1860

Thesis.

On.

Puerperal Fever.

By.

Robt. Stirling Sloan.
Perpetual fever is in all probability the most total calamity with which women after childbirth can be affected; and in many of its forms the various remedies known to the medical practice appear to be of comparatively little service. Great disputes have taken place regarding the nature of this fever. One writer describes what he conceives to be perpetual fever and holding that no other febrile affection to which women after childbirth are subject, ought to be so called. Another describes what appears to him, to be another kind of febrile disorder and is equally certain, that the above term is in every way applicable to it. This peculiarity arises to a considerable extent from the difference it has assumed in different epidemics, and likewise from the difference it must necessarily assume in persons of different constitutions. Two of the reasons to which an equal quantity of say opium was administered, sleep would be induced in the one, and the other might not be affected in the above way, or only very slightly. We may further state, that there are many other
diseases, regarding which, there have probably been as great disputes, as about puerperal fever. All authors are not agreed, as to what an inflammation really is, neither are they all one, regarding the disease denominated phthisis. Many more diseases might be cited, regarding which, medical men differ widely in their opinions, as to their real nature, but the above are sufficient to indicate the extent of differentiation, in the writings of high authorities, in which the foregoing diseases are described.

There can be little doubt, that several forms of disease are included under this general term, and on this account, general authors think, that it should be discarded altogether; but it appears to me, that it will be time enough to do away with it, when those included forms are better understood, and greater unanimity prevail respecting them.

From a review of statistics, it would appear that this disease being prone to prevail epidemically, and when it did so caused great mortality amongst its victims.
In these epidemics it would further appear that there has in a great many instances been detected local disease of some kind or other. The most frequent form of local lesion is inflammation of the peritoneum, having its origin very likely in the outer serous envelope of the uterus, and afterwards extending the entire serous cavity. There has likewise been found inflammation of the muscular coat of the uterus, with abscess, softening, and gangrene as its consequences; inflammation of the perineum, lying membrane, softening, and gangrene; inflammation of the veins and lymphatics, with the secondary effects arising therefrom, and inflammation of the ovaries with its consequences.

Now although there may not be very many cases in which a local lesion does not exist and the greater number in which this is present, are we to conclude that this malady is always merely a local disease, the constitution being affected secondarily, or are we to hold that this disease is more constitutional than local?
This is indeed very difficult to settle, but it may be said of maliglane puerperal fever, with a tolerable approximation to the truth, that the constitutional disease is often rather primary than secondary.

We purpose next to consider so far as is known what is the nature of this malady, and how far the local affections which have often been observed have to do with its production.

The essential nature of the maligane puerperal or dysphoid puerperal fever is very difficult to solve, if not impossible; and writers while exposing their views on this subject, have differed very much. It has been regarded as inflammation of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of the uterus, of 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of a peculiar nature by Yarribage, Mille, Lempke, Doubleday, etc. Malady having a
cramp character by White, Le Roi, Pen, Gissol, Nibler, Ferguson, Wilson, Kirkland, etc. As a disease of an indeterminate
nature by Finch, Dole, Doubleday, as a fever with bilious derangement.
If we pay attention to the character of different epidemics, they will be found
to have a very variable nature.
Thus in one epidemic, the lochia are
stopped altogether; in another, they are
very much increased; and in a third,
normal; if the term may be allowed.
We have diarrhoea in one; the opposite
condition in another; influenza in
conditions in one; and dyspepsia in another.
As to remedies, as we have stated at the
outset, there is as great a difference in their efficiency as in dealing with the
disease. From the above it seems
pretty obvious that the disease changes
its so-called type, in different epidemics,
and that on this account, the medicinal
measures ought to undergo a corresponding change, in order to meet in to far as we may be able the exigencies of those epidemics. In truth as Dr. Bouch has said, "the effects of remedies form not only an essential, but the most important part of the history of these fevers." The above affirmation is pretty well borne out by what occurred in London lying in hospitals in the spring of 1822. Two well-marked forms of this affection then existed, with an interval of nearly six weeks, following from the last case of the first epidemic. This formed, presented the inflammatory character in an acute degree; the peritoneal covering of the intestines, being chiefly involved. The serum was clear, the considerable lymph firm, and white; blood drained was buffed, or cupped, in a highly marked manner. The patient, bore the antiphlogistic means well and with advantage. The second happening as already said, six weeks after the first, the same remedies were ordered to last with very bad success.
This epidemic proceeds very different character from the first. But how are we to account for the production of the disease? Many women pass through the process of parturition without ever suffering from it, whilst others, in apparently as favourable circumstances, are attacked by this fearful disorder. To enter upon all the views which have been first advanced for the elucidation of this subject would occupy a very good space. We presume it will be better to enumerate a few of these only, in order that more extended discussion of some of the forms of this disease. Professor Simpson believes that the material which gives rise to parutinal fever is an inflammatory secretion, taking into consideration, that it be carried from one individual to another and inoculated into the generative canals, and that the inflammatory effusions in erysipelas, and gangrenous inflammation of the lungs, pericardium, pleura, and other parts of the body, will likewise cause it, when inoculated into the vagina of a particular woman. Further that those abnormal or morbid matters thrown out during the work
ings of some of the more subacute forms of diffuse phlegmonous inflammation, occasionally happening after delivery, are capable, when liquefied into purulent patients of giving rise to the disease. Professor Simpson advanced the following case in proof. He was requested to go and see a woman with placenta abcess, who had been delivered four or five weeks previous to this. The abcess was opened artificially, partial relief only following. The idea six weeks after delivery. The medical practitioner who previously had charge of the case, and who had no purpurial fever in his practice, was unable to attend at the post-mortem examination. Another medical practitioner, whom the original practitioner had called to the case after the commencement of the inflammatory attack, opened the body. We are further led, although he was a very well-informed physician, not being told by Professor Simpson as to the possibility of contagion, he deemed so to make light of the matter. This gentleman had no cases of purpurial fever in his practice, and on being called to attend the
Midwifery cases, within fifty hours after he had opened the body, four of them were attacked with puerperal fever; three, being seized with a very bad form of it, the remaining one being mild. The fifth patient was not attacked at all, her delivery being completed before the arrival of the physician.

We have further to state, that Professor Simpson believes, and has always taught, that there is a great connection between erysipelas and puerperal fever, as regards their pathological nature, their pathological anatomy, their symptomatology, and their causality. He further states that in Britain they have repeatedly been noticed, to prevail at the same time, in the same house, in the same hospital, or in the same wards.

It has been moreover well ascertained, that the fingers of medical men, having become impregnated by the morbid products thrown out in erysipelas inflammation, have, when introduced into the vagina of women after childbirth, given rise to puerperal fever in them in the same way as if morbid matter had been introduced from,
patients whose life had been destroyed by puerperal fever itself.

Dr. Arnot, in a paper read before the Medical Chirurgical Society of Edinburgh, on the 15th of April, 1857, stated as the opinion of Dr. Larmor, one of the assistant to the Professor of Midwifery in the Royal hospital that any fluid matter in a state of putrefaction communicated by linear, by a catheter, by a sponge, by small particles of the placenta, even by the umbilical cord proffered, impregnated with the foul substance was to produce puerperal fevers. He arrived at this conclusion from the fact of the medical students who assisted at the post-mortem examinations, handling the specimens and then without any precautions, going to the wards and examining puerperal patients and puerperal fever resulting in their death. These were also wards for midwives, but the maternal life was very much left with them. They did not attend any post-mortems, and this circumstance as well as taking into consideration what has been said above, favoured the view that it resulted from the inoculation of putrid matter.
It was afterwards arranged that before anyone should examine a patient, he should wash his hands in a solution of chloride of lime, proceed with a nail brush, and from that time forth there was a very marked diminution in the number of cases. Professor Simpson has used a solution of cyanide of potash, while he states to be more effective than chloride of lime, and to have the additional advantage of removing stains of nitrate of silver. Iodine and the like, with great rapidity.

Dr. Annett also relates the case of a woman with cancer of the uterus, upon the examination of whom, by the students, and on examining afterwards fourteen women confused at the same time, with the above, all of them were seized with purpuric symptoms, then dying. Purpuric fever was not prevailing at this time nor were there any cases after these fourteen.

Dr. Ferguson writing on this disease draws the following conclusions.

1. The phenomena of purpuric fever originate in a putridation of the fluids.

2. The causes which are capable
of vitiating the fluid, are particularly liable after childbirth. The various forms of postpartum fever depend upon this one cause, and may be readily deduced from it. Having enumerated various experiments, goes on to show that by pus, putrid matter, and other substances in an impacted state, being introduced into the veins, lesions are produced in various organs of a nature more or less similar to those found in the fatal cases of putrid fever, and symptoms closely analogous. Then relating the condition of the uterus after delivery, the separation of the placenta; the stripped condition of the uterine mucous membrane, to which the placenta was attached; the sinus and ulcers with gaping orifices; mechanical injury, resided edema, or portions of placenta of dead and putrid children give, or all of these, according to him, are fruitful sources from which matters in a dejected state, early in the process of absorption, be conveyed into the circulation. To some extent he has proved his propositions. There are doubtless hono

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instances in which portions of placenta have been retained; dead and putrid children, signs from the use of instruments, and retained coagula, and yet puerperal fever has not ensued. As to the lochia and uterine mucous surface, being in an altered state, they are found in all cases of ordinary labour. With respect to the retention of the fluid, we would beg to state, that it ought to be regarded rather as occupying a secondary than a primary position in the occurrence of phenomena; this being found in diseases of a similar nature to puerperal fever, which could not be produced by furious absorption, as in dyspepsia, when it takes on the malignant form, the cold stage of cholera, and at the commencement of yellow fever. So seem to that part of Dr. Ferguson's work, where he refers to decay and putrid children. It has been well shown by Professor Simpson, that in cases where a placenta has been ligated, and left in the vagina for days, then to die and putrefy, until the ligature had done its work in cutting the stalk, there was a raw surface, in contact with dead and
Pubic matter conditions which Dr. Ferguson would consider favorable to abortion are very likely besides a rubber state of the vaginal mucous coat, in keeping the life of a foetus, and yet little or no liability to attacks of this disease happened.

We would further state, that in our opinion, the condition of retaining portions of placental coagula, ought rather to come under the head of predisposing causes, and gaping orifices of veins and sinuses, rubbing those of the vaginal mucous membrane, to furnish very favorable conditions, for the sneaking inoculation of a virus, by a third party. It would appear, that a patient laboring under dyspepsia fever, and brought into near relationship with particular women, is capable of producing the disease. An instance is mentioned by Dr. Collin in which a patient suffering under a bad form of dyspepsia fever was addicted into the Dublin lying-in hospital, and placed in a bed adjoining two lying-in women. Both of these were seized with puerperal fever and died.
The character of the season has likewise been thought to have a considerable effect in the production of this disease. It has been further found, that it prevails more in certain months than others; at least in certain districts, where it has prevailed epidemically. The most injurious months in London are November, December, and October; in Edinburgh, November, December, and January; in London, January, March, February, December, and May; in Paris, November, October, and February; in Geneva, January, March, February. Before leaving this part of the subject, we would just wish respect to the character of the season, that it has been observed to be much more prevalent in damp, moist, cold weather, and in rainy, dry weather, likewise during alternations of cold and warm moist weather.

We propose next to advert to the contagious, or infectious nature of the disease. Opinions have varied considerably on this subject. We are, however, inclined to believe, that there is a great amount of evidence in favour of its being contagious. A good deal has already been stated, which goes to shew, that this malady is contagious.
and the use which it may be propagated from one individual to another.

One very curious circumstance is, the fact of its prevailing in the hands of one medical practitioner to the exclusion of those around, and consequently in the hands of one of the partners, to the exclusion of the other practitioners. An example in point is related by Dr. Forch, in which a medical man, in large Midwifery practice, lost so many of his patients from this disorder, that he came to the conclusion to give it up, and allow his partner to attend in his stead. This he did for the space of one month and not a case occurred. He again returned to his practice, but the first woman he attended, was seized with fever, and died. In the case of the twelve midwives, who superintended 400 women upwards in labour in connection with the Maternally lying in hospital at Manchester, as related by Dr. Robertson, these 400 and upwards, gave birth to several different parts of the body, were conducted in their own houses, and in the practice
of one of these Accaæe Midwives, 16 of her patients died of fevers; one or two making good recovery. How all this took place, in the practice of one midwife, the others have been none. Seizing that her patients were sick in various parts of the town, it could not arise from any particular state of season, or state of atmosphere, or epidemic influence, or else the others would in all likelihood, have come in for their share. It seems to us, that this woman must have been carrying about with her some noxious substance capable of producing the disease, in fact a contagion. Further examples are recorded by Dr. Campbell, who after attending the dissection of a married woman, who died of the disease, carried the pelvic viscera and external parts to the clap house, in his coat pocket. Next morning, being dined in the same clothes, he apostled along, with some of his pupils, as an instrumental case, at Bridewell. This woman was shortly after seized with the disease, that is feverish fever, and died. Another woman that he attended...
with Dr. On the same night, was equally unfortunate, and three others in rapid succession were likewise seized with the disease and died.

In the three cases of Dr. Moir, laid before the Medical-Chirurgical Society in 1857, the contagious nature of the disease appears to be pretty clearly established. These three he assigns to ed. B. E. A. He delivered on the 8th February at midnight, B. early on the morning of the 9th, and E. on the afternoon of the 10th February. The infant of C. died on the 10th. And it is very desirable to discover the cause of death. Dr. Moir on the evening of the 10th, shortly after he had delivered E., opened the body, and found the cavity of the right pleural to completely filled with a purulent exudation that no air had entered that lung; it being however in other respects quite healthy.

Orders were given by him to the nurse not to go near his patient, until she had changed her dress and washed carefully with chloride of lime.
The nurse was feverish on the morning of the 27th of February, having in addition, considerable pain in one arm, from inflammation of the lymphatics. It was discovered that she had poked her finger a little while before the child was born, so that some of the matter had no doubt been abscessed, giving rise to the above symptoms. Dr. M. afterwards visited, E. C. B. about ten o'clock, E. being left over till next day.

Premonitory symptoms commenced in A. on the 12th of March, on the 13th of February.

The conclusion at which Dr. Moir arrived was that there must have been some peculiar condition of A's system, which not only had caused the disease in the child, but in herself and from whence, some materials morbid had been communicated to her, which from his visiting the other two patients, had caused the disease in them. In none of these cases was any vaginal examination made after the post-partum of the child. Professor...
It has likewise been asserted, that the saturation of the bedclothes, by the discharge from a patient labouring under this malady, will produce the disease in another liable to them, who is in the feverish state.

Dr. Morison states, that he once was present at the dissection of a puerperal patient, but did not touch the body or any of its parts. A lady whom he attended the same evening, who was about to deliver a child, was seized with the disease and died.

Dr. Gordon, in putting on this fever as it occurred at Aberdeen, records the case of a manservant, who seemed to carry the infection from his sister, who lived in Aberdeen, to his wife, in the parish of Fintry, a distance of six miles. The midwife who attended this latter, soon infected two other puerperal patients, both of whom died. A great deal more evidence might be adduced to shew, the contagious and infectious nature of the disease, in the instances of what happened to Dr. Peddie, &c., but we deem these sufficient. As to its communicability through clothes, Dr. Gordon’s account of...
the case of the man served would seem to fav-
our that view, as well as what is related by Prof-
essor Robinson of a gentleman after having a
great many cases of pernicious fever, got rid
of it by changing his clothes, and using a sol-
ution of chloride of lime. It again attacked
a patient he delivered, when it appeared to
him, that the cause was tangible to his then
feeling a pair of gloves, he had worn during
the time the disease had been very prevalent.
Dr. Allen states, that his assistant had a case of
pernicious fever two months after he had seen
the last of a great number of cases of this ma-
lay, and on examination it was found that
the assistant had on a silk-jacket, while
attending the woman in labour, which he
Dr. A. had worn whilst on a hurricane
in a case of the fever.
Dr. Briggs on the opposite side relates the cir-
cumstances, attending the practice of our Amer-
ican physicians, both of whom, had a great
many cases, and a good many deaths from
this malady. With both of these physicians
he visited some of their worst cases, yet in no
instance, did he Dr. McEijs, carry the disease to any of his patients. The relapses concerning Dr. Fuller of Chicago, who, according to his account, had a very large practice, practicing both in town and country, that he had such a number of cases, and so many deaths, as to make him so disheartened with his labour, that he came to the conclusion, to suspend there for a time. He accordingly took a ride of seventy miles distance, and also absconded himself for ten days. Before commencing his practice again, he caused his head to be shaved, entered a warm bath, and had a thorough wash, then clothed himself in new garments from top to toe, as the saying is, namely the following: a new wig, new clothes, new hat, new gloves, and new boots. He left his watch at home, and also his pencil; neither did he touch anything he had previously worn. Shortly after he attended a lady in labour and notwithstanding all these precautions, she was seized with a very severe form of this malady, and died. Dr. McEijs attended this lady in the fever, along with Dr. Fuller, and although
ample opportunity was afforded, for the inquiries of morbid incisions from her to him, he being a great deal with her in her illness, yet he claimed no infection to anyone.

It seems to us unaccountable how Dr. Butter should have had a case after such precautions, made on the part of Dr. Meigs, previously stated with respect to the woman in Case A.

Dr. Butter again tried the effect of change of clothes, and personal ablutions, but with the same bad success.

Now, with both of these physicians the disease seemed to be very intimately connected, springing up wherever their patients in with an feverish looking, yet Dr. Meigs was not at all disturbed in this respect. We presume that many practitioners who have had a great many cases of this highly dangerous disease in their practice, would feel rather qualified at being allowed to step into Dr. Meigs shoes.

It seems certainly rather astonishing that there are so many recorded instances of medical practitioners in whom such this disease has
aligned, and yet it should keep away from
this gentleman's practice, even on exposing
himself freely to its influence. This gentle-
man further tells us that he took no precau-
tions, unless what every decent man should use,
which precautions we presume to lay at all
attention to the state of the hands, nails, clothing.
We do not pretend to be able to give an
explanation of this very mysterious occur-
rence. All that we can say is, that Dr. Meip
appears to have been a gentleman of peculiar
endowments, and to have been possessed of
some peculiar power, rendering him proof
against the propagation of mulctific mal-
ers, either on his hands, or any portion
of his dress, in a way his late professional
brothers have not. No have had, and
in a way most other practitioners who have
had cases of this disease, have not posse-
sed. Perhaps this malady may be capable
of being propagated by other means beyond
the Atlantic, from what it is here; hence
that Dr. Meip should have been exempted
from carrying the infection, and his dis-

Medical friends intimated, seem to as to be a fault pons symbiont. Dr. Weigle attributes this malady to an epidemic influence. We presume however that we have advanced considerable proof to show that it cannot depend upon epidemic influence, at least so the extent Dr. Weigle would lead us to suppose. The spread has in so many instances been so closely connected with the practice of certain medical men, and its departure when they ceased from their occupation seem so marked, as to establish perfectly clearly that they were the parties on whom the propagating of the disease depended. The matter which is capable of producing perpetual fever appears to be peculiar in this respect that a medical man, nurse, or other party attending a particular patient, affected with this disease, communicate the disease to a third party without becoming affected themselves provided that there be no abrasion of surface in these favorable for the absorption of the material matter.
individual is capable of being affected with any of these diseases, who is exposed to their contagious influence, the medical man not excepted, provided they have not had a previous attack, or in the case of small pox, have not been vaccinated. There are numerous instances of medical men being exposed to the contagion of typhus fever, and being thereby infected with the disease, and numerous instances of their being exposed to the materiae morbi, capable of occasioning this malady, or of any of the diseases considered to be qualagypt, and yet escaping unscathed, provided always that no precautions be taken in conducting post-mortem examinations of patients dying from this malady, for if precautions be neglected, the results are highly dangerous. We have instances recorded by Dr. Duncan and Mr. Grassey, in which medical men have died from embolismos inflammation produced by punctures received during dissection, thus letting putridic matter into the economy. A large proportion of these cases then, that the mortific matter instilled into them, was a punctual reception.
obtained during the dissection of a person, who had died of puerperal fever.

It appears to us then, that by far the most common mode of propagating this disease, is in the medical practitioners, nurse, or other party coming into intimate contact with women labouring under this malady, they going from patient to patient, and carrying a mortal substance with them, which causes the disease to the most patients they may chance to deliver.

This applies to us to be quite evident, from the fact of the disease clearing, when they suspend their occupation. That it may be produced likewise by placing parties who have died of puerperal fever, near those who have died of puerperal fever.

There seems to be evidence, by parties wearing portions of clothing, which they had previously worn while attending patients suffering from this disease, pleas-

so to us to be likewise conclusive, as well as by matters received, by medical men, while making post-mortem examinations.
...nally these being conveyed to women after child-birth or rather inoculated into them, producing this disease, and that whether the subjects or whom they have operated, died of puerperal fever, or some other disease. As to puerperal fever, or rather the torsion of uterine fibers producing this malady, we are of opinion that it will just produce a disease in the body infected the same as in the person who gave rise to the cause of the infection, viz. uterine fever; and the local symptoms indicative of inflammation will naturally be exhibited in the generative organs, peritonitis, or intestine, in consequence of their excited state, and the disturbed condition of the uterine functions on account of the patient recently undergoing the process of parturition. As to epidemic influence, we do not doubt that it may have some share in its spread, but judging from the manner in which it has prevailed in England, alone, we are of opinion, that the morbid matter arising from the patient, and therein accumulated, sufficient sources not being at work for their removal, by constant supplies of febrile,
as well as from many sick individuals being congregated together, and likewise from the
conclusions of the nurse, and medical men amongst them, all those in our estimation, have had more
to do in the different epidemics, with the spreading
of this disease, than any peculiar state of all-
morphie around.
Spasmodie cases are not usually thought to
be contagious, but the think it not unlikely
with respect even to them, that they might
propagate the disease, if proper opportuni-
ties were afforded me meet through the med-
ium of a third party.
The state of distemper in which many patient
were, before being admitted into a hospital,
as well as the feverish state in which many of
them are, after delivery, may furnish any
favorable conditions for its development.
We are likewise of opinion, that local inflam-
mations have been too much attended to
by certain writers, and the alluring and exac-
be rather presumed State of the nervous system,
too much overlooked.
Although then, it seems to be sufficiently evident,
that it is contagious and infectious, yet this appears to be prominently for individuals in a particular state, namely, in-lying women. This would further lead to the conclusion that the uterus capable of causing its spread is peculiar yet, as what we call, we do not pretend to know. We may state a few more causes favourable for its development and which may in some instances give rise to sporadic cases. Colds, mental adoration, stimulants, particularly in alcoholic drinks, cold air admitted into the uterus and the body exposed to the same; ready separation of the placenta, whereby serious mechanical injury may be done to the uterus; too light application of the binder. So these we may append, difficult labour, principal, and gastro-enteric irritation.

Should this fearful mortality should again become prevalent in hospitals, we should like to see the experiment tried of separate ward and accouchers, or midwife, appointed to dependent women in labour, who should afterwards come into the hospital or are already in the hospital and not quitst at the time of parturiion,
is also separate rooms to be provided for their reception, as well as separate messes to attend to them after parturition, in order to treat fully and fairly, to what extent, any of the above parties are involved in the spreading of this malady. We confess that these arrangements would be productive of considerable expense, but at the same time, they might elicit such facts as would in a great measure set aside that consideration.

We propose next to describe perpetual puerperal

perpetual puerperal usually commences from one to three days after delivery. But in some instances much later; the first symptoms being either sudden

pains, pain, or some variation in the pulse. The

pains are generally first noticed, and following after these, are lids of skin, thin, flushed face, and labored respiration. The lids of skin soon vanish, and during the progress of the disease, may not be anything above the natural warmth. There fall on all these symptoms, pain in the head, face

lies with throbbing of the temples, nausea,
and pouting, the ulcers acquiring an increased sensibility. This increased derma sensibility, happening at the plague time with the eviscer, or following urinary, safely thereafter. The pain in the abdomen which is slow, begins either in one of the iliac regions, or in the hypogastric, from either of which it slows spreads over the abdomen. As to the pain it may be either severe or slight, continuous, or having intermissions. Shortly after an intermission, it again sets in with increased severity. The pain henceforward must be considered as indicating with certainty that this disease exists, for there have been a few cases as shewn by dissection, in which there had been instance puerperal peritonitis, and yet pain and kettleness were not present. This abdominal pain is increased by pressure, and the tenderness which accompanied it from the onset of the disease becomes much increased as the inflammation spreads, until the slightest pressure is quite intolerable, and likewise the weight of the bed-clothes. Quickly following the tenderness is a humid, feverish, sympathetic state of the abdomen, and in some in-
When the disease is more advanced, palpation will detect effusion. The air occupying the peritoneal cavity may be either situated in the peritoneal sac, or in the intestines. The patient lies on her back, as the pain is increased by turning to the side, the bowels are drawn up for the purpose of relaxing the abdominal muscles, as well as freeing the hinder glands of the pressure of the bed-clothes.

With respect to the secretion of the lochia they do not appear to be uniform. It has been stated that in the majority of patients, the lochia continue to flow as usual, while in some they are stopped in quantity, and in some suppressed. As regards the milk, if its secretion has been established previous to the commencement of the disease, it is checked, the mammae becoming loose and soft; but if the disease precedes its secretion, it is for the most part preserved. The pulse as said before is rapid, being small and wiry, and sometimes full, and bounding, ranging from 110 to 140 per minute; or it may even be 160 towards the
Termination of the disease.

With respect to the tongue, it in general exhibits a whitish coating in the centre, but is pecked round the margins, and in a few instances, it has a yellowish or white furry coating at the margins, with a dry and brown aspect in the centre. The patient is distressed with heartburn and retching, their hiccoughs having interruptions throughout the course of the disease.

The excretions consist at first of the contents of the stomach along with mucus; but afterwards bilious matter and Lastly, matter of different colours, making up that has been termed the coffee-ground vomit. The many investigations show this to be composed principally of resin, along with mucus, gelatine, phosphate of lime, and small proportions of muriate of soda.

Sometimes the muriate of soda passes the intestinal canal, resulting in diarrhoea, by some thought to be a sign favourable to the patient, but by others as showing that the disease is increasing in severity. As to the dejections, their colour and consistence
vary. In unfavourable cases, they become very dark and foetid near the termination.

This secretion is diminished in quantity and has generally a muddy or yellowish aspect; the patient often having some difficulty in keeping it up. When it is allowed to stand in a beaker or some fine glass, to settle, it exhibits a brown colour, with an uncoagulated sediment half floating at the bottom of the vessel.

Skin. During the course of the disease, the skin is usually about the interior warmth, but dry. If it become cold, and clammy, it may be considered as a symptom prognostic of an unfavourable termination. The inhaled air sometimes, but is seldom affected during the disease; the patient having her senses and consciousness until near her end. The face is indicative of great anxiety and suffering. Sometimes there is seen on one or both cheeks a patch resembling a lenticular flush, which is said to be a bad symptom. As to the duration this will vary according to the prevalence of the disease or severity of the attack: for it has been noticed that it is generally most severe, when it prevails to a great extent.
In some instances, it has terminated on the first, second, or third day of the attack, in others from the fifth to the sixth day.

Diagnosis 1. Pain after pains, or hypotalgia. These disorders happen soon after delivery and gradually become diminished in their character or disappear about the third or fourth day, the time when puerperal fever usually begins. In puerperal fever there is no sensible uterine contracting after-pains there is. The pulse in puerperal fever, it is, does not belong to frequency at first, but in the majority of cases becomes rapid, whereas in after-pains it is not usually steady in its character, or number of beats per minute, although it is sometimes accelerated by after-pains. The tenderness of the lower part of the abdomen, in after-pains is not great, unless when a pain occurs, but then it gradually decreases, whereas in this affection it rapidly increases. The constitutional affection in this disorder is far more marked, and increases every day, whereas in hypotalgia it decreases.

The diagnosis of this affection is very difficult, and in breaking such as we are in doubt whether to regard it as puerperal...
peritonitis, or merely as an aggravated form of these affections, it will be preferable to be in error in the proper direction. We almost incline to believe, that a full dose procuring relief in after-pains has not the same marked power upon the pain in this disorder from intestinal irritation. This affection is generally coincided by a furced tongue, flatulence, freckles, and vomiting, constipation, or diarrhoea. The abdominal pain is extended, and does not shrinks forth from the uterus in all directions, as in peritonitis abdominal. Nor is the uterus either enlarged or tender. If there be much gas present, the abdomen may be large and tense, but this may readily be distinguished by percussion from effusion of fluid. Moreover, it is unfrequently heard on pressure, and gentle friction causes relief. It may be taken for peritonitis peritonitis at first, the symptoms in it resembling those in peritoneal. Peritonitis, but a day will generally suffice to come to a decision, as well as by the appropriate medicine relieving the pain and diuresis, and the pulse falling, the milk secreted, and the lochia being in a healthy state.
From phrenic fever. Yeast. The duration of this affection is shorter. It is more rapid in its decline and the accompanying constitutional symptoms left sooner. The pleurisy continues full and non-plastic, and there is much lep abdominal disorder.

From pneumicile. In purpurae pustulosa, the patient is quite intolerable of pressure on the abdominal walls, but in miliary pustulae, pressure can be borne quietly well until the enlarged pleura is felt. Pressure now augmented to do so long the abdominal walls in contact with the ulna gives very great pain.

Morbic appearances. The most common and remarkable appearances, on opening the body after death, are copious effusion of lymph and serous fluid on the surface, and in the cavity of the peritoneum. In a few cases, however, there may be no signs of peritoneal inflammation, for the post-mortem appearance are by no means uniform. The serum may sometimes differ as marked by Dr. Colling regarding its appearance in 1876. Dobbs, who died of this malady. In bile it was of a brown colour, in eighteen pro-apopteal and in four bloody serum.
The peritoneum is usually postmurally red, and often thickened, punctuated with pale patches here and there. The serous effusion is generally mixed with flocculi of kypal. The intestines are stretched with fluids, and united by patches of coagulable kypal. These appearances may be spread, more or less, over the fundus of the uterus across the uterine appendages, on the omentum, liver, and other organs, on the flexions of the peritoneum, and partly often over the diaphragmatic portion of the peritoneum. The ovaries, uterus, and the fallopian tubes are often covered with a creamy fluid, and sometimes there are found deposits in the uterine muscular structure, and in the ovaries, and often the natural structure of the ovaries is completely broken up, and exhibits faces of purulent matter. Serous and purulent fluids have likewise been found in the areolar tissue enveloping the vessels where they enter and quit the uterine, as well as in the areolar tissue covering together the muscular fibres of that organ.
Treatment. In the treatment the character of the prevalent malady, as well as the strength and condition of the patient, must be ascertained by some means. To find that the character of the disease has long differed in different epidemics, Dr. Gordon in his account of the abandon fever, which then assumed the form of prenatal phthisis, recommends bleeding early and freely. If the pulse do not go to its extreme, it should be drawn from the arm at first, and if necessary repeated. The further says that practitioners should not allow themselves to be guided by the state of the pulse, or else they will commit a great mistake. For the pulse according to him is more frequently weak and feeble, than full and strong, even at the beginning of the disease. Yet notwithstanding he lived with great success. He says that the pulse by such practice instead of being weakened became more full and strong. For then that proved was to give calomel and jellies 2 grains of the former and two temples of the latter. This was followed by a daily purgative, and opiates at night. Of 77 patients whom he treated 28 died. A march of fever took place of healing the patient upright, and bleeding to incipient fainting.
has been regarded as of good service by Dr. A. well. The bleeding that is generally bleeding, has been found not to answer in the cases, they have had for many years past in Dublin. The method recommended of drawing blood from that quarter, is to apply three or four dozen needles to the abdomen, and this to be followed by the warm bath, the patient to remain therein as long as her strength can bear it. If what has been previously said, with respect to the pain and tenderness he cause, it will be a task of no small difficulty, to get the patient out of bed, and into a warm bath.

After bleeding and bathing, mercury alone or in combination with opium is recommended. The mercury to be given in large doses of \( \frac{X}{3} \) every three or four hours, or in smaller doses every hour. Being used, and this to be continued until an impression be made upon the disease, or salvation be produced, provided that purgation does not ensue. It is said that salvation will be accomplished more rapidly, and with smaller doses, if to \( \frac{1}{2} \) of a grain of tartar emetic be added; that this will be contraindicated if melancholy or
providing he presents after an effect is produced upon the disease, these medicines are to be admin-
istered, and the intervals between their adminis-
tration lengthened. Then the calomel purge, if it is to be stopped, and the opium continued.
There are cases recorded in which it has worked very well alone. Dr. Koch mentions a few cases, where opiates and hot fomenta-
tions to the abdomen were productive of great relief; but these he considers to be cases differ-
sive from ordinary postnatal peritonitis. His method, in what he considers to be true post-
natal peritonitis, was to bleed largely from
the arm till fainting was felt, then tie it up, the head being raised as to encourage
the fainting for a little while. After the faint-
ning was gone, a large dose of calomel, a
temple in a teaspoonful of aniseed water
was given; this followed by half ounce doses
of sulphate of magnesia dissolved in beef
tea or thin opium, until several copious
defections were produced. These medicines
were not given to every patient, in the same
doses, but varied occasionally, and sometimes
jalap was administered, administered solu-

with the calomel, a quarter of a grain of bitter
emetic. Then it the abdomen was painful and
swollen, ten or twenty leeches were applied to it,
for the purpose of delivering the distended capill-
aries, and when they had fallen off a large and
broad bag was procured, of such dimensions as
to cover the whole abdomen, and stuffed with
hot poultice, and laid thereon. If the weight
of the poultice was complained of, the bag was
stuffed with scalded bow. This he states was
very serviceable in two ways, 1st. as encouraging
the leech like to bleed, and 2nd. as keeping
up a perpetual fomentation. This was frequent-
ly renewed so as to keep up heat and moisture,
of the pulse retained much of its full and hard
character blood-letting was repeated. This
practice he says, should be used early, if
the abdomen remained tender, a repetition
of the leeches was considered necessary.
This treatment then, may be said to consist of
general and local blood-letting, hot fomenta-
tions, calomel & sometime opium, purgation,
and sometimes a little astronomy. There are
however, many cases, where blood-letting would
be injurious, and in which opium seems to be of great service, especially when given in pretty large doses, every hour, or perhaps every two hours, its effects being closely watched.

Peruviana have been strongly recommended by a great many authors, among whom are Campbell, Denman, Pulleine, Clarke, Gordon, Armstronge. As they are very likely to produce vomiting when given alone, they ought to be accompanied with some antacids, at least, or hypo-grams. Jackets should only be given in this case, as a specific. The gave it in doses of a half-spoonful at a time, in a little water, sweetened. From Dr. Joseph Clarke's account it would appear not to be of very much service, but the rescues: the dose was from six to eight dramings. This was given sometimes in water alone, and at other times with an equal quantity of castor oil. The further states that the first few doses agreed with the patient, and seemed to act in lessening the pain, but their further repetitions proved to disagreeable, that none.
of the patients declared they would rather die than repeat them. This practice was tried in more than thirty patients, not one of whom recovered.

Warm water injections, three or four times a day have been recommended and in several cases in the practice of Dr. Lee and Beccafulli, they appear to have been advantageous.

Cauterics have likewise had their advocates. Dr. Ferguson says they are only applicable when the violence of the disease has its seat in the liver, principally, and if there be early jaundice and spontaneous vomiting. Dr. Böer of Vienna in the year 1790 published an account of a number of cases of this malady in which are unanswerably preparations of glutinous, affected a cure in every case. These according to him were very severe cases, and this medicine appeared to act like magic, curing some who were on the very verge of death. This medicine acted in producing much sweat, and causing the patient to discharge a great quantity of urine; the patient in one case relating that she felt as if a new life had been given her.
It is to be deplored that this medicine was kept a secret, and that its preparation is not known.

When this disease is in an advanced state, blisters are very useful. It is particularly for the whole of the abdomen may be treated with them, and then medicinal dust may be applied afterwards.

If feverish, draughts containing some saline to cool the stomach may be useful in alleviating the symptoms. It is to be noted that it is good practice to cure two out of every three persons when this disease is very prevalent. The early adoption of some of these remedies, as well as a proper choice, to suit the character of the disease and bodily condition of the patient, may afford considerable relief, and in renal cases afford a cure.

Judging however from what have been the results of medicine employed in this disease, it appears to us, that we are not as yet in possession of means sufficiently therapeutical to grapple successfully with this malady.
The adenopathy or septic fever. This kind does not usually occur, unless when pulmonary fever is very prevalent. It is not always marked by the same symptoms, but has points of difference in different epidemics, as well as in persons of different constitutions. It usually sets in about the second, third, or fourth day after delivery, or even later than this. It may sometimes attack the patient before delivery. The most common symptoms exhibited by a woman about to be attacked, are the following. A chilly, creeping feeling, or they may be actual shivering; a very rapid pulse, small, weak, and easily compressible. They follow a low and depressed state of the system indicative of the character of the fever. The pulse becomes rapid almost at the onset of the disease. The inspiration acts are performed in a rapid hurried, and often spasmodic manner, and the abdomen is distended, painful, lymphatic, and tender. The tenderness being sometimes felt at our part, and at other times throughout the abdomen. There may in addition be pain and tenderness in the epigastrium. The lochial discharge is
Our facts are suppressed, in others unaltered, but this case,
by some, have merely diminished. More frequently,
you are altered in quality and smell a pestilential

In very bad cases the milk is suppressed, in other
anmols after the occasion had been established.
With respect to the urine it is generally resolv-
le in smaller quantity

As regards the intellect, it is seldom much
affected until the termination, when
the patient may be partially or temporarily aff-
ected in mind, feel not approaching to violent
deliriums. The face present in many cases, a
shrunken and pale aspect, if the pain be not
severe, but if it is so, it becomes anxious and
covered with sweat. As the disease progresses,
your symptoms increase, and take on a still
more serious character. The heat of the surface
of the body is not increased, but of the natural
hypersensitivity, presenting a dingy or dusty
hue, and covered by a bluish, offensive
perspiration, with dark circles about the eye.
In some cases the muscles have a soft and flaccid
feeling, that is they feel soft and flaccid
to the touch.
The pulse grows quicker, smaller, and weaker, and towards the termination, irregular and intermitting. The respiration is said to be rapid, irregular, and often laboured.

The tongue is seldom dry and brown, but moist, occasionally clean, but mostly covered with a whitish or yellowish film, and trembling.

With respect to the number of beats the pulse will make in a minute, these will vary in different cases, as well as the period of the disease, but they may be said to be from 130 to 160.

If nausea and vomiting be present, they may increase or abate. There is likewise often a loose state of the bowels, and their contents may be passed involuntarily. There is in addition distressing feelings of sinking or there may be restlessness, difficulty of breathing or blue tint of the face, indicating that death is near at hand, or the patient may gradually and quietly die, though rapidly without these symptoms preceding. Sometimes few cases there may be a thick, yellow, or frothy matter in the mouth and tongue.
50.

Flag and red petechia, poulti, concis, and pharynx, all these structures becoming white and swollen. These lesions from the irritation they induce, as well as from a thick mucous about the pharynx, impeding the entrance and exit of air from the chest, produce a constant inclination to cough. In some cases, purulent lesions of a similar nature are found about the anus, and purple spots have also in some cases been observed before death as in pockmarked faces. We may here state that when this disease has fairly begun, the mother affected, with respect to her child, seems to be entirely in obedience, as she seldom make any inquiry regarding it. We may readily conclude from these circumstances, that this is a very serious malady, as the infant in most cases occupies a very prominent place in their affections.

Prognosis. Unfavorable, in a great many instances what may be considered as very favorable symptoms are, a pulse decidedly slower, fuller, and more steady, quiet breathing, the intellectate of the abdominal diminished, a natural perspiration, the skin warm and moist; the milk secreted.
regularly, and the evacuations natural. The symptoms already enumerated, will not be found in many instances. The most constant are the typhoid character, the great proportion of body, quick, weak, pulse, disturbed breathing, suppressed milk.

Diagnosis. The foregoing symptoms are sufficient to distinguish it from every other disease, except yellow fever, when it is rapid in its progress, and then the two disease have symptoms very much resembling one another, and are nearly equal in their duration.

With respect to its duration it varies a good deal. The most usual period being from the third day to the fifth, in some instances it has ended fatally in twenty, twenty-four, or thirty hours.

Peritonitis seems to have been the most frequent local affection, but there have been cases, where it was not accompanied by intestinal local symptoms, pain and tenderness; where universal peritonitis had been discovered after death.

The pain when it is present, is seldom so lea-
ery as in the other forms already described. The local complication may likewise be, inflammation of the uterus, or the appendages, or the urinary veins may be the only seat of the local lesion. There may be any of these local complications, or two or more may be combined. We need not pay any more heed with respect to causes, than that patients who have suffered from want of proper nourishment, before their confinement, so as to be in a nearly healthy state, are more liable to be attacked by this disorder, than the forms already describe, or patients who may be in a nearly state of decay from other causes.

The membranes acquire a tone, the peri toneum to be of a dusky, or dirty colour, the effused fluid to be of a dirty, brown, colour, and often bloody, as also mixed with shreds of lymph. In the abdominal cavity, there is a large quantity of foetid gas. There may be in addition, disorganisation of the uterine, softening, or glandular, the ovaries disorganised and converted into a pulpous mass in the veins of the uterus. There may likewise be prurit.
end deposits in the joints, and cals of the leg; inflammation and abscess of the anular tex-
ture of the leg, and in a few instances, disturb-
ize inflammation of the eye.
It has been shewn by Dr. Leoglan, that in sever-
al cases in which blood-letting had been prac-
tised, the blood emitted a peculiar faint
odour, as also having a very dark colour with
a very putrid clot, while a separation took place
into a fermentation and putrefaction. Sometimes
there was found a mass resembling mucous
and still more like a columnar jelly, and the
colouring matter covering the bottom of the
vessel, in the form of a precipitate. In some
cases there was only a slight separation of serum
and clot; the clot being larger, looser, and consisting
of the same jelly-like substance, the loosen addition
of which contained the precipitate of colouring
matter, which was black or dark brown. He further
stated that he has seen many cases, where the pat-
tient had been bled with leeches from the ab-
dominal vessels, and in almost all cases the blood flowing
from the leech bites did not coagulate. There
was a very great difficulty in most instances of
marking the bleeding, which he attributes to an altered state of the vessels, so that their adhesion property was diminished, as well as to the altered condition of the blood already alluded to.

Judging from the foregoing description, the nervous system appears to be especially involved, and the various forces in connection with that system by means of which, sensation, nutrition, and voluntary motion are influenced, as well as the functions of the various organs of the body seem to be very much perturbed. The character of the local inflammation is obviously different in this disease from what it is in peritoneal peritonitis. Why the nervous system should be more particularly involved in the one and the inflammatory local lesion predominant in the other, we confess ourselves to a loss to be able to state, unless we consider this as a truly constitutional affection, the local symptoms holding a subordinate position and depending upon the constitutional affections and peripheral peritonitis to be more especially a local affection, and the constitutional manifestations to be dependent upon the local
disease for their development. Other writers as Dr. Stobart, attribute the difference in the two diseases to the changed type of the inflammation; but Professor Benett, who is an eminent authority on inflammation states, that this process is the same now as it ever was. It is however a fact, that the human body is capable in different persons of being differently affected by inflammation, from causes with which we are unacquainted.

Treatment. General blood-letting in this disease will not be in favour of the patient but the reverse, and even though it be practised early and that in persons of strong bodily frame. From what we have stated, as Dr. Lopland's experience of leeches applied to the abdomen, they will not add to the cure of the disease. Blistering has been recommended and the application of the mercurial ointment afterwards by which means a large absorbable surface is presented to the ointment. The blisters to be applied to the abdomen. The mixture of iodine over the abdomen, has been applying by Mr. Rams with deciding advantage.
Emetics do not seem to have been of much service. The remedics most fitted for this disease, would seem to be, occasional doses of castor oil to help the bowels open, and warm water injected from time to time into the rectum, and cold, with a quick saline injection, should be applied to the abdomen. We think the latter after the plan of Dr. Bouch to be the best. Bark, both in powder and decoction, should be given internally with wine and ammonia, as well as nourishing dainties such as beef tea. Brandy we think might likewise be of considerable service, if its effect be properly watched. Opiates now and again administered will be very useful, and if the usual symptoms be severe, cold lotions to the head will prove agreeable to the patient. In short, a stimulating plan of treatment should be resorted to, as in the typhoid form of fever.
The indications to be observed for preventing the spread of puerperal fever, may be stated as the following.

If a medical man engaged in midwifery practice makes any post-mortal examinations, the greatest precautions should be afterward observed. The whole dress should be changed, and the hands thoroughly cleansed by washing in a solution of chloride of lime, according to Professor Simpson. Epilures of Potass, likewise subjecting them to a careful wash, with soap and water afterwards. The nails should likewise be as thoroughly cleaned and pared, as these prehensile instruments are very apt to act as efficient inoculators, when introduced into the vagina of a puerperal woman, if they be the seat of any mortific matter obtained from persons labouring under puerperal fever, or from persons who have died of this disease, or any other. The precautions should be more rigid with respect to patients dying of puerperal fever as well as when a medical man attends persons.
labouring under empiacus, diffuse inflammation &c.

We may further state that it will be safer for a medical practitioner, who has either per
capital fever in his practice, or makes post-
mortem dissections, or attends post-mortem labo-
ring under empiacus, or diffuse inflammation
or if present at post-mortem cases, though
he take no part in the dissection, or even
touch none of the parts of the subjects,
not suspend his midwifery practice for a
number of days, and that although he has
large recourse to the precautions already
states, if he can possibly find an individ-
ual to act as substitute.

If he attends any other patients labouring under
any of their other infectious diseases, and have
midwifery cases besides, the same rules will apply
to those already stated.

If he should have a patient attacked by
peripheral fever, in his midwifery practice,
he should visit all the other women first,
and allow her to be last, if his amanuens
will at all permit of his doing so.
New medical practice should be prevented from coming near persons labouring under puerperal fever, and then visiting those about to bear children, or who may not be quite recovered from the effect of that process.

Everything in connection with the bed of a patient, who has laboured under this disease, or died from it, should be thoroughly screened and washed before any parturient woman is placed therein. The drapes the rooms, or ward, as the case may be, should be carefully white-maid, and as carefully ventilated.

One writer recommends that the bed should be burned, and this will of course prevent or spread this disease.