Delivery, and that state following these until the full return of the Mother to health; while by complications, I mean all those deviations from health occurring after the process of Child-birth, depending not on disease, but merely on the overtaxing effects of a healthy vital process, as well as those abnormal departures from health which constitute what is called in common parlance, Disease. Were health ends and disease begins, in any case it is not easy to say, for we can define neither of them, at least in a useful manner, and it seems to me that these terms, are in reality, explanatory of a difference, not, in kind, but in degree merely.

In fixing upon the very complex subject, or series of subjects, which I have done it was from an innate convictions that all the symptoms
symptoms having any connection with the usual accompaniments of this period of female existence, should be studied by every one who intends practising the healing art whether as a Physician, a Surgeon or an Obstetrician; for every one may, at some period of his life, placed in such circumstances, that a proper interpretation of the case may lead to his advancement, while ignorance may ruin his reputation entirely.

To enter fully into a description of all the ills that flesh is heir to at this period, would be almost impossible; all I can pretend to do is to give a short account of their causes, symptoms, and treatment, such as I imagine is most in accordance with the views of the practitioners of the present day. The complications on the part of the Child, would be so numerous and important, that they could not be taken except by themselves; therefore I intend merely to consider them most important disorders on the Maternal side only.
Convulsions are a frequent cause of Puerperal complications; they are of three kinds: Epileptic, Apoplectic, and Hysterical.

The Epileptic form, comes on usually when the foetus is fully dilated, and the head passing through the external parts, each fit being simultaneous with the other, during one of which the child may be born, under which circumstances it will probably either be dead, or die soon after.

These fits are more frequent in first labors; some states of the atmosphere also seem to predispose to them; Oedema seems to be often connected with a form of Dyspepsia chiefly affecting the upper extremities. The symptoms are, a fixed expression of Countenance, dilated pupils and distorted eyes; twitching of features especially of the angles of the Mouth; respiration becomes in- 

...ed and accompanied with a hissing sound; the Neck and Face become turgid and the Convulsions commence; during these the muscular contractions are exceedingly powerful; a quantity of foam issues from the mouth, often mixed with Blood from the Patient having bitten her own tongue; the Urine and Feces are often passed involuntarily; in

favorable
favorable case the patient is not wholly insensible, but sometimes the breathing becomes stertorous, and the patient lies in a state of profound coma between the fits; in these latter cases the prognosis is in favor of a fatal issue. Sometimes these convulsions are dependent on an Anæmic state of the system connected with flooding; but in the generality of cases a condition of Hyperæmia exists. Hence on the right diagnosis of these varieties depends the treatment. In the Anæmic cases Bleeding may be had recourse to, and used pretty freely; during the intervals Colomel or Nitro-oil may be given; the Kidneys acted on by Acetate of Potash; cold affusion should be applied to the head; and the system should be depressed by Tartrated Antimonny. Some practitioners also advise diuresis: spasmodyc emetics, but they are contraindicated except in Hysterical Convulsions. In the Anæmic form the system must be kept in Bloodletting, and in this case Opium must be our Remedy. If the passages are in a fit state it is well to deliver as soon as possible with the forceps; if not however we must close by the Log forceps, by turning or by Enlargements; but in the Convulsions should have Comme
come on before Labour, we should not incur it at least unless they arise from over-distension of the Uterus; or the life of the Mother is in imminent danger, for the average mortality of children from this cause is one in every two cases, that of Mothers one in four.

Apoplectic Convulsions are usually due to the rupture of one of the Cerebral Arteries; they commonly take place in the second stage of labour and in persons hereditarily predisposed to Aphy.

Apoplexy, and are usually rapidly fatal; they resemble a severe apoplectic stroke, showing no dis.

position to return, and presenting all the usual phenomena of Aphyplexy; there is not often much op.
portunity for treatment, if any, much the same as that for the Epileptic form may be had become to.

Hysterical Convulsions are the most easily dealt with; they are not dangerous in most cases; they commence with a fit of laughter, slight dilatation of the face only, if any at all is present, and the same with regard to Coniaciones & foaming at the mouth; a peculiar twinkle of the eyelids is often present; they usually come on before the

Seventh
Seventh Month; all that requires to be done is to give slight purgatives and antispasmodics, either by mouth or arms; perhaps Caster oil and Aconite would be as good as any; one ounce of the first to half an ounce of the Tincture of Aconite, given as an Eau maj; during the convulsions the patient should be left to her self, as there is not any fear of her doing herself any harm as in the Epileptic form.

Hæmorrhage is too frequently an attendant on pregnancy, and may come on at any period of labours; if before the first six months, it usually portends abortion i.e. expulsion of the Fetus before legal viability which is fixed at six months; or it may take place during the last three months and first two stages of labours when it is called Unavoidable Hæmorrhage; or during the time between Birth and Delivery, then called Accidental Hæmorrhage; or after Delivery, Part. Partum Hæmorrhage.

In the first of these cases, unless the Hæmorrhage is very profuse, our duty is to prevent miscarriage if possible; enjoin strict rest in the supine position, and restraint interior action by the use of Opium Draughts.
Draught or Expectorant; or if the Patient is unusually Phlegmatic, Bleeding may be conjointly to the Opium; if the Haemorrhage be very profuse, that is, when it begins to produce marked constitutional symptoms; Ergot of Rye may be given in full doses, and as the chief objection to this Drug is its poisonous action on the Child, which in this Case has no weight, if it promotes the contraction of the uterus it must assist in stopping the bleeding, at the same time however the Vagina may be pluged, with a cloth handkerchief or other article; it can be taken not to leave one plug in, for more than Twenty-Four Hours, in case of the Accomplication of the Blood & Discharge.

The second form, or that consequent on Placenta praevia, is, where the Placenta is attached more or less over the Os. Uteri, is one most fatal complication of the Process of Delivery; the first push of Blood may be painless; it is caused by the acc.eration of the lips of the Os, when the Uterus commence to enlarge laterally, after the first contraction; and at each contraction of the Uterus there is another push of Blood, which according to Professor Simpson is entirely Venerous, and comes from the Linings.
of the Placenta. The treatment is of two kinds; first, 
Palliative, which is effected by placing the pa-
tient in the Recumbent posture, and insisting on 
perfect quietude and abstinence from all stimu-
lants; the apartment must be well ventilated, and kept cool, 
and a blanket to be used against cold. Opium may be 
given so as to allay the uterine Contraction, and a 
Astringent and Refrigrant may prove useful; in 
some cases an obstetrical plug may have been used but 
this does not seem to be a universally followed 
practice; and a constant watch must be kept 
until the full separation of the Placenta. The 
Radical treatment is to be had recourse if this lat-
et mode fails; by rupture of the Membranes, 
artificial delivery of the Child by Turning; this 
last Professor Simpson says is only required in one 
out of six cases, Rupture of the Membranes being 
sufficient in the other five cases. Care must be 
taken as to the suitable time for operative inter-
vention, which must not be entirely regulated by 
the recurrence of the Pains, but by the state of the 
obstetrical passages, by the danger and strength 
of the Mother, and by the previous quantity of ha-
morhage. Should the Placenta require to be wholly 
detached
detached from the mother, the life of the child may be preserved by immersing the irritating organ in a jar of oxygen gas, or in a solution of chloride of boric acid which serves, from its effect in restoring the bright colour to dark blood to have an action on it similar to oxygenation.

Accidental haemorrhage may occur at any time of pregnancy, or at the commencement of labor, and is due to a partial separation of the placenta, though it may be in a normal position; it may be brought about by various circumstances, as any small amount of exertion or some internal injury, e.g. blow, fall, &c. or, in cases of great plethora, even an ordinary act such as coughing, sneezing, or the like, will be enough to produce it.

A material point of diagnosis between this and placenta previa, is the fact, that in this pains are simultaneous with the cessation from bleeding; and in making an examination per vagina we can feel the smooth bag of membranes presenting while in the other we feel the rough and spongy mass of the placenta. The treatment is, if the full term is not complete, to restrain the bleeding until the full time, by the administration of such remedies
Remedies as Acetate of lead and Opium pills of the strength of 2 grains of the first to 3 grains of the second, but on the other hand, if pains have set in, we must also stimulate the uterus to action, and rupture the membranes, which is one of the easiest modes of stopping the bleeding, as well as of hastening delivery.

We still have Post-partum haemorrhage to consider. This is bleeding going on after removal of the placenta, there usually is some bleeding at this time but when it begins to affect the system we must interfere at once. The haemorrhage is intense in quantity and is arterial, what the cause of it is, has not yet been distinctly explained, but it can generally be traced to a want of contractile power in the uterus. One of the chief symptoms is thus described by J. Churchill: "In almost all cases of flowing after labor, when I have had an opportunity of examining the pulse, up to the time of the occurrence, I have found it remain quiet, and perhaps full, after delivery. This has been so marked in several cases, that I now never leave a patient so long as this peculiarity remains, and in more than
"one instance, she believes the patient has owed her "safety to this precaution". Now in a case of this post-partum flooding, it is of importance to be aware of the symptoms so as to be prepared for usually, not much time allowed for any consultation. Treatment to be of any use, must be energetic and immediate. Ergot may be given, and in large doses, even as much as two draehms; the uterus must be stimulated to contraction by friction. Cold affusion to the abdomen; large doses of Brandy must be given to keep up the strength of the patient, and the child applied to the breast; in one case Mr. J. Campbell injected hot Turpentine into the uterus with success, and as a last resource, transfusion may be attempted.

A very dangerous complication may be met with usually in Multiparae during the third stage of labour; I mean Inversion of the Uterus. When this has happened, in place of the firm rounded tumour formed by the Hymenohilum, we find a cup-shaped depression of greater or lesser depth, according to whether it is a partial or entire inversion.
The cause of this lesion may be of various kinds: it may be caused by mechanical traction on the Cord for the purpose of separating the Placenta, or by marked contraction of the Umbilical Body, combined with relaxation of the Genu, Uteri. The symptoms are a feeling experienced by the Woman as if another Child was being born; followed by Vomiting, Acquamation, Erythema and ending in an inflammation process as in Chronic Prolapse of the Uterus. This Tumor should be reduced as soon as possible. There is some difference of opinion as to whether the Placenta should be detached before or after reduction. I suppose the only reasons pro and con are, that if the Placenta is returned with it, there is risk of the same thing happening again. While on the other side it may be argued that, if the Placenta is detached, the bleeding will render the manipulation requisite for reduction extremely difficult. In performing this operation we proceed as in Hernia, by returning the neck first; after it has been effected, we should stimulate the Organ to full contraction before removing the band, if repeated attempts fail in our object we ought to...
to treat the case as one of Common Prolapse Uteri
by strict rest and the employment of Retracting
injections.

Rupture of the Uterus, fortunately, is of
rare occurrence, and when it does occur the
usual seat is near the Cervix; this may be oc-
casioned by injury or disease, during pregnancy,
and by direct injury (as by Instruments), or by
incoordinate contraction of the Uterus joined to a
diseased or unfeebled state of the parts, or System.
during Labour; in some cases the rupture may
only be partial, not going through the Peritoneal
Lap; while at other times it does perforate it,
the Uterus escaping into the Cavity of the Peritoneum.

Should any suspicion arise in our minds that
such an occurrence has taken place, we should
do our utmost to promote delivery; or else res-
train the pains; the former however is the pre-
ferable line of treatment. This is almost always
fatal; for even if the Woman does recover the first
shock she is likely to succumb to the Peri-
 stomitis which usually supervenes. The absence
of Ergot has in some cases caused this milder
which occurs about once in 600 or 700 cases.

Strictly
Strictly speaking what is called the Fever

and the state which follows Delivery, du-
during this period, lasting as it does for a variable
length of time, there are many Phenomena observed
which, in themselves harmless and easily con-
trolled, are warnings to us to look for something
very far from health, and, frequently, fatal to the
sufferer. These symptoms therefore we ought care-
fully to study, that these Cautions which they
give us may be quickly and accurately interpre-
ted and the requisite indications fulfilled.

According to the Kind of Labour which they follow
whether easy or difficult, rapid or tedious, will the
severity of these symptoms vary in most cases; and
they present just such an appearance as would
be expected by any one who had attended even
the most easy case of Labour; for the extreme
suffering evinced by the patient, and the great
exhaustion observable to be felt by her in the inter-
vals between the pains, would lead us to the idea
that the amount of Lactitude, or the Completion
of the Process, would be extreme, and so it is.

Fortunately for both Patient and Practitioner
we now can moderate the pain of Child-Birth by a

Rope
safe and not unpleasant remedy, I mean the induction of anaesthesia; and of all forms of producing this, whether locally or generally, partially or completely, Chloroform certainly in the most suitable for it is carried in small compass, does not usually require any assistance in administration; its quantity is easily regulated; and, in general, it has no disagreeable after effects. Still, from either moral or medical objections, whether on the part of the some Patients or the Physicians, this invaluable remedy has not come into such universal use in Obstetrics as it is hoped it will ere long do.

The first symptom of this state is as stated above great Exhaustion, with a tendency to Rigor; the pulse is in general low, this condition is often aggravated as much as to end in Collapse. In two or three hours state of Reaction ensues, moderate or violent in proportion as the last stage was mitigated or increased in severity; the pulse rises Considerably and the skin is hot; should the pulse however remain for seven hours or a hundred we must be on guard; should all go well however, we find the absorption of the

Uterus commencing; the circulation becoming, with efforts, better, and is about life or seven Weeks to the process.
is complete. During all this time the lochial discharge is going on from the uterus; this first consists of blood more or less bright coloured; then threads of mucous membrane are mixed with it; the fluid then becomes serous and lastly a few pus globules are mixed with it; normally this stops at the end of the third week. The secretion of milk has been going on also from the first day after delivery; "it is yellow in colour, and may be seen to contain globules more variable in size than those of adult milk" mingled with a greater or less number of compound granular bodies. These latter ought to disappear in the human female on the fifth or sixth day after parturition but occasionally they remain when the milk must be considered as unhealthy. In some cases I have seen them abundant colostrum six weeks after the birth of the infant. The blood of the purpureal female, like that of a person suffering from albuminuria, is loaded with an excess of gelatin and serum.

The management of this state is usually simple, while the patient is suffering from cold rigor, warm drinks, avoid stimulants, if possible, but if they seem absolutely necessary, a small quantity of chloroform say 1/2 or more suspended in amylolage, or a small quantity.
Quantity of Wine, with Nutmeg or some other warm spice, given along with the warm drink before mentioned, will add much to the patient's comfort; as will also hot hot-water bottles and extra blankets unless contraindicated by any hemorrhage; the diet had better be farinaceous till the secretion of milk is fully established. When it may be advisable more nourishing; while the feverish condition exists nothing can be better than giving her plenty of ice or iced water; the bowels should be gently moved (if they have not been so the day before delivery) by a slight dose of castor oil, say half an ounce; but purging is not at all desirable; the state of the bladder must be attended to; and the child should be put to the breast or the breast pump applied.

But in addition to these, which are quite natural phenomena, we have some aggravations of them, which if not actual, presumed conditions are only on the confines of health. Such for instance is Retention of Urine, which is a common result after a first labour, and unfortunately is all too common in subsequent ones; it often happens after sedans or instrumental labours also; and it is probably due to engorgement and swelling of the...
external parts from continued pressure. It is best, at first, to try if change of position will effect passage; the recumbent posture being the worst possible for this purpose, the patient should be directed to raise herself on her hands and knees, and if this has not the effect we must have recourse to Diversities such as Spirit of Nitric Ether or Aqua Acetate Ammoniae; with, if there is any suspicion of spasmodic structure, the liniment of Muriate of Iron in doses of \( \frac{m}{X} \) or \( \frac{m}{XIV} \) every ten or fifteen minutes; its effects here are said to be due to thehausen which is recusious; the cathartic must be last taken to.

The Lachial Discharge may become disordered, either in quantity, or quality; it may cease suddenly at the end of two or three days, depending either on some mechanical obstruction, or on some inflammatory process, which is often the result of the birth of a stillborn child and usually need occasion no alarm; if the inflammation be high, however, we may suspect the advent of Periuterine Fever. On the other hand the Discharge may be excessive or without being so, it may continue longer than is normal; in these cases it is often accompanied by a discharge of blood and is attended
attended with much delicacy. Obviously, we ought to check the discharge which is done by giving the Lead and Opium Pill (925) or Gallip Acid in 925 or 920 doses; and if there should be much weakness present, a mixture of Sulphate of Quinine 925, Dilute Sulphuric Acid 37% and Infusion of Quassia 37%. This take half an ounce three times a day. Ergot of Rye is advised by some practitioners; but as this remedy is not a universally approved one, I think that if we can do without it, it would be as well. The locoacid discharge may also be offensive in odour, and in this case the Chloride of Lime, as it is called, should be used as an injection 925 or XXX Agua 37%.

A troublesome inflammatory state of the system, known as MEEL=TEER, and depending on the constitutional disturbance caused by the distension of the Mammmae from the secretion of their proper secretion is a frequent attendant upon this period; it is always present to a slight extent, and often simulates Commencing Puerperal Fever. But if such suspicion should cross our Brain, or by examining more minutely, should we find that the Mammmae are hard or distended, that they contain

Still.
Milk, and that there is no abdominal tenderness, we may altogether dismiss the impression from our minds, and proceed to the treatment of the mild affection which alone is present, which is to give a slight laxative and Diaphoretic, and to apply the Child to the breast. This engorgement is also apt to predispose the Mammas to an inflammatory process, which may be excited by any mental emotions or exposure to cold; it is phlegmonous in its character, and is accompanied by great constitutional disturbance; it may end in suppuration, or resolution; when it ends in suppuration, this is very considerable, tending to burrow among the deep tissues, and form troublesome sinews, often destroying the gland for further use.

The treatment should begin by Leeching and aspiration, along with saline purgative, and Tartar Emetic as a diaphoretic in doses of from 1/2 to 2 of a grain taken repeatedly, or given as a substitute for launier Powder; thus, Tartarized Antimony gr.1/2. Sulphate of Bitch gr. XX. mix; gr.1/2 ad gr.1/2. every hour. Then Poux has formed, it should be let out early, and can should be taken to cut parallel to the Milk duct; if linseed form, they should be laid open, or treated with stimulant injections.
At one time, when it was the custom to treat Perinatal patients with stimulants, as it is yet to a certain extent, among the lower orders, and also to cover them up with bed-clothes to an unnecessary degree, a form of Fever, known as Perinatal Military Fever, was very common; it is not so much seen now: days, and, when it does occur, is usually seen in those ill ventilated houses of the poor, or often met with in practice in our larger towns; it makes its appearance in the form of Vesicles, usually seen first on the face, head, and accompanied with Rigors and considerable headache. The first indication is to ensure proper ventilation and to give Purgative and Tonic; while the patient should be carefully guarded against taking Cold.

A form of Fever, too considerable to stint stimulating Ague, both in its symptoms and in its having a tendency to recur each day, is known under the name of Tephreal Fever. It commences with Rigors, much more severe than the state of the Ague would lead us to expect; and these are followed by a state of profuse perspiration. The line of treatment is to moderate the violence...
violence of each successive stage; thus, during the
Pyrexia we give warm drinks; during the perspiring
stage we give Diaphoretics; and since there ad-
vised cutting short the attack at this period by
the administration of Spermacochna as an Insectic.
Should there be any tendency to the recruiunt or rather
intermittent type, Quinine may with advantage be
given as an Antiperiodic.

M漠eral Fever is one of the most fatal
complications which we have to deal with; so much
as that the annual Mortality in Great Britain alone
amounts to about 3600; in first labors it occurs
1 in 113; in after labors 1 in 259. It is a highly
contagious disease; and is remarkable from the
fact that it may be produced from other dis-
cases beside itself; the Contagion may be com-
unicated from one patient to another by means
of the Medical Man or attendants; or if the Per-
ations should have been previously at a &e of
an Erysipelas patient, or by means of the
air of a crowded hospital Where there is the malady
present; it is also curious that attendants on a
patient affected with this Disease are peculiarly
apt to be attacked by Phlegmonous Erysipelas; and
all inflammatory fevers, such as scarlatina and typhus, if they occur after delivery are prone to assume an unusually malignant form, resembling the Perpetual Fever; it bears also a marked analogy to Pyæmia or surgical fever both in its symptoms, post-mortem appearances and supposed Pathology as well as in its treatment. This Fever is met with in two forms: Sporadic and Epidemic; it commences by a sense of languor and oppression for some days after confinement, followed by severe Rigor; in many cases there is abdominal pain, either constant or only experienced on pressure, but this symptom is not constantly present; the Lachrymal discharge may be suppressed or otherwise altered, but in many cases there is little or no change; the Pulse is usually rapid to a degree, sometimes rising slowly, sometimes rapidly, but a rapid pulse must not be set down as Pathognomonic of this disease, as in irritable patients it is frequent even after ordinary labors; there is great frontal pain and restlessness; the Urine is dark coloured, dry; the Villi are prominent; there is profuse perspiration, but this is not any indication of a Crisis.
for it lasts much in the course of twenty-four hours; the chill if previously secreted, is suddenly arrested; if not, it is never formed, vomiting is pretty constant; in some cases we may have diarrhea, the stools being very fetid, but in others there is constipation; as the disease advances typhoid symptoms set in; secondary septic inflammations spring up, causing death of matter in distant organs, as well as those more immediately concerned; the respiration becomes labored and bluish; Leukocytosis tendinum, and the facies hippocratica, announce to us the approaching fatal issue. The symptoms which suggest most powerfully to us a fatal termination are the want of abdominal pain, little change in the lochia, a very rapid pulse, and delirium if it should occur.

The most frequent postmortem appearances are: Considerable effusion into the peritoneum, if a seropurulent fluid; the cavity of the uterus is lined with a quantity of lymph or pus, often assuming an unhealthy almost gangrenous appearance; while deposits of matter are found in the walls of the uterus and in its veins as also in
some of the joints, and a peculiar affection of the Orbit leading to total destruction of the Eye is mentioned by some authors.

Now in comparing these appearances with those of Pyæmia we find a considerable resemblance; we have the exsanguinating surface, which seems to be necessary to the establishment of Pyæmia, tending on a prey unhealthy action; corresponding to the appearance of the Ulcers above mentioned; and the Deposits in other Organs are fully as frequent as in Puerperal Fever, especially in the Parenchymatous organs such as the Lungs. Linnaeus. Some object to the explanation that Puerperal Fever is a disease of the Blood on the ground that if it was so the secondary lesions would be more generally spread over the body and not be so strictly localized to the Abdominal Pelvic Organs; but, if we consider that the Utérus and its appendages are much weakened at the time of Confinement and after it, and on that account more liable to the effects of morbid actions, the theory is not I hold at all irreconcilable.

But if it is a disease of the Blood in
What does the disease consist of? It is declared by some authors that it is due to the admixture of pus with the blood; but it is very difficult, if not impossible, to decide whether the globules seen in the blood are pus, or merely white blood corpuscles; and if they are pus it is still not very easy to account for their entrance into the fluid, because they could only enter by an abscess opening into a vein, as they are too large to enter the absorbent vessels through their walls, which will only admit liquids; and again Mr. Lee of London has shown by some experiments that by injecting healthy pus (diluted certainly but still so that he was sure that some globules entered) into a vein, hardly any ill-effects were occasioned, while by the serum from decomposing mucous a Typhæmic state of the blood analogous to the one in question was induced. Certainly pus might also be got into the blood by direct absorption from the open extremities of veins ending on a suppuring surface, and thus, leading on to supplicative phlegmon or to capillary obstruction, might give rise to an asthenic form of inflammation, which a person in a weak state
state could but ill tolerate; but Professor Virchow, of Berlin, denies that these bodies are pus globules at all, he states that they are merely masses of decolorized blood, which being carried along in the circulation, act as Emboliems in some of the distant organs. and as certain of these are prone to suppulsive inflammation, that action is brought on in them, and a true Pyogenic resolution being formed. extends itself away without interruption.

Now when we consider the circumstances under which Pyaemia and Puerperal Fever prevail we will find that they are almost entirely its cause. for Pyaemia is most common and fatal in crowded Army Hospitals, especially if there is community of dressing, and also in hospitals where the infected material is improperly handled; in addition to this, shattered constitutions are more apt to be affected with it. And if we now look at the other malady, we find that it is common in crowded sick in hospitals, in cases where the attendant does not pay proper attention to cleanliness or at least to precautions for warding off infection, in the vicinity of hospitals, and in the weak state of health consequent on confinement. Therefore...
it is, I hold, not very unreasonable, to suppose these diseases to be modifications of one and the same infection of the blood; what this is due to, it is hard to say; but probably it is owing to the admixture of some putrid suppurative (though not purulent) matter, with the circulating fluid, which, in the peculiar state of the blood, acts as a ferment, and, not unlikely, may multiply itself.

The yeast plant does in ordinary fermentation, by thus inducing exchange in the blood and perhaps lowering its vital power, it may also diminish that property, which the different textures of the body possess of withstanding morbid actions, and so predispose them to an Acute or slowly inflammatory, of which the exciting cause may be their own decomposition or softening: just as in the tubercular deposit, we have them breaking down and exciting suppuration as an effort of the part around about, to get rid of an obnoxious material.

Such a disease then as Puerperal fever occurring as it does, sometimes in a form characterized by high inflammatory fever, at other times as slow Syphilitic fever, cannot be treated by any other than general principles. The following are the indications
Indications most generally to be followed:

First: To restrain local inflammation; which is best done by applying Lecche to the abdomen; as also Turpentine fomentations, Belladonna and Spirit of Sodine; Venection is not expedient as it lowers the patient somewhat, and should it fail in preventing the attack, it will be apt to render him intolerant of the Disease.

Second: We must restrain the hectic action which represent by Antimony, Digitalis, Chloroform, Chloride of Natron, vinidea.

Third: "Tiegolate" the patient i.e. put her into such a state that her strength may be husbanded until the Disease give way; for this purpose we shall give large doses of Opium, to prevent her feeling pain; purging is contraindicated but the bowels should be cleared out by Enemata.

Fourth: Deprurate the system as to get rid of the matter which exists in the Blood; for this purpose some propose the use of Spermaceti in Vacuum glasses (90:1); others order a Composition of the Antimoniate and Antimonite of Silver, as a Diuretic perhaps the best is Turpentine as it acts as an Aperient and Stimulant as well.
Fifth; we must support her strength, by means of nourishing broths, Wine, and other stimulii.

Puerperal Mania, is one of the most distressing forms, of the affections incident to this period. It occurs for the most part in those hereditarily predisposed to Insanity, and may show itself in the form of melancholia, or of acute Mania; it may occur at various periods after delivery, and when it takes the form of melancholia it is not dangerous to life (if the pulse be below 100) though it degenerates into Religious Melancholy, destructive in many cases to reason; the other form, especially if attended with Fever, is usually eminently dangerous to life. In this disease the Urine, at least during attacks, is always highly albuminous, and probably this combined with sleeplessness and restlessness are the premonitory symptoms. On post-mortem examination the Membranes of the Brain are found thickened, + effusions of Blood and Serum may be found throughout the Encephalon. If we can find out the exciting cause, we must attempt to remove it: this may be, the effects of overfatation; or exhaustion from profuse Haemorrhage; or it may
may proceed from intestinal derangement; they must of course be treated as separate diseases; if there are symptoms of Pneumitis we should yield and apply cold to the head, increase the circulation of the extremities, and depress the faecal; get the patient to sleep under the influence of Chloroform or Opium; alloy the irritability of the nervous system with Black Sella-bane which is of advantage as it also acts as a purgative; guard against all attempts at suicide; and keep up the strength with Stimulants, good diet, &c. It is well to endeavour as soon as possible to restore the catamenia, as many patients recover immediately on their recurrence.

By the term Pilemnea dolosa is meant a peculiar condition affecting the lower extremities, usually the left limb seldom both at once; headache, and general discomfort, accompanied by fever, come on about a week after delivery, followed by this swelling of the leg; pain is felt usually first in the popliteal space, gradually passing either upwards or downwards; the Lymphatics & Veins feel hard & knotted, and are tender to the touch; both milk and Lachia are diminished.
diminished in an unusual way.

Telfair and others say that it is owing to an inflamed state of the veins; the pain derives that the veins are affected at all; Hamilton says that it is owing to inflamed lymphatic glands; Bonillard accuses the lymphatic vessels; while Burns refers it to the nerves:—And fully as much discrepancy exists with regard to its cause:—Mauriceau even it is due to Retention of Lachia; Churchill says it is Ethelibe; Bonillard says all the veins are inflamed; while Strugger says it is a disease of the Blood; in this last observer's experiments he proved that he could produce a disease analogous, at least, if not the same as the pneumothermal by injecting Lachic Acid into the veins; and this, to a certain extent, coincides with the views of some of the older observers, who thought that it was a Metastasis of Milk:—It seems to be the result of disturbance of the Blood, in the smaller veins of the limb; this state seems to be much favoured by the increase of the Fibrin, which we have already seen occurs in the Blood of Puerperal Patients; and besides it contains new matters, from the absorbing Utensils, as well as materials for the formation of the Milk, all of which will
tend to impair its vital power, and predispose, to the deposition of matters in the circulation, and these, acting as foreign bodies, tend to set up an inflammation of the lining membrane of the veins. Our first duty then is if possible to get rid of the diseased condition of the blood, and this will be best accomplished by depurating the system by means of enemias; this done we should moderate the local inflammatory action by leeching, fomentations or other means, and after the removal of this, promote absorption, and give opiates to relieve pain; and then lastly we must restore the power of the limbs, for that is often enfeebled for long after, by the use of cold bathing, and moderate exercise.

Pelvic cellulitis, i.e. an inflammation of the Pelvic Cellular tissue, may occur at all ages, and at all times, whether puerperal or not, but the inflammation of the parts, rendered hard by the cicatrices of the cesarean, which often form during this disease, causes considerable obstruction in many cases, to the second stage of labour. The part of the cellular tissue usually attacked, at least at first, is that between the layers of the Broad-Ligament, and of the Pelvic fascia; this inflammatory action, though
Usually confined to one side only, may in some cases spread so as to encircle the cervix altogether; in most cases one of the first appearances which presents itself is an effusion of serum forming a pretty firm tumor; in some instances the effusion consists of liquefiable lymph, which from its hardness may be thought to be a Carcinomatous tumor, and which takes a long time to absorb; in some cases these hard tumors though dispersed is however the common termination of this lesion; when an abscess forms it generally opens externally or into the upper part of the vagina or into the Rectum, sometimes into the Bladder or Uterus; it may sometimes escape through the urethra, the Scrotum, or onto the pain but rarely into the Peritoneum, although it sometimes is accompanied with Peritonitis which will lead us to suppose that it had perforated the membrane. It is ushered in by Fever, and a high strong pulse; there is also great Pelvic Pain, and disturbance of the functions of the Pelvic organs, as dysuria and painful defecation; on examination per vaginam, we find the Uterus fixed, the parts surrounding the upper part closed together and indurated.
indurated but the Cervix itself is soft and flexible, which is one great point of diagnosis between this and Carcinoma of the Cervix, when the swelling extends across the whole breadth of the Pelvis to the other side of the Uterus, it often assumes such a size as to be felt above the brim of the Pelvis. It is as well not to trust to the matter finding a spontaneous exit, but, as soon as we are confident of matter being formed, we should open into the tumour, and the best place for doing it is the posterior wall of the Uterus. Besides the point of diagnosis previously mentioned, another is the hideous which supervenes about three weeks after the fever which ushered it in. Our first treatment should be strictly antiphlogistic, we may employ Venus section; or apply leeches to the Cervix uteri, or let ten to the Arsen; we must give African as an Anodyne, combining it with Spermacoenua or Antimony, praying it not beneficial until Cura so too much irritation, but still the Alkaline salt should be used so as to keep the Bowels well open; should the disease have gone on for a fortnight or thereabout we need not try to resolve the inflammation, we must rather get the system into
into a state fit to stand against the ravages of death; which will soon come on if it is not so already.

for that purpose the juice, or better, Perennium or Perrenum acid, with or without Gummine, should be given pretty freely; and all else that can be done is to attend to the proper evacuation of the Pu.

Carcinoma of the cervix is also a cause of obstruction of the second stage; not infrequently the last named disease is mistaken for it; as are also Chronic inflammatory hypertrophy, and induration. Corroding Ulcer and Cauliflower Erosion.

The first of these is distinguished by the cervix being enlarged to the above degree; (not as dense as cancer) but the cervix can be moved about without dragging the other tissues along with it.

The second has no induration either in itself, or round about it in advance of the Erosion.

The third, although causing induration around the or, does not cause any at the upper part of the cervix nor in surrounding tissues.

But Carcinoma of the cervix is thoroughly indurated and the surrounding parts so infiltrated with deposit, that they are all dropped along with the cervix when it is removed about.
The uterus is perhaps the most frequent site for carcinoma, which may commence either in the cervix or body of the organ; but it is seldom that we hear anything about it, until it has made considerable progress; for its first progress is painless, and the first prevailing symptom the patient has, is a profuse blood, either clotted, or fluid, from the vagina, accompanied with offensive fetor; thus the complication also of the cancerous patient is peculiar being an anodyne and the eyes encircled with albinia Anemola; but the only true diagnosis of cancer is to be formed by local examination. The treatment may be either Palliative or Radical.

Palliative treatment may be conducted by caustics such as the application of a mixture of salt and ice introduced peri-urethral. Opium may be given internally or the vapour of Chloroform or Carbo-mates may be applied locally. The intense haemorrhage, owing to the engorged vessels being eaten through by the process of the ulceration, may be stopped by plugging the vagina with lint coated in Tincture Iodine, Nitro Suphate, or Ferri perchloridum; or Tannin may be employed in the form of a Pessary; the fetid odour of the discharge may be disguised by
using an injection of zinc chloride (90\textsuperscript{o}) to 94.3\textsuperscript{o}.

All these means, however, are merely palliative; can we do something to effect a radical cure? Many have been the propositions; one was to remove the entire uterus, this is quite unjustifiable, as out of twenty cases, only one survived for one year after operation. Raczynski and Dufyghien have proposed one more feasible namely amputation of the cervix above the line of the lesion; this has been frequently successful; it is useless however to attempt this if there is any induration and hyper trophy of an inflammatory character, or if the disease has extended beyond the reflection of the mucous membrane. The most easy mode of performing the operation is by Chassaignac's Scissors, but the operation is not free of danger for either hemorrhage, shock, & pleuritic affections may ensue; or the disease may return in some other distant organ. Carcinomatous tumours may also be removed from the cervix by means of a Platinum Wire heated, by means of a powerful Bunsen's Battery, to Whiteness; but though lauries are suitable for Carcinous Mammas they can not be applied easily to the Cervix.
I have now given to the best of my ability an account of the most important complications observed in the periperal state, about which, doubt, and necessarily imperfect, but still sufficient. I trust to guarantee that the excellent instruction received at Alton, and in this subject, has not been entirely without profit to myself as I know it has not been to others; in laying these preceding pages before the Medical faculty, I must hope for indulgence in their judgment of them, and if they should meet with their approbation, my efforts will not be in vain.

[Signature] 2575/59.
Due to the unavailability of reliable transportation, the decision was made to delay the departure of the train by 24 hours. This was based on the latest information received from the local authorities.

In the meantime, arrangements have been made to ensure the comfort of the passengers, including a temporary accommodation at the railway station.

25. Bertonville - Arrival