Puerperal Fever.

To the uterus may be ascribed the power of causing many of the most common affections, for which females are obliged to call in the assistance of the members of our profession, whether from the precocious or too tardily delayed commencement of its functions; the arrest or the excessive development of that function; or the pain caused by these actions in their primary effects; not to mention the influence these changes have in affecting diseases of other organs, when these latter occur during the time that it (the uterus) remains in an unimpugnated condition; but none of these are so much or so justly dreaded, as the changes it may and so frequently does undergo soon after parturition. Amongst the last mentioned undoubtedly, the most formidable is that denominate "Puerperal Fever." This pestilential disease which has at different times devastated whole neighbourhoods, converting the child whose coming is usually looked upon as the
advent of family joy into the fell herald of almost certain death to the being that gave it birth. So the medical man in attendance also it cannot fail to be an unbounded source of anxiety, and if well informed on the subject of its cause generally, he may on taking a retrospective view have to condemn himself for want of caution in these matters connected with other parts of his professional practice, and to which a general practitioner is constantly required to give his attention, he may have been the unwitting cause of producing a disease whose subtle agency in extending itself may have power sufficient to carry away the most valued of our social community. He himself stands in an insecure position and in many unhappy instances has been the most severe sufferer, after perhaps having for years witnessed the ravages of death in all its forms, and with feelings no longer appalled by its appearance, he is suddenly attacked by the remorseless Grant and snatched away in his unrelenting grasp.
Though some still uphold thedoctrine
of the non-contagious nature of Puerperal
Fever, it appears but too certain that it is
do subdue a poison, that causes where the
medical man had punctured his finger,
(the wound being even so small as to be invisible
only by the aid of a lens) in a post mortem
examination of a Puerperal Fever patient,
he has died of the effects of this puncture.
It is even said that the penetration of
a Puerperal Patient is contagious. (?)

Other strong in the belief of its non-contagiou-
show paid the forfeit of their disbelief with
their lives!

Whether this disease had an existence previously
or not, the books at present allowing of
reference to the Profession generally, carry
back the history of the disease no further than
the middle of the last century. That it
did exist previous to the date is on the
one hand highly probable, the same causes
existing in those times, which are found to
give rise to it now, though not to the extent
noticed in the Present. These records even
give us no certain clue as to the degree of
prevalence of this scourge, from its not having
been sufficiently understood, or but inadequately
recognised, yet on the other hand, SharePoint
one must be fully justified in advancing
the Proposition, that even did it exist it
would bear more of the character of Pneumonia,
Diphtheria &c. than of Puerperal Fever, having
from its very Commencement a decidedly
asthenic character. Physicians tell us that the
type of the disease is changed, now this must
be in the Constitution and not in the disease
itself. The Pneumonia of bygone days
is equally the Pneumonia of the present day,
but facts bear out the opinion that loss
of blood, which would in those times have
been considered absolutely indispensable to
the cure of the Disease, would now be as
fatal as the Disease itself.
From these facts we must suppose, and
apparently with justice, that in those days
the actual asthenic vital power was
greatly beyond that of the present time, and
that disease consequently in whatever form
under their notice, the case being so all
probability totally different, and thus
a plan of treatment originally false is
brought to bear on a still more inaccurate
diagnosis. It is clear that under these
circumstances, the literature in connection
with any given disease must become
crowded with crude theories, and ill-
advised speculations, tending only to deceive
and mislead those who honestly and with
patience seek for the proper plan of treatment.

In connection with no disease is the
evil more apparent than in the bibliography
of Periperal Fever, the discrepancy in the
accounts of different authors on this disease, is
so great, that not two systems agree, and it
is only by reading the most learned compilations
and lifting them thoroughly, that one can
arrive with tolerable accuracy at the real
phenomenon of the disease and its treatment.

Now that science has advanced so
considerably, natural laws in the animal economy
are more fully understood, and will every
encouragement towards attempting to elucidate
under their nature, the case being in all probability totally different, and thus a plan of treatment originally false is brought to bear on a still more inaccurate diagnosis. It is clear that under these circumstances, the literature in connection with any given disease must become crowded with crude theories, ill-advised speculations, tending only to deceive and mislead those who honestly and with patience seek for the proper plan of treatment.

In connection with any disease is the evil more apparent than in the bibliography of Puerperal Fever, the discrepancy in the accounts of different authors on this disease is so great, that not two systems agree, and it is only by reading the most formed compilation and lifting them thoroughly, that one can arrive with tolerable accuracy at the real phenomenon of the disease and its treatment. Now that science has advanced so considerably, nature's laws in the animal economy are more fully understood, and with every encouragement towards attempting to elucidate
Those points still involved in obscurity we find men standing high in the profession from whom instruction is in many instances faithfully sought, and whose partiality or aversion to any doctrine they promulgated, may be calculated strongly to bias the minds of their listeners in their after careers, still holding bigoted views of diseases, upholding the most antagonistic doctrines, and opposing any new discovery with the most ridiculous string of arguments, evidently only called up by feelings of envy. The best and newest point in question is perhaps the absurd opposition with which the introduction of chloroform into obstetric medicine has met with from a few medical men in other schools, on religious or moral and medical grounds. This observation also holds good with regard to the more important medical and surgical theories, and especially with respect to the subject in question. the man obstinately maintaining that Perpetual fever is an inflammation of the veins of the uterus, another of the uterus or of the sympathetics, one limiting the disease to the
extensive appendages, another forgetting the
intestines and appendages altogether, advising
a plan of treatment solely applicable to
intestinal peritonitis. For the student of medicine
prior to graduation, are his own powers
of observation, upon which he must subsequently
rely, have been fully called into action, it
may be difficult to say which is right and
which wrong, he never having been able fully
to ascertain their relative accuracy, from
want of opportunity in his short career of
study.

Considering this, we trust that it will be
sufficient for the author of the Thesis, that
he give such an account of the disease, its
causes, symptoms, and treatment as will
convince the body of examiners that
during the time which he has devoted
to medical studies, he has endeavoured
to obtain correct views of disease, not
coming within the narrow limits of
being considered a specific disease, and
requiring one specific plan of treatment;
but as the all alterations from the natural
state of health, which may be connected and modified by other alterations occurring at the same time and requiring for their cure a proportionally modified plan of curative treatment.

We shall endeavour to evince that though neither a Hydropathist or Homeopath, we yet entertain the opinion that medicine can only be of service when devoted to the sustaining of the "Vitae prævia," "Vital power," or "Ignate something" though whose agency alone strengthened or disease decreased by the exhibition of appropriate remedies, the human system is alone able to throw off those arrangements of its healthy functions which are incompatible with health, and hastening its natural progress to dissolution.

Therefore, although having sought the recorded advice of several men of eminence, instead of giving their names and opinion individually, we shall attempt to class them together as at present appears to us most suitable to the object in view. In the mean time
We cannot do less than acknowledge that to our esteemed professor Dr. Simpson we are principally indebted for the guidance necessary in the selection or rejection of the various opinions with which we have been brought in contact during our reading in connection with this particular point.

We purpose treating the subject under the following heads, viz.

1. Its causes.
2. Symptoms.
3. Diagnosis.
4. Prognosis.
5. Treatment.

In conclusion offering some remarks as to the sanitary measures necessary to the prevention of its primary origin, and subsequent extension.

I. The causes may be classed under several heads, differing in many instances but little in their actual nature, but varied in their means and mode of attack.
We shall enumerate them as far as possible as, 
(a) such as originate in the woman herself. 
(b) those depending on local, atmospheric 
and mechanical origin. 
(c) Contamination by actual contact with a 
similar or closely allied disease. 

(a) It cannot be a matter involving the 
slightest amount of doubt, that the human 
stitute predisposes to Periphal fever, 
quite as much as to any other form of 
disease. The debilitated state of the 
constitutional power attending this inherent 
or acquired depraved condition of systems, 
even more than most others, causes that 
state of healthy vital power necessary 
to the proper resistance of infection in its 
first attack, or to the freeing of the system 
of it subsequently. This may in a great 
measure account for the number of cases 
 occurring principally among the two very 
 extreme classes of society: the very rich 
and the very poor—among whom the 
manifest of syphilitic directly or indirectly 
are the most virulent. The former, in many
wetted examples daily before us, injuring
the body of constitution, and developing
the seeds of disease latent within them,
by an indolent and luxurious mode of
life, over excitement of the sensuous and
devouring appetite, dissipation of every kind
by &c. — the latter sometimes exciting,
but more frequently acquiring it from
residence in low, ill-drained localities,
deprived of the proper exercise of pure
air and light, the insufficiency of clothing
for protection against the vicissitudes of
climate: all aggravated by want, filth
and starvation. Persons of every habit of
body may and do become its victims, but
as will be evident when we proceed to
speak of the immediate exciting causes,
to fewer is it so likely to occur, and to none
to prove so fatal as to a truly destitute subject.
— The system is at times more prone
to take on diseased action than at others.
Pneumonia, affections though as likely to affect
a pregnant woman, as when she is
unpenetrated, are frequently overlooked.
And more frequently slighted as "diseases incidental to pregnancy," and which in time "cure themselves." But when this does occur caused as it is by the altered or deficient action of some excreting organ, the circulation becomes more or less loaded with an effete material ready at any provocation to burst out into an open rupture with the state of health, and even to endanger life. Dr. Simpson tells us that the uterus is deprived by parturition of its mucous membrane, and remains in the same state as the flap after amputation. Why, then, we may ask, should not the same state of system which causes a simple wound to take on an erysipelas inflammation, when called upon to heal the denuded surface of the uterus, be as likely to cause a periuteria, as the incised wound of amputation to become the seat (?) of cause of surgical fever? The same train of symptoms frequently attend Pneumonia, Erysipelas, Surgical
Even, and Pneumatic action set up in an abraded wound, and their progress towards recovery is marked. By the same apparent effort of the different excreting organs to stream off some offensive material, upon their success in which office the hope of cure depends.

Daily observation displays to us that Pneumatics, Drysipels &c. depend upon a contamination of the blood reacting on the other fluids and soft parts, and that to remedy and destroy that contamination is to cure the disease. Immediate or post partum hemorragia predisposes to the disease and prevents its resistance, first by the excessive exhaustion of animal and nervous power, and secondly by promoting and favouring the inhibition of any substance which may be subsequently placed in close proximity with the exposed vessels of the uterine. We say 'vessels of the uterus' because it matters little whether these vessels be the veins or lymphatic, and to
particularize these either would be only laying the subject open on a point, where the opinion of no one person, would have sufficient weight attached to it to be deemed conclusive.

Degeneration of fibrous or other tumours within the uterus; retained coagula or portions of the membranes; the presence of the system of syphilis; or the more direct influence of gonorrhoea may all be believed to be causes of the disease.

Anxiety existing in the mind of the patient from causes over which we have no control, also by lowering the general nervous system interfere with the necessary reparative efforts of nature.

B. If the Local Causes!

Uncleanliness, a never failing source of disease, so far prevents the due discharge of the bowels so that they may so far undergo putrefaction in the vagina and uterine as to emanate a fétid and poisonous
Insufficiency of ventilation is highly injurious in itself, also as promoting the powers of the last mentioned cause, especially if combined, as frequently happens, with a dark and gloomy apartment, inducing from the very commencement a low-irritable form of fever. Abuse of spirituous liquors too soon after delivery. The presence in the same room or in the immediate neighbourhood of a person suffering from dysentery or typhus, the use of commode common to both parties, whereby the genitals are being constantly brought into contact with matters more or less putrid or irritating, (the cause of the eye, in almost as likely to take effect before delivery or afterward) — again, the vapours of putrid animal matter from any source, as drains, cesspools, privies, &c., a damp, close and heated atmosphere, favours the accumulation and concentration of these causes, and at the same time of itself induces a train of febrile symptoms.
scrofula as well as any other disease, are capable of exercising their
noxious influence, and when concentrated, or acting under circumstances which defy
the patient's power of resisting them, are
apt to give rise to the disease in its
most virulent form.

C. Contamination by actual contact with
a similar disease, though regarded by
most persons to be the usual cause of the
extension of the disease, is still doubted
by many authorities (whose names entitle
their opinions to something more than
a passing glance). But viewing the matter
in all its bearings, we must consider
that the latter persons must have
endeavoured to promulgate such doctrine
from some other motive than sound
conviction. The observation is of an old
standing as the disease itself, that the
disease has followed the midwifery practice
of one medical man alone, even in a
large manufacturing district, where the
demons of the epidemics appear most
always arise, the practice of other medical
men in the same town being quite free
from disease. The line of demarcation
has been even more narrowly defined,
a marked difference existing in the state
of health of patients under the care of a
medical man, and those whom his
assistant is attending. Hence no man
would be justified in exposing his
lying in patients to the risk of contagion
which others consider frequent causes of
the disease, to wit: the proceeding from
a person labouring under the disease,
to another common about to be, a lately
delivered, without performing the most
thorough ablation of his hands, not only
by the ordinary method, but also by the
use of some chemical agent known to
possess disinfecting properties with regard
to animal poisons. Among the several
which have been mentioned and recommended,
none appear to eligible as the chlorate.
of Pott's, the use of which is so strongly advocated by Dr. Simpson. Even with
the most careful attention to such things, it will occasionally happen that it is
impossible to prevent contamination. The medical man will however have the
satisfaction of knowing that the spreading of the disease was not owing to any
neglect of that conscientious caution, which ought always to mark the practice
of any person engaged in a branch of the profession where such a fatal disease
occasionally occurs.
These means failing thebesiege resort
is one and one only—viz. to absent
himself altogether for a time from practice.
Articles of clothing are also supposed to
possess the power of conveying infection
efficiently, especially during a moist state
of the atmosphere, when evaporation proceeds
but slowly. This is remarkably observable
in the case of Scarlet Fever, when so
often can be traced in the most
careful enquiry. Cases of its occurrence
have also been recorded, when the medical
men, having previously visited a case of
polyomous erisipelas, or performed
some trivial operation on an unhealthy
subject, his fingers have become etrusted
perhaps an almost imperceptible amount
of the discharge, which he has subsequently
washed off, but not suspecting any
dirt, has not used any disinfectant,
and visiting and perhaps examining
a woman afterwards has given rise
to Puerperal Fever. These remarks are
as applicable of course to the nurse
in attendance as to the medical man.
A host of other means by which the
disease may be conveyed from patient
to patient have been mentioned in every
Treatise upon the subject, but instead
of giving them in detail, it is enough
to say that almost any and everything
may be the unfortunate means.
There is one article, useful in the lying-
in room, the danger from which we
have seen mentioned. The attitude is

the ordinary enema apparatus. Though there may be little risk with this in the practice among the middle or higher classes, yet it should be borne in mind that among the lower orders, the instruments are invariably lent by the medical man and are indiscriminately used by him in cases of dysentery and in midwifery practice. The greatest care (if taken) could hardly prevent the adherence of some portion of the discharge from the former disease, and where it is known that a current of infected air is frequently sufficient to contaminate the blood, it must be apparent that the more direct agency of this instrument should be equally if not more energetic.

The propriety of the lying in ward (in some imperfectly constructed and regulated hospitals) to persons suffering from foul sores, ulcers or the scourge of hospital gangrene, is a thing that cannot be too highly reprobated. It will only be
When the profession at large (influenced
by a combined decision of those men
who prefer to investigate such matters),
arrive at the conclusion, that the disease
is really and truly infectious, that
such alterations and amendments
will be made in the buildings, in
which obstetric cases are received,
that in order to prevent as far as human
powers is able, the primary origin
of the subsequent extension of this
disease, which is the Midwife as
great an incumbrance as Hospital Gangrene
to Surgery.

In summing up this very imperfect
delineation of the cause of Puerperal
Fever, it only remains for us to take
a retrospective view, and to impress
and lay the greatest stress upon the already
mentioned fact, that the surface of the
uterus, after parturition being in a
state analogous to a stump, after
amputation, viz. a large wound,
were attempts on the part of nature,
To restore it to its original condition must take place; that the patient is at the time labouring under a severe shock, augmented in many instances by attendant hemorrhage, and hence consequently prone to take on diseased action, with but little power of resisting its progress; that these causes, though of an irritative nature, are debilitating in the extreme and that arguing from these facts, we come to the opinion that any plan of treatment which either at its commencement, or subsequently tends to lower vital power, is if anything more dangerous in the majority of cases than the worst form of the disease itself.

Before attempting to describe the symptoms of the disease, let it be clearly understood that the form of Wryneck Fever under consideration,
is the sarcomatoid or malignant form of fever, arising from marked change going on in the system as an organ, in its veins or lymphatics individually, or its appendages, as the ovaries, fallopian tubes, or vagina; and marked by a train of symptoms which though as urgent as those of the stage of reaction in typhus, like that disease possess a tendency towards speedy exhaustion of the powers of life necessary to its cure. It must therefore not be confounded with that atonic form of inflammatory action in which the peritoneum is most usually implicated and principally affected, and which derives its origin from causes totally different in nature and action, for example, a pluriatic state of system, lying too long or unprovidently in the chair, consequent on delivery, or exposure to currents of cold air, &c., before the system has been able to rally from the nervous shock attending parturition.
The symptoms make their appearance in a period varying from a few hours to thirty, forty, or forty-eight hours, the patient complaining of an uneasy sensation in the region of the uterus, and when examined, the uterus and in some cases the Peritoneum immediately adjacent is found to be extremely sensible to pressure, far more so than the patient had any reason to suspect from the amount of uneasiness prior to it. Sometimes and in the more unfavourable cases the patient expresses herself devoid of any uncomfortable sensation, and it is only on a careful medical examination that the true state of the part is detected. This is a point of great importance, and it requires to be borne in mind in the examination of every woman the day after delivery, that it is the peculiar nature of the disease to make its attack in a very insidious manner, only to be recognized by the greatest care, and the necessity of this.
will appear on considering the speedy
fatal nature of the disease when unchecked.
and that it is in the stage of erosion.
alone that there is any great hope of
cutting it short. This tenderness is accom-
pnied by heat of the vagina and
vulva, and unhealthy, dark, and even
offensive state of the lochia, or these
may be the first instance almost
or quite suppressed; the countenance is
flushed; the skin is covered by a cool
 clammy perspiration, which occasionally
emits a sickly odour. The tongue is
either loaded with a white fur, or red
at the tip and edges, and coated only at
the base; the breath is sour and disagreeable.
the bowels if open, discharge a verdous
matter mixed with a bilious matter
which appears to have been long retained,
and the feces often excrete the parts
through which they pass. the urine is
highly coloured, loaded, scanty and
in the worst cases almost suppressed.
The pulse appears but little altered at first
Being often soft, though easily compressible, its beats varying in number but slightly from the natural standard. This may be viewed as the first stage of the malady.

The second is characterized by an increase of all the local and constitutional symptoms enumerated as appertaining to the first stage, the discharge from the sexual organs, if present, becoming of an altered and much more offensive nature, plainly indicating that penetration is going on either in them or in some structure with which they come in contact, the alveolar evacuations being also altered in the same manner, and evincing the effort of nature to throw off "materies mobi" which have either been present in them prior to the commencement of the disease, or introduced into them subsequently through the agency of a contaminated circulation; the urinary organs in favourable cases also labouring to throw off alike impure
material, or in the worse cases, appearing to succumb in their effort, their respiratory power being almost suppressed; the pulse also rises considerably in both volume and frequency though seldom becoming hard; the general febrile symptoms, as thirst, headache, pain in the bunion region, with a heated state of the palms of hands, are always present in a more or less marked degree.

The third stage differs considerably in its attendant symptoms, which may indicate on the one hand a decline to recovery, or on the other a gradual or very speedy journey to a better land. If towards recovery the whole of the symptoms are alleviated, and gradually diminish, the local pains are less severe, the patient turns about more freely in bed; the coehial discharges by degrees assume a more healthy and less offensive character; the saline discharges generally cease at the commencement of
this stage, soon regain their wonted condition. The flow of urine also becomes more copious, depositing on cooling a copious but tenacious sediment, the amount of which gradually decreases; the mental emotions are of a more lively nature, the patient ceasing to entertain any fear of her ultimate recovery. This last symptom may be perhaps looked upon as the most favourable that can occur.

Should the disease however tend to an unfavourable termination, the whole of the symptoms become aggravated, to an extent which can leave no doubt in the mind of the medical man as to the course that the disease is taking. The countenance becomes rapidly collapsed, the features appearing pinched, the eyes sunken and the expression save of anything else than exhaustion; the tongue becomes covered with a dark brown fur, its surface appearing hard, dry and cracked; the gums almost hidden by an accumulat
may of corpses. The breath which was at first perceptibly sour, now becomes highly offensive; the discharge from the bowels evinces the depressed state of vital powers, as expressed in the capillary system of these organs; the sphincters lose their contractility; the patient lies in an attitude the of almost total exhaustion of muscular and nervous power; the pulse which through the course of the disease had never displayed any great amount of tone, now evinces the loss of even that little, and gallops on to its own destruction; the patient gradually loses the interest in surrounding objects, however near and clear they may be to her. This is but a prelude to low-spirited delirium.

The diagnosis requires to be considered more with regard to the low forms of fever, as the lymphoid and typhus, to which the paralyzing woman is more
Susceptible than ordinary females.
This is readily accounted for when we consider the state of shock under which the patient always suffers to a great or less extent, even in the most favourable circumstances, but the reaction of which may be affected by various agents, an injury of the uterus from long continued labour, the mechanical injury sometimes inflicted in the introduction or extraction of obstetric instruments, or the debris of a uterus which has undergone craniotomy. Immediate or post-partum hemorrhage, unfortunately private circumstances waiting principally on the nervous system—insufficient food. The long delayed administration of anesthetics eliminative. When reduced even for a short time to the state of quiet depression the system is more readily affected by injurious disorders, as for instance those above mentioned, and which in their primary effect on the circulating, nervous, and secretory functions in a great measure resemble the symptoms.
of lymphoid Rheumatic Fever, as it first comes under the observation of the Physician. From Pneumocural Syphilis we are enabled to distinguish it from the absence in this disease of all the local symptoms, and the distinct chill and rigor which usher it in, and are quickly succeeded by the usual Febrile symptoms. The strongly marked central symptoms with early recurring delirium, the intervals of perfect compose. The total absence of tenderness in the abdomen, or if present referable rather to flatulent distension than inflamatory irritation. The presence of Petechia.

Stenec inflammatory disorders as peritonitis and metritis may be still more readily distinguished from it. In time the mode of accession of symptoms, the state of the pulse which from the first is small, sharp, vibrating, and hard; in peritonitis tendency over the whole surface of abdomen speedily followed by an accumulation of fluid in its cavity,
and in metritis the destruction of the tendency to the uterine itself. The pain attendant on both diseases is the want of cerebral symptoms and the state of the eyes.

In the Prognosis we must be guided almost solely by the state of the constitutional powers of the patient, the possibility of removing the injurious agents which have given rise to the disease, or our capability of removing the patient, at little risk, to a more healthy position, or if epidemic, the prevailing character of the epidemic. It should also be borne in mind that in this as in many other disorders, that the success of treatment depends greatly on the persons immediately in attendance, the amount of reliance which can be placed on their executing fully the instructions of the Physician, the administration of medicine, diet, &c. &c. but much more on the moral effect which they can produce on the mind of patient during the period that the disease is amenable to treatment.
A cheerful lively disposition producing a beneficial effect, which the reverse aroused towards the patient herself all hopes of recovery. From this nothing is more likely to induce a fatal termination, as by depressing the nervous system in any way we cut off the sole hope of recovery, we shall endeavour to prove this demonstration in speaking of the treatment—It is obvious that to the practical though not strongly marked increase or abatement of the symptoms, are we to look for the more important facts required in forming a prognosis.

In forming a plan of treatment for the cure of synovial or malignant Rheumatism, we venture to propose as far as allowable from our limited knowledge of the present state of the medical science that it should be directed towards the following points:

1. If possible to remove the source of infection, supposed to produce the disease in the first instance, or to favour its progress.

2. To allay the more urgent symptoms.
9. To administer certain internal remedies with the object of raising the tone of the nervous & circulatory system, thus increasing the reparative action of the secretory system, and in this manner endeavouring as far as possible, to prevent that tendency to disorganization in the fluids and soft solids which post mortem examination shows to have been the effect of the disease.

The first indication, "The removal of the primary cause," can only be fulfilled by a careful and accurate inquiry of the source of infection or contagion, and the happy detection of the one concerned in the case immediately before us. Should it arise from a prevailing epidemic, whether the medical man or nurse having been engaged in attendance on a similar case, the we may fairly attribute it to atmospheric origin. In some cases, when the lying room is exposed in any way to currents of air, from cesspools, drains, &c., &c., as the cannot remove them, we may be able to remove the patient into another
room, away from their deleterious influence.
It is more important to examine the profuse
menstrual flow, the actual state of the lochia, and
from there, we will not infrequently in the
early postpartum period, if the disease be enabled
to recognize the presence of portions of
retained placenta, membranes, or coagula
decomposing, and in some cases the
putrefactive debris of a fetus which had
not survived the earlier stage of development.
Decomposing coagula are not only injurious
themselves, but exert a catalytic influence
on others, and frequently by their presence
and accumulation on or about the cervix,
tend to impede the exit of their passing
deposing neighbours. It is obvious that on
the detection of any one of these, anything
short of their complete removal would
be malpraxis, and in order to accomplish
this one must resort to one of three remedies.
Manual extraction - Emmet's - or enema appox.
Manual extraction is easily accomplished.
As regards those coagula which remain
pent up either in the cervix uteri or in vagina,
but becomes much more difficult when they are lodged in the cavity of the uterus, and
only performed very early, the parts would
have become so inflamed and tender, that
it would be almost impossible to induce
the patient to submit to the operation.
But when the case is seen very early, the
operation if delicately and carefully
performed, would be the preferable practice.
For two reasons; the first being that the
stomach in the manner would not
be interfered with, as it is in the center
of conicis and lumenovaginis, and in
the treatment of this disease, irritability
of stomach is often the most dangerous and
dangerous symptom present, as it precludes
the administration of bitter food or medicine,
thereby tending to exhaust the patient more
rapidly than the complicated disease itself.
Secondly, the medical attendant is likely
at once convinced of the presence of materia
morbi in the cavity or of its total absence.
The manner of doing this is very simple
and if performed with due consideration,
to the feelings of the patient, devoid of any considerable amount of pain, in fact so little as in most operations required to be performed. By accustoming in the majority of cases, the manner of the operator to the sole guide to the patient, a quiet yet determined manner will in most cases induce the most nervous female to submit quietly to all that a right-minded practitioner may require from her. In no branch of the profession is the happy combination of the "tranquil in mode" joined to the "fortiter in re" so necessary as in all points connected with midwifery and its attendant diseases. Emetics may under certain circumstances lower, the judiciously combined with the use of the foregoing plan, especially, when the furred and yellow state of the tongue, the appearance of the conjunctiva, &c. indicate from the very commencement, marked uterine derangement. We should choose between Tannin in or sulphate of iron, the latter emetic though a more offensive remedy is liable to lower the patient excessively.
As an emmenagogue the greatest reliance is to be placed on the Eruption of Aye, in the form of decoction saturated with the barks of soda, the former ingredient counteracting the hemorrhagic tendency of the soda, at the same time, at the same time that it expels the offensive materials.

The alleviation of the more urgent symptoms is confined to the treatment of those which affect the stomach, and those which appear under the form of abdominal pain. The effects of stomachic is best combated by the use of opium, if the stomach will bear it, some persons considering that its tolerance of this remedy is the most favourable symptom that can occur. When it can not be borne the effervescing mixture of citric acid and bicarbonate of potash will or without the addition of small doses of hydrocyanic acid, or small doses of balsamum and ammonia, will frequently be found of great service. The abdominal pain is most speedily and effectually removed by the use of tuberculinate epithelium to the extent of producing great irritation of the skin over the
partly, when the internal organs are considerably relaxed, and the amount of circulating fluid therein decreased. Intestinal distension, when the cause of abdominal pain is best expelled by the use of carminative stimulants, &c.

In the third indication, "So administer certain internal remedies &c.," we must be totally guided by the stage of the disease in our first seeing it. If we see the patient soon after the commencement of attack, an emetic, followed by a purgative, such as colonel in a large dose (15 grains to 3 grains) combined with opium or opium and camphor, its purgative action being secured by giving half an ounce or more of spirit of tartar, or water and an equal quantity of castor oil, give them in aromatic water to make them more agreeable. This last draught to be repeated every 2 or 3 hours, so long as the state of the alvine excreta demonstrate the propriety of the purgative action being maintained. This combination of emetic, olholague, and purgative will by their action on the liver and intestinal canal, clear these viscera from the effects mentioned.
apt to accumulate in them, cut short in many instances the inflammatory action, and place the system in a more favourable condition to receive the benefit of the other remedies. This should be followed by preparation of carbonia, salerion, opium, camphor, ammonia, must, chlorate of potash, bicarbonate of potash, tannic acid, &c., &c., various combined and regulated in the dose according to idiosyncrasy. The exhibition of these remedies should not alone lead us to neglect the equally important matter of diet, which should consist of light forests, as sage, arrowroot, &c., with good broth, a moderate quantity of good wine being from the very commencement of great service, especially when taken in sweet officering water. In some cases it must be given in large quantities, bread being even substituted for it, with locomotive ammonia.

The topical use of hypochlorides, solvents, added to the usual fomentation, applied to the parts when in a state of inflammation, have been found extremely useful in counteracting the septic and mutilating quality of the boils.
The sanitary measure necessary to its prevention, wherever those general principles of hygiene obviate them to every disease, but more especially that no nurse, woman, or man, or any medical man or nurse, who have been previously engaged in attendance on persons suffering from erysipelas, scrofula, fever, dysentery, or typhus, without previously exposing themselves freely to the open air, and using the chloride of potash to remove any taint of animal matter.

John Bellamy Wells.

April 1st, 1856.