During the Cholera epidemic of 1849, I made frequent examinations per vag.

In order to make up for the present time and familiarising myself with the form of labour and things &c. I used some of the ordinary precautions very clean hands and a little Carbolic acid as a lubricant. I must have reason to anticipate any difficulty. After coming to London, I had not much Midwifery practice until I became Resident Medical Officer in the Fever Hospital. Here I had 120 cases of Midwifery per annum. In my second year of residence, I had a case of Puerperal Fever followed immediately by 20
In most cases, an account of which I will give further on, these patients were attended in their labours by the resident midwife. Stringent measures were taken to stamp out the disease, and we had no more patients down with it.

About six years ago, I commenced practice in a densely populated part of London, and since that date have seen seven cases of puerperal septicaemia among puerperal women. Four of these occurred at intervals of several months in my own practice, and three of them were attended by myself, the other by one of my assistants. The other cases occurred in the practice of midwives and were called in after they were ill. Other cases have occurred in the neighbourhood of which there have been but few as details. Before March of several cases occurred in the practice of the Inner Temple Dispensary. Some few years ago a midwife in Chelsea had several cases of the cause of which both after childbed and before childbed, all these cases occurred in my immediate neighbourhood. In addition to the cases of puerperal septicaemia already mentioned, I have met with my practice several cases of acute or subacute and also minor degrees of fibril disturbances during the puerperium. Three patients under
appropiate treatment have made prodromous
In fluidless cases these mentioned may
been unduly long or may be a very high
percentage of cases attended with fever, but
when all the conditions and surroundings
of the puerperal patient in a densely populated
town are considered, I do not think it a very
high one; on the contrary, it is a marvel
to me that cases of puerperal infection are not much
more frequent. To have the patient dressed in
dirty clothes after the bed on which she lies
has had children sleeping on it with such
diseases as Scrofula, Syphilis, Measles, etc.
(though and the bedding must be disinfected
after all cases of infection disease). The nurse
is often both ignorant and dirty, never makes
the patient but allows her to lie in her
bedlinen and dirty bedding and is horrified
at the mention of any measures of cleanliness.

For the last 20 years, they adopt a
much more anti-epidemic form of treatment
and since they have had only death in
cases attended by myself and the cause of that
shall be all to explain later on.

Of all the Finnish conditions, most during
the lying in and most puerperal fever, to call it,
is by far the most important. In it one
gets a brief history of it and then discuss its
etiologic, pathology, symptoms, and the
History

In the history of Puerperal fever dates back to the times of Hippocrates, as it is thought that he first used the term "Puerperal fever" to describe it. According to Erasistratus, the disease was caused by the infection of the uterus and the poisonous matter was retained in the blood and spread to the other organs of the body, and finally a paralytic fever was set up. Some authors doubted the original fever as a result of infection. Erasistratus is credited with being the first to suggest this action, but Pugo a Frenchman in 1753 first brought it into prominence. In order the predecessor of Mousseau stated that he had found a cause and that it was caused by the epidemics of lying in or resting in the epidemics.
Sennert declared that he had made
bulls from the blood evacuated by the
intestines. Autun, this early theory
maintained that during pregnancy the
flows of juice take place chiefly to the
uterus and especially to the breast.
After delivery they are again directed
externally through the tendons of the pectoralis,
the pectoral and lactation; nor if these
functions are in any way disturbed
the current seeks another channel and it is directed to the head, chest or the
abdomen. Another theory was
culled by English doctors and advocated
by Still, Vincentius, Cooper and German
men that these affections are due to
accumulations of bile, phlegm and
mucous in the puerperal fevers.
Other observers maintained that inflammations
with the chief cause of puerperal fever.
In 1787 Clarke discovered a purulent
fluid in the uterine veins of a patient
dying of puerperal fever. He noted that
the disease always began at the cervix uteri. The Philosopher's Theory
attailed to the Empyema theory advanced
by Paréau 1466. Sennert, Willis, White
called puerperal fever a "putrefactive fever"—
or Typhoid.
Medel Omerz and Cadderhotd main-called the opinion that every purpural fever is an intermittent, blood with a different type. Sehe, Helen, Swell, Riroun and Geoundour denied that there is anything characteristic about so-called purpural fever and said that it is not one disease but many different forms of disease—that purpural women are more liable to disease than others, but that the diseases are modified by the purpural state. They also said that the same pathological condition is found in pregnant women, virgins, newborn children and in men, and these views are in accordance with modern teaching.

Sir James Young Simpson (in his "Medical Helks 1876") formed very clear and definite views of the nature of the disease of the disease, of its identity with septicemia and pyemia, and of the communicability and protection of the disease. In speaking of deaths after operation, he says, "First of all do they die of purpural, surgical complications? In a few cases they do; but not in many.

Secondly, if only a small proportion dies of fatal surgical complications, what do the great mass of them die of?
pupular patient die of pupular fever a similar compound disease consisting mostly the pupular fever of coronary acute fever and acute internal inflammation. With regard to the communicability of the disease Dr. James Young had an unfortunate experience of that when he attended the post mortems on O’Fedioy patients. Denial four cases attended he lou. One afflicted will pupular fever. With regard to the question of the contagious material Sir James believed that generally it not always the material which when comes from one subject to another and produced pupular fever was of an inflammatory nature.

Dr. Alexander Gordon published an account of an epidemic of pupular fever at Aberdeen between the year 1489 and March 1492. He states the communicability of the disease was very evident. The disease he says was not peculiar to any constituted or temperament but derived alike. It prevailed chiefly amongst the lower classes and on account of his public and veterinary practice in Midlothian most of the cases came under his care. He gives
"My (Twenty-fifth) Cases that came under my own care in Medicine. They attended in 1st the table carried the infection to 2d the next woman whom she delivered. The physician who attended in 1st 2d carried the infection to 3d 5th and 6th successively, from woman they delivered. The discovery of the communicability of the disease was first made by a British physician and the first nurse who assisted upon its being an infectious fever was Charles White. He was Surgeon to the Manchester Infirmary; this was in 1793. About the latter 1840 - 44 by Ignatius P. Simons, a young Hungarian, then Assistant to Prof. Klein of the Eye and Hospital School, it was deduced that the disease was most prevalent at the Roselinn. Here the patients were delivered by students and the idea occurred to him that the cause of the disease was a Matrice Morbi Carnei or the hands of the students. In 1844 he directed the students to wash their hands in chlorinated water after white the mortality sank from 11.4% to end in 1846 to 1.2% to end 1848. The mortality now sank below that in the clinic.
History

Research has a direct bearing on the action of the disease. The inoculated morbid material into healthy animals and produced septicaemia. It declared every case of putrid fever to be an absorption fever caused by the introduction of some decomposed animal matter which was conveyed to the patient at some time or had developed in her own body." These terms as in the Orient held at the present day. The infecting matter can known only be absorbed from an injured surface is from a wound. Mumps putrid fever ranks as one of the common traumatic fevers. The Physiological traumaic. Consideration of the uterus after delivery presents a direct channel for absorption and thus again an lane always always breach of surface of the uterine membrane of the vagina and cervix and is principle this an almost always distinct from the prominent region of the vagina. The locoed discharge may present or membranes protruding from the uterus a blist erect in the upper part of the vagina as fruitful soil for the development of a reflex poison. The nature of blood is not fully generally understood.
It is now believed a generally accepted fact that small organisms, bacteria or micro-organisms are the true cause of purulent infection. Many hopes rest the future to show that the processes that are produced by round viruses are of a parasitic nature. The theory of micro-organisms having any thing to do with the diseases was at first ridiculed; they were thought to be simply the accompaniments of disease.

Dr. Playfair (text book of midwifery 1878) speaking of bacteria in purulent discharge says that in most cases they may be traced in the veins and lymphatics and that they are found in various organs, and whether they themselves from the septic matter or carry it or whether they are accidental concomitants of the pyaenic process, it is impossible in our present state of knowledge to state. Since that date, great strides have been made in bacteriology especially by Pasteur & Koch. In use of amides diis in standing bacteria and the nuclei of cells leading other portions unshaken has been found of the very greatest devotees in medical
research. In great improvements in the microscope amongst which may be mentioned attic sub-stage illuminaing apparatus and the homogenizing immersaion lens as trancing in its less a degree facilitated exact microscopic research. The cultivation in solid nutrient media which is due to the fluid brain of Koch has allowed of the differentiation of the various forms of micro-organisms to a much greater and precise extent than was possible when fluids were used as culture media. The results of the improved methods of investigation have left no doubt that all forms of septicaemia and pyaemia have bacterial origin and that all the varied symptoms of these diseases are produced by baccula or the products of baccula.

However, before assuming that baccula are the cause of disease it must be first proved that the blood and tissues are free from micro-organisms in health. This has been repeatedly proved by numerous properly conducted experiments, but whilst the blood
and tissues are free, the skin and mucous membrane are formed at all times to be covered with various forms of organic life. And in pyaemia and septicemia we always find bacteria. What relation have they to the disease? It was formerly thought that pyaemia was a purulent contamination of the blood with depression of the vital powers and formation of abscess in various parts of the body. Septicemia was called putrid infection. It was supposed to be produced by the absorption of septic or purulent putrid matter animal or vegetable especially in the vitiation of food or septic gases. Pyaemia was distinguished from septicemia by the occurrence of metastatic deposit in the former and the absence in the latter. It has however been proved that in cases or described as septicemia intestinal mucus prevents metastatic deposit and often occurs and therefore the distinction does not hold good. Some authors divide septicemia as a disease caused by the absorption of putrid poison and call it septicemia connected with the development of microorganisms pyaemia. Various experiments by numerous to question have been made
In 1856, experiments were conducted on animals to determine if skin lesions were caused by microorganisms. The experiments of Roux and Folin (1856) showed that when a cut was made on the skin and infected with a microorganism, the skin became infected with the organism. These experiments were considered conclusive and led to the belief that microorganisms were the cause of skin infections.

However, recent studies have shown that skin lesions are not always caused by microorganisms. Recent research has suggested that skin lesions may be caused by other factors, such as autoimmunity or environmental factors. This new information has raised questions about the role of microorganisms in skin infections.

In conclusion, while microorganisms may play a role in skin infections, recent research has shown that other factors may also be involved. Further studies are needed to determine the exact cause of skin lesions.
concluded that the strongest chemical cannot produce suppuration. Although Ebert,
Schenk and others (Arch. f. d. Augenheilk. XIX 264, 1862) also made a series of experiments and came
to the same conclusions as Kleinperer.

The methods of Gm. Voss also bore. He placed a few drops of the vitriolized fluid as
Capillary tubes into these and sealed strongly and introduced under the skin of the rabbit
with all scrupulous precautions. After the incisions were thoroughly healed, which usually
took about five days, the tubes were broken
in situ and the animal killed in from
4 to 8 days. Nineteen vitriolized sub-
stances were used and in each only was
suppuration found by Ortmann. X
XX 579, 1879) found in taurus and
mercury were injected under the
skin of a dog. Suppuration occurred
without bacilli. Stavisky and Melisy
(Zeitschr. Arch. f. d. Augenheilk. XIX 567) obtained
similar results. Christmas has made
famous experiments and that seem to
leave the matter thus unsettled than
before and these experiments again further
confirm the. I think therefore we
may still retain of opinion that
septicemia has no other origin than
a bacterial one and that to the experiment the physician organism was formed and properly conducted. Christmas is of opinion that suppression is an effect of the reaction of the tissues against certain chemical substances which may be produced by living organisms or by substances of a purely chemical nature.

It is possible that symptoms as the result of ptomaine or leucornia may be produced by bacterial growth and not by the bacteria themselves. There are certain substances found in media which have been the seat of the growth of bacteria and are substances not alkaloidal in nature and possessed of succeeding toxic properties. They often occur in numbers of two or three in the same media and most often, since the researches of Seelitl in 1871, the name of ptomaine has been given to the alkaloids obtained from the putrifying cadaverous ones that have it been shown by Sauter that these alkaloids can form in the living organism as physiological products of the living cells. These latter are called leucornia in Lister (Peter Lister, Dublin 1885). So that bacteria produce chemical decomposition in the animal body and they do so acting in two ways.
I. By taking for their own use elements which are of importance to and necessary for the nutrition of the animal economy.

II. By producing in the tissues that they infiltrate, formulations which result in the separation of certain toxic products of complex character. Saraford, in 1827, observed poisonous properties in Cadenat's extracts and Pauw in 1856 isolated a purin-active poison. This effect was compared to the known, phosporous.

Dupré and Alcide Gesse in 1866 obtained from animal tissues an alkaloid which they called accinia quinoidine.

Burgman in 1868 obtained a crystalline substance from pulified extract of beef, which he called sepserin and which he thought he discovered in leprosy's blood. Several other alkaloids of purin action were obtained, but no prominent one existed until T. T. Hucchi obtained from pulitojui solution an alkaloidal base which had the power of combining with an acid to form a crystalline salt: "Cleiamine".

Bredjig has discovered several purin compounds amongst which may be mentioned peptotrocin, which produce death by Cordic paralysis, and the purinoid...
of putrefying meat vs. guanidine
C₆H₁₆N₂; Acuridur C₆H₁₂N₃; Sapro-
C₆H₁₆N₂; Trimethylamine and Mydalin
some of which are toxic, others are not.
Thus in the best known ptomaines Driger has shown that the Cadaveric
alkaloids only form in the beginning of
putrefaction and disappear on its
continuation. He has proved that
acridurie is formed during putrefaction;
Cadaverine on the third day putreces;
on the fourth day, for it is shown that
the different stages of putrefaction of
dead organs are marked by the
formation of basic products, and that
many ptomaines disappear with
these and are replaced by others.
Although these compounds are so
powerful, powerful in their toxic
action, they are to a certain extent
limited in that action by several facts;
their instability renders them specially
likely to be broken up into simpler
and more harmless compounds
and this is doubtfully greatly assisted
by the oxidation continually going on
in the living body, and by the presence
of animal heat. Which is another factor
in the production of change in these
alkaloids.
<table>
<thead>
<tr>
<th>Dates of Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

| Fahrenheit AM PM AM PM AM PM AM PM AM PM AM PM AM PM AM PM AM PM AM PM |
| 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 106.2 |

<table>
<thead>
<tr>
<th>Pulse Per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oozes or Drops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* Died

Handwritten notes:
- 30 | 5/10/35
- 30 | 6/3/36

Initials: J. H. Mulher

Occupation: Durogins

Published by T. Brettell & Co. 51 Rupert Street, London W.
Temperature Chart by Mr. Geo. Chas. Coles, M.R.C.S.

<table>
<thead>
<tr>
<th>Date</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disease:** Septicaemia (Acute)

**Observations:**
- 2 P.M.: 102° F.
- 3 P.M.: 104° F.
- 4 P.M.: 106° F.
- Died

**Remarks:**
- The patient was a case of acute septicaemia. He became severely ill when the temperature reached almost 106° F. Despite efforts at treatment, there was no improvement.

Published by T. Brettell & Co. 51 Rupert Street, London, W.
**TEMPERATURE CHART** by Mr. Geo. Chas. Coles, M.R.C.S.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. Murray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disease:** Peritonitis

**Dates of Observations:**

<table>
<thead>
<tr>
<th>Date</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- Fever and shaking chills.
- Patient became increasingly delirious.
- Treatment: Aquilegia, 2 grains 4 times a day.

**Additional Observations:**

- Pulse rate: 100 bpm
- Respiration rate: 20 breaths per minute
- Ounces: 250
- Specific gravity: 1.020

This case is much milder than expected. The fever suggests a beneficial effect of the treatment and did not return immediately.

Published by T. Brettell & Co. 51 Rupert Street, London W.
<table>
<thead>
<tr>
<th>CASE</th>
<th>Disease</th>
<th>DATES OF OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>216</td>
<td>Perforated Septicaemia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fever, rigors, and delirium on 22nd Nov. 1886. Patient died on 28th Nov. 1886.

Published by T. Brettell & Co., 51 Rupert Street, London W.
| DATE | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 15   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 16   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 17   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 18   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 19   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 20   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Differences:**

- 18:00: Temperature rise.
- 20:00: Temperature drop.

**Notes:**

- Initial temperature rise.
- Initial temperature drop.
The fever chart shows the temperatures recorded over several days. The chart includes columns for AM and PM temperatures at different times of the day. The chart notes a significant increase in temperature on day 7, with the temperature reaching a high of 106.2°F at 9 PM. On day 12, there is a notation indicating the patient died.
<table>
<thead>
<tr>
<th>Dates of Observations</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(°F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Sease**: Acute Puerperal Fisheecund. Confined Oct 22.
- **Residence**: 
- **Age**: 51
- **Sex**: 
- **Occupation**: 
- **Comments**: Died
<table>
<thead>
<tr>
<th>DATE</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>95</td>
<td>85</td>
</tr>
<tr>
<td>15</td>
<td>85</td>
<td>95</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**

- From 15th to 18th of June 1922, she had been given every night but no relief was given. She was put on the finish. A blood test was given daily from the 15th.
The ptomaines possess sometimes a
estetic and sometimes a repulsive
odour like coumarin or pyridine.
Others have an a minute odour like
musk or rose spirit. Some have a
very sharp taste others are bitter.
Physiological effects are 1, stop of dilatation
of pupil followed by contraction 2.
2. Bladder contraction followed by
muscular relaxation. 3. Loss of cutaneous
sensibility. 4. Loss of muscular contractility.
In dogs they produce 1. Irregular and
Contracted pupil 2. Hypothenaesis of
the fluids of the ear (Hering) 3. Slow
respiration. 4. Sometimes stupor followed
by convulsions and death.

The other animal alkaloids are
those formed during life. In decomamma
are of great importance from a clinical
point of view and may be divided
into two classes viz. 1. Those formed
during health and 2. Those formed
in the course of disease. In 1849
dubois and after him, Caffrey found
coptisine in the urine of man and of the
dog. In 1869 Dubois found beline
in normal urine and in 1870 Caffrey
found several alkaloids besides this in
the urine. Saucier, Boucha and Albin.
had all made natural experiments
the results of which show that
the animal organism even in perfect
health produced considerabily virulent
poisons which would have a most
detrimental effect if the secretory
glands were not properly perfomed.
This is but a brief account of
the poisonous and deleterious but
the subject is too vast to go into.

in a thesis of this kind
it seems that in both the living and
death tissues, poisons of great virulence
are formed. That in the dead tissues
these poisons are produced by microorganisms
but in the living they are formed by
the vitality of the cells themselves or
of the bacteria amongst the cells.
The production of these toxic substances
in life does not occur unless their secretion
is interfered with or their production
abnormally increased. The first of
these conditions may arise from
various causes and with the return
of bacteria and their development to
the living tissues or yet both
increased production and obstruction
to secretion and this is possibly
the cause of purulent sepsis.
By inspecting the products of putrefaction from the uterus, fluid and dect have been produced. The smaller quantities and injected the symptoms were less soon and this is what we should expect to find when substances putrefy in the putrefactive fluid and absorbed into the body. A series of most interesting experiments have been made by alerting the fact that the absorption power of the uterus during pregnancy is much greater than that of the vagina and that absorption is greater in the uterus on the 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, and 13th days after labour. After this date it gradually diminished under the uterus is unusually large. A contracted state of the uterus renders absorption a closed condition. Consequently I have been in the habit of administering iron during the puerperium so as to maintain iron in the blood of the patient. Consequently I have been in the habit of administering iron during the puerperium so as to maintain iron in the blood of the patient.
Activity

Edmond took found the same condition in the uninvigorated uterus. The experiment has shown that the endometrium presents a remarkable absorptive process, whilst the mucous membrane of the cervix and vagina forms this process in a very slight degree. He used iodide of potassium and silver nitrate. These experiments are interesting as showing the great facility with which the products of putrefaction or microorganisms can pass into the system. The condition of the endometrium after labour offers a ready medium for the development and absorption of bacteria. The uterus presents a large surface for absorption, then there are bleeds of surface to be found in the cervix, and in the vagina especially towards its perineal portion, and in this region there are actual tears. At this time there is also present a condition of body which would render the peritoneum more accessible to the action of sperm than when she is in perfect health. This may have been a condition of general debility lasting for weeks or months, the condition of environment under which she has been living.
Gynecology

may have been of the most unfavourable
disposition. I am at the terms of child-
birth. This is a certain amount of mental
anxiety and bodily exhaustion in an
ordinary labour, which is much increased
in a prolonged or difficult case, or
on attended with an under amount
of hemorrhage. I am for, on taking
all things into consideration, it may
be seen that a parturient woman
offers unusual facility for the
infection and development of any
micro-organisms with which she
may come in contact, and which
may cause the chain of symptoms,
by which in one apply, the terms
septicemia and toxemia.

It will now be convenient to
define the meanings of these terms.

When a micro-organism is circulated into
the body of a susceptible human being or
animal and is able to multiply there
in its blood thereby producing a general
infection we call this septicemia.

When pathogenic micro-organisms which are
unable to multiply in the blood gain access to
some part of the body favourable for their growth
and form toxic products which are absorbed into the system
and give rise to symptoms of poisoning, we call this condition
toxemia.
According to Pasteur & Dochez four
varieties of bacillus are found in cases of
Purpura Death, these they classify as follows:
1. Cylindrical bacillus (bds)
2. with pus before a relapsing after death
3. bacillus septique de Pasteur
4. most frequently found in rapid septicaemia
5. bacillus septique de Chaplet (clari septicae)
6. occurring in Qued septicaemia
7. bacillus occurring singly or in groups.
8. Not found in the case that died
9. of Purpura Death Small rod shaped organisms
10. resembling closely Bacillus Aerobi.
11. Bacillus Staphylo, III
12. Bacillus Pyogenic Klein
13. After isolating and culturing these
organisms they were harmless on inoculating
their guinea pigs and rabbits but they
produced death in 24 hours on intr
14. Thymus injected into animals and an
15. abdominal effusion in 2 days, often after
16. 3rd or 6th day, followed by death and the
discovery of the same bacillus in the blood
lungs heart spleen.

One case investigation by Dr. Charland
John 1888 5 198 is amongst the most
Acidification of Quantum Fluid

1. Acids are compounds that can donate protons (H+ ions) to water, forming hydronium ions (H3O+).

2. Bases are compounds that can accept protons (H+ ions) from water, forming hydroxide ions (OH-).

The reaction of an acid with a base can be represented by the following equation:

\[ \text{H}_3\text{O}^+ + \text{OH}^- \rightarrow 2\text{H}_2\text{O} \]

The products of this reaction are water and ionized hydrogen and hydroxide ions, which are the components of a buffered solution.

3. Buffers are solutions that resist changes in pH when small amounts of acid or base are added. They do this by donating or accepting protons to maintain a stable pH level.

4. The pH of a solution is a measure of its acidity or basicity, with a pH of 7 being neutral, below 7 being acidic, and above 7 being basic.

5. The Henderson-Hasselbalch equation relates the pH of a buffer solution to the concentrations of the acid and its conjugate base:

\[ \text{pH} = \text{pK}_a + \log \left( \frac{[\text{base}]}{[\text{acid}]} \right) \]

6. The pK_a value is the negative logarithm of the acid dissociation constant, which indicates the strength of the acid.

7. The buffer capacity of a solution is its ability to resist pH changes. It is determined by the concentration of the acid and its conjugate base.

8. Common buffer systems include the carbonate system (H2CO3/NaHCO3) and the phosphate system (H3PO4/Na2HPO4).

9.缓冲物质的化学性质也可以通过调整条件来改变，例如通过改变温度或压力来控制pH值的变化。

10.缓冲物质的性质和浓度在实际应用中非常重要，例如在实验室中用于维持溶液的pH值，或者在工业生产中用于控制反应条件。
Recent research indicates that the occurrence of puerperal fever is frequently associated with infection by the Streptococcus pyogenes. It was noticed that in a few cases of puerperal sepsis, Gram-positive organisms were found in the lochia of a low number (36 out of 85) of women, suffering from puerperal fever. In the lochia of 57 health puerperal women, he found that all the patients were treated successfully. In the fatal cases, he found that every instance both in the lochia discharge during life and in the organs after death. He did carefully studied 16 cases and arrived at the conclusion that the death was due to the presence of certain microorganisms, which entered through the uterus and caused the disease to be active and resistant. This disease is known as puerperal fever.

The common bacteria of puerperal fever may also involve the uterine cavity and set up puerperal fever. In any case of placenta praevia, placenta membrae or blood clot retained in the uterus or vagina, when puerperal fever is set up, chemical products are given off which are absorbed into the bloodstream, giving rise to puerperal fever. This is the most frequent form of puerperal fever disturbance.
Moors of Infection

The prison may be divided from patient affected with the same disease can this in drop you lay over a common means infection, it may also be divided from suppurating or putrefying tissues within and without the body. The more clear fouring of syphilis, embolism, liver, bile, and from some gynmotic diseases. Semmelweis in 1847 pointed out that it may arise from supputation and instances the case of a patient with cancer who was attended by students and they communicated the disease to fourteen puerperal women.

In December last a woman called by Dr. with an inflamed area on her arm. Shortly after attended a medical case and marked any wounds in solution of pectoral of Mercury. The woman died on the 10th day. Sauer said she was again and delivered of a male, suffering from either malignant putque or something of that nature. They first visit recognized the desires of his anxious and the latter. The care engaged amongst the poor and infirmers in the church. In 1848 Pater of Philadelphia had 43 cases of Puerperal fever in his practice. He had a a quarter-painted copy from which antitive Material found
Mode of Infection

...by his hands. A few years ago a midwife in Chintamani, India, had delivered a baby with a deformity of the spine. The infection to several Euny in women, Sir Gower, who was attending her, found the reason of the trouble at first a patient had a similar case, and treated Euny with a Special Inoculation Drug. It is multiplied by an Inoculation, and thus the infection may arise from latrine, undergoing decomposed, and in all probability it is often due to decomposing cloths, placentas and membranes, which may have been retained in the vagina and uterus, and to which microorganisms have gained access. I found a great amount of amongst women and in the patient's habits of ordinary cleanliness during the lying-in period. Many mothers had an idea that a lying-in patient should not have her genitals touched with water, they allow them to be smeared on a bit of a soft, moist, flaxen cloths. I asked them how they were protected against the atmosphere and wanted to avoid a fever, as they feared Syphilis. In such cases an adult a
a certain amount of fever matter is absorbed and produces local symptoms of some or less severity, for I almost invariably find some degree of fieber disturbance. Which usually, lasts off.

The remedy of inoculation was adopted and the vaccination made by Dr. Jenner. It was a few years. With smallpox or its "immunization."

British authors have been in the habit of dividing the subject into cases of autogeneous or self-infection. The poison of the patient poison is within the patient. and only cases of heterogenous infection is that the poison is conveyed to the patient from without.

The theory of autogeneous fever as depression of the animal function. Was known of microorganisms and the part they play in the process of putrefaction or fermentation.

Hence it is not generally recognized that there is no such thing as fever depending on the infection from within, but in the contrary it is thought that the disease always depends on the action of pathogenic organisms. Sometimes, we of opinion that in some cases the of microbes gives an produced by the manner of death:

-"death of substance in the pathologic canal."
Mothers Infection

This is just the theory of puerperal fever of the lochia. It is however noticed by some observers that it occurs occasionally and is present in the vagina after delivery may in the course of the disease. I encountered a case of my own which appears to bear out this theory. In labour was normal and easy, delivered last once and after that through a distended vagina had a stillbirth. Solution 1 in 1000. On the third day she did not feel so well and in the evening had a shivering. The next moring when I called I found a bruise of 103°F, quickpulse, flushed face and rapid, uneven breathing. Drank out the vagina and sublimed solution 1 in 1000 on her twelve grains of sublimed. The nurse marked her out and cut and dress. The evening the next morning her temperature had fallen to nearly 100°F. She was syringed with sublimed. In the evening the sublimed was continued daily and a couple of days after her temperature was normal. The next symptoms of gonorrhea, the miscarriage may produce all the symptoms of septic infection, last but not a patient. Patient disease was cured, but all the symptoms of suppurative fever died and the patient died quiet. As course, as
through antipersis has been observed at the labour. Some days after I found on enquiry that she had had a vaginal delivery two or three weeks before her labour, and first attended with a good deal of care and affection. Something resembling during the labour. Shortly after this her husband came under my treatment for a journey he told me he had contracted it one month before his wife confinement. Unfortuitously the disease did not stop at the latter and matter but three of the child of the latter girl became infected. With proper treatment the mother made a good recovery. According to Dohliein, Duhles and Cylcuelske the agama albus cobra with their organisms and Staphylococcus aureus (Pl. I. 7th and fig. 1. Dom. XV 1923) says it is most difficult. In completely, there is that agama, cobra, the Roman or French practice varied from the necessity treatment.

Whereas in the lochis, 50th and

Some men are unable to find any organism in the uterus of upper part of the vagina. Duhliein found in December in the ethmi

Lochis but found them in vaginal Lochis. Where having in December the

Healthy Ethmi Lochis of four women had in three other Le found various.
Gries organisms including Staphylococcus aureus. In two cases from spermatophytes by Kaczynski it appears that on the third day healthy lochial fluid was poisonous to a rabbit, but after they become less poisonous the later they were taken. Staphylococci have been found in mentions of staphylococci and Dr. Dyer of Edinburgh is of the opinion that he has traced cases of pyrexia fever to want of cleanliness in the first part of the process. The first mention during the time they were engaged in nursing by mid-women. Staphylococci had been in seven cases of pregnancy and forma feathery staphylococcus. Cohausen found the staphylococcus in a woman whose death had not previously been recorded.

The chief points of interest to be gleaned from this experiment are:
1. That the uterus lochial is deathly free from microorganisms.
2. That the lochial passes into the vagina microorganisms are formed.
3. That microorganisms are frequently present in the vagina before parturition.
4. That microorganisms which may be present in the vagina before parturition may become absorbed after labor as these...
Waves of infection

is always on one or both branches of surface
and that they or their products may give
rise to symptoms of disease even without
the intervention of a third party.

This is the direct or can get to the
autogenous theory.

Do innocent microbes become virulent?
Roth was opinion that innocent exogenous
organisms cannot assume pathogenic
properties. It has been noticed on the oth-
hand that certain inoculated organisms
may assume pathogenic properties by
Mallory culture of raw materials which can
be changed into bacilli and 

sequently bacilli must be transformed into a
microform.

3. The forms of the common aspergillus, which
is said to become pathogenic. Killing
of spores the Pro-fist do not become pathogenic
and that the latter proves at first the
power of producing a disease in the rabbit.

It may be possible for the time under
but an conditions to be an unwell to un
the attacks of microbe. Each would have
an deleterious effect on healthy structures.

According to Mycobacteria by showing
the relativity of animal. Their own after
he unit the access of bacteria, they can then
must do it. The introduced stoma...
Pathology

...into the bodies of Rattles and then found that diphtherial, spirillum, the streptococcus bacterium, and other bacteria which are not injurious to animals or health now rapidly multiplied. They state that Rattles are not affected then as health by gravity of the streptococcus pyogenes but after their vicinity is increased by neglecting stomatitis, they then die from the growth of streptococcus after neglecting streptococcus.

This being the case might it not be pointed for a particular woman in a bad state of health. More recently has been learned by a considerable frequency, or by a long and tedious labour or other depressing and mournful circumstances, to be health to limit the powers of microorganisms which would have been perfectly harmless had she been in good health?

Pathology

...probably no other disease is more to great a variety of pathological changes in the meat itself as they are found in a peculiar decay of the urinary system. Every organ of...
The body may be affected in some cases, whilst in other cases no change can be detected by a careful examination of the organs.

The condition of the body will vary greatly, and severe that it will serve as an useful purpose to detail them here.

Miss Smith that this is found in some cases cutaneous or epithelium changes, or the mucous vessels. In this...
Symptoms

In describing the symptoms forthwith give a brief account of what I have observed in cases that have come under my care. The first thing that noticed is that about the second or third day the patient has complained of feeling sick to the pit, has perhaps had a little dry or felt chilly, and has a shiver or two. He may complain of pain in all his limbs and a general aching all over the body, and this distress assumes in some cases the symptoms come on such great rapidity in others they develop much more slowly and insidiously in fact quite unnoticed by the nurse or the patient's friends. On taking the temperature you find it has risen 3 or 40 Fahr. and that the pulse is accelerated and the respiration quicken than usual. In some cases the first thing noticed is an increase of pulse rate with a feeling of uneasiness or distressness in the part of the patient, a little detached, that and then may be abdomenia pain or tenderness over the abdomen. In some of the milder cases the patient is seated about the end of the post or second day with a fever after
Symptoms

or rigor and the remittent fever enter the room, and in the patient I observe that something very ominous. The face has a somewhat anxious expression and the features are puffed and the temples swallow and give a dusky flush and some lividity of the lips. The alae nasi are more palpably the tongue is usually furled, sometimes moist at other dry; the teeth or lips in a day or two. This is usually, fleshy hand the skin dry, hot & hard. Sometimes cold clammy perspiration. The urine is dark colored, the bowels nearly so. Some cases offensive. Rarely, if there is any decemphry pus, meacon or clot in the posterior canal. The breath may be constituted of the may be offensive depleting digenitis, vomiting. The flux of which is often arrested or diminished. The mental faculties are usually clear, but they may be wandering or muttering into delirium.

In milder cases, and probably those of a less severe nature, arising from decemphry of female secretions or accompanying general debility, the
Symptoms

Symptoms as of a febrile type. They are
very severe. In the most severe forms
of septicaemia the heart system is over-
whelmed with the poison and is very
expensive. Nothing seems to give any
real permanent or temporary relief.

The temperature is scarcely affected
by remedies. Their is objective evidence
in some as well as others deteriorating.

The pulse is very rapid 140 or even 150.

The temperature may be over 108°F and
the consciousness assumes the facies fuscata
and the patient dies (exhales) in a few days.

In addition to these symptoms or
may have the superinfection of
complications, for instance, pneumonia,
pleurisy, pericarditis, subendocarditis,
jaundice, albumenuria, hypothermia.

I drew a picture and was later ill 10th day. After confinement.

I did not die until the 14th day and
then formed a pocket. In addition to symptoms
of left breasts. A well-marked
gangrene at base of breast.

The next day it involved both breasts.

I all the back. The head was 105°. I recommended
her removal to the parish hospital where I heard
she died. There was a normal labour, attended
by a midwife.
At present there is no drug or chemically compound which has the power of destroying the members of purpural set.

Because when they had once gained an entrance to the body it is possible that some substance, some if not all, may be dissipated when once injected into the body will be of the effect of neutralising the deleterious effect of microbes or their products.

Until however such an agent is discovered we must do the best to control the disease.

The treatment for practical purposes may be detailed under—

I. Prevention

II. Curative - (Physiological and medical)

I. Prevention Treatment.

During to the advances that have been made in the study of microbes organisms and a knowledge of the part they play in the production of septicemic disease and the effects of various antibiotic or the pitfall of the microorganisms it has now become possible to reduce the percentage of cases of septicemia and signs in the Hospitals.
In Hospitals, where the antiseptic method is regularly adopted to the most brilliant results have been obtained, an approval of the statistics of the Army in Hospitals, Science & Disease. The late Dr. and the British Army in Hospital York, R. D. Lambell is most instructive.

And if I go into the precautions taken & practices proved by my own Hospital as I have had no practical experience of them. But Dr. D. stated truly the precautions adopted and then may I only be carried out by medical men in general practices. Repeating all that has been written on antiseptic midwifery during the last few years and the advantage that has been due to their isticulatit adopters. The number of medical men to make a custom of habits of using antiseptic in midwifery is very small. Amongst my acquaintance, the practice does not think. The conduct his labours well through antiseptic precautions. It doubt that any may think the adoption of antiseptics too much double or even unnecessary or that the fees they receive for their cases do not demand their taking the
extra amount of trouble and time that I insist on. But I am quite sure that the better results they will obtain will do far more than compensate for any extra time and trouble it may take, in fact they will find that their patients recover so much better under antiparalysis treatment that it is really a saving of both time and money in the end.

In private practice one of the greatest difficulties is to contend with the ignorance of the nurse and relations of the patient and if the patient has had many children she does not understand why she should be treated in any way different from what she was on previous occasions, and it would be almost impossible to carry out the elaborate measures of prophylaxis that are practiced in many lying in hospitals. But without being so elaborate in our measures we may at a simpler way perform almost all that is really necessary.

On receiving a case to a hospital my first act is to thoroughly wash and cleanse my hands including the finger nails and if I have been attending any infectious case I
Change my clothes. I take with me a clean syringe, one powder containing 5 grains of picric acid of mercury and another containing 10 grains. The first to make a solution for syringing out the faeces, the 10 grain powder is to make a solution for disinfecting the hands—a solution containing glycerin of picric acid 1 in 100 and a bottle of 1/40th.

On entering the lying in room I make a solution with the 10 grain powder about 1 in 1000 and after disinfecting my hands use it kept in for use previous to making vaginal examinations. If in passage are any lubricant any stool on the glycerin wall, if moderately moist do not use any lubricant, simply the net gently from the basin, brush or order the nurse to wash the stump. With a solution of picric acid and after delivery repeat the process. In tedious labours I touch the vagina with a 1 in 2000 solution of picric acid and use another dress after the labour is completed taking care that the solution is kept as hot as possible to sterilize the uterine tract.
After douching with bichloride of mercury, she can be placed on the fluid from the uterus or vagina.

In easy labours, I do not always use a douche but in primapara, I am always there. I invariably use it. As regard the daily use of the douche afterwards, that all depends upon circumstances. If there has been considerable tearing or bruising of the part, I use it daily for the first 3 to 6 days or longer if necessary. But do not always use bichloride but substitute 1:1,000 or 1:500 fluid (Pimar. Fomance).

In easy labours, this is uncommonly in favour. Sometimes, even the douche is particular and have the second fetus will cleanse. When in labour, is completed. It is always safe to avoid making forceps examination, than an absolutely necessary. All tests of the perineum, are carefully sutured and cleansed. After the placentas often give a dose of hier and always prescribe a

Bacillus orслия two of the latter for in a few days. I should only touch the uterus if it is essential.
Treatment

Cases for instance, where it has been necessary to introduce the hand to remove placenta or membranes,
or in labour.

II Curative - Malpighii: - When I find a patient developing symptoms of sweet infection I commence carefully into the nature of the locker, the condition of the uterus, and state of the abscess. (Dr. Holman Barlow "Pathology of the Post Partum Fever") makes some interesting remark to the Edinburgh Medical Journal for Nov. 1885. That he says the interior of the uterus should occupy the same place in the mind of the obstetrician that the skull does in the mind of the surgeon. (Etc.) If there is offensive discharge I syringe out the vagina and uterus and have in this an any portion of placenta or polypus protruding from the uterus off. The syringing is repeated twice or three daily as required. I do not always adopt the uterine douche but simply syringe the vagina: any tears of the perineum are carefully closed and dusted with iodoform. It is sometimes a good plan to introduce a iodoform suppository into the uterus. I then apply sterile patches to the surface of the vagina or to treat them. I used a strong solution of Chloride of Potas-
Treatment

This has a double effect, as it not only destroy ovum but also the absorptive channels leading from the womb. I am
many of the smaller cases simply wash-
ning out the vagina with a jod kathl" of 1 per cent. of peroxide of hydrogen giving first 5 or
6 to 10 drops of jod kathl" and regulating
the bowels has the effect of putting another straight in 2 or 3 days. These latter, in
usually cases than the lithia hematem,
often occur most frequently 4
or 5 days after labour or even later.

In cases of purulent endometritis it has been recommended to curette
the uterus with the curette or scrape it
out till the fibre, the former plan
is difficult for anyone to perform, it
is not accustomed to gynecological
operations and as with great care or
the uterus must be perforated
it may be done as follows:—The
vagina and pelvis parts are first cleaned
a duck bill speculum is used to escape
the cervix which is then closed with a
forceps. Then uterus is then packed out
with an antiseptic, the 2nd with a surface
of the uterus is then Campbell, scraped out
a long broad blunt curved taking care
not to force and the uterus be perforated.
Treatment

After scraping the uterus is as an
application of an antiseptic solution
to get rid of all detached fragments, debris
afterwards compress the uterus between
the hands so as to produce an automatic
contraction. A shot of strychnine
solution about as thick as the finger soaked
in hot water is placed into the uterine
cavity. The sponge plug is removed in
24 hours and the uterus syngentoned
daily. The antiseptic sponge drainage
has been found useful when the uterus
is impactioned and when constricting has
not been resorted to. Constricting is
contra-indicated if there are signs of
general infection.

Medicinal treatment: - Various
drugs have been used in the treatment
of sepsis and with varying results.
If the antiseptic treatment of the uterus
is necessary has been efficiently conducted
before there are signs of general infection
drugs with the object of curbing infection.

I am not inducing the temperature
by means and will keep antiseptic
as much or less used. I have tried
Sulphate of Soda, Antipyrine, Antiphtalic
and Inunide. Sometimes combines Well
Antiphtalic. I find 10 or 15 grains of
Treatment

Pem氰ine the most effective remedy for reducing temperature, antipyrinic is very effective in lowering temperature but if continued is depressing but combined with pem氰ine it is better. If the pulse is rapid igen sulphatic ommunice cold is often useful to reduce temperature but is not generally applicable amongst poor people and is also probably if you used it amongst poor people and the patient died you would find the absence of having killed the patient. In all cases attended with pem氰itis and much pain of pain is of the greatest service if an agent to guard juvenally in a pain of coloncal. The most dangerous by pem氰itis turpentine turpentine and turpentine enemas are very beneficial. For fever, turpentine usually gives ascent and

Hydrargyri and of an effervescing nature. Other complications such as pneumonic pleurisy or must be treated as they arise. Pem氰itis is sometimes treated surgically but that is a means of procedure which could scarcely be undertaken with a patient in his own home at least but to the point worse of patient.

Sitches: - Thoughout the disease a poor and nutritious diet should be
Testimonia

freely administered. Nothing should be given to a dehydrated patient that may be found most likely to benefit and accelerate recovery and Brandy is probably the best; the amount must vary with the individual case. But from 6 to 12 ounces may be given daily. In ordinary cases 3 to 4 fluids may suffice but when the symptoms are severe, and much irritation and large quantities may be required.

I make one sure rule in the case of those cases that have come under my care and that is a temperature chart of each case.

In making this thesis I have consulted the following works in addition to the papers given to the best.

- Dr. Johnstone. Works. Notes and a Practical Lectures
- Dr. Maclean. Pathology of the Mood's America
- Playfair, Midwifery. James Midwifery Drums
- Midwifery. Trinckl Midwifery, Speigelers, and
- Midwives. Translations of the Obstetric Society Articles to The Lancet, British Medical Journal
- Inner Scarcity, Pathology... Anakake, Midwifery
Case No I

A B Confined 1st 2 1877. attended by midwife. On the 4th 2nd day after and not full 10th day. had a pain in the evening with a lead of 103.4 P110. Face flushed, headache, short sighs. 1st day. Abdomen steadily distended tenderness of pain. Was sprynged with Edey's fluid and P16 105 pain diminish.


2nd Milk valerian 3 drachms 1 Brandy

Sy 6. All symptoms aggravated and great prostration of body and abdomen.


2nd Dec 14 am.

Case No II

EM. Confined Sep 3rd 1877. in same word as A B.

Premature. On Sep 5th 2nd day of confinement was sense with fever 100 to 101 and loss of blood.


E. Temp 105 1/4 P115. Syrupd wine daily.

Sy 6th 2nd 103. P115. From faeces & pain in anterior healing labor.

E. 7. 104. P128. Had of gr x v
Casus. No II continued. 44

1st 7 Thul. Sun. 102 P. 120. General symptoms rebels.

2nd Sun. 114 p. at 8. Temp. 103.2. P. 130.

3rd Sun. 8 p. at 8. Temp. 103.4. P. 130.

Patients week ass. defined.

M. 102 Fr. P. 140. He had increased urine.

The chief labors were described as the pain.

M. A. C. L. H. O. F. M. as the condition.

The point is a case of acute septicaemia. The marked decrease in the level of the chills is not very evident. But the symptoms cleared up slowly from the first.

But Syr. with Valerians St. Br. and Brandy

III

2nd Tuesday. Confined 15th 12. Sent below. Cured by some medicines. No fever word as the case. Relief was not discerned. He left the day.

But on feast of the. The 4th. Day.


Temp. 102. Pulse 96. Immlut off X 35 years.

8 107 p.m. 96

9 110 p.m. 100. Pulse 110. Ref. X. Temp. 6 p. 101. P. 110.

11 5 Th. 101. P. 110. X. St. 8. at 8. at 8. at 8. at 5. p.m.

8 100 p.m. 100

9 110 p.m. 98. X. at 8. 8. at 9. 8. at 9.

16 7 99. p.m. 90

11 M. T. normal

All these cases occurs a the going to health.

The tendency was a close process to the general mode. The midwife is constant association with the nurse. The system of attendance is begun.
Case No IV

A C Pumpsa rt 21. Confined Dec 15th 84
Labour normal. Due 2nd day

Refer sign:

18 th N 3 I 103 pubis 100. 4th lock in duration.

Next day

19th N 3 I 102 pubis 100. 6th lock in external.


21st N 3 I 102 Influenza. D j 108 6 P 110

22nd N 3 I 107 4 Today another day. J 106 4

Measuring priest accelerated. Membrane

Died on 24th

Here the deadly Condoms. One lock a
darkly lock in a shed adjoining the house.

A lady old woman moved the patient

To the right of the 24th. A woman, husband

Mrs and several friends. Led by an ogre

All gone or less drunk.

I saw no more cases of fatal disturbance

Until Dec 1890. The Fallows Mr. A. W

Was not alone, confined of horses

Case No V


Woman sufficient at the time, from some breast at last

Sep 18. The last half when she had 24.

M 3102 pubis 9.6 abdominal pain external.

Anterior repaired. Sympathetic to sub and phle.

9 3 103. Nephritis of Arnolds Digital Arterial.
Case no IV continued

16 July 1872 8.10 A.M. 6 a.m. 8.10 A.M. 8.10 A.M.

17 July 1872 9 A.M. much distended abdomen pain.

Measly laboured 8.10 A.M. 8.10 A.M.

18 July 1872 10 A.M. Mrs. Brown and Mrs. Brown

The nurse and attendants had little

effect on the labourer. Syrup. also contained

In C. Brandy. Measly very laborous

8.10 A.M. abundant blood all over chest

19. Called up at 3 a.m. found patient very

distended, measly laborous. Knew drawn of

pericardium claudicating on face and head. Touched 105-

She died at 6 a.m.

Case VI

S.C. Feb 7th 1872 Muchis. Was syphilitic short

affected 8.10 A.M. a very long sheet of baby

labor easy child dead. Liquor amniotic.

placent fluid.

Feb 16th Was called up about 2.30 a.m. Complained

of severe abdominal pain & feeling generally in

2.10 A.M. pulse quick & ready response

accelerated lochial claudicating. Ordered

Morphine for pain. Drained go X 4 T.S. X 4

Morphine. Much egg & Brandy

10. No acceleration of symptoms of anything

Other. Pouring deontes was add. to

the symptoms

11. Pouring & deontes very severe, pulse quick & steady

face sallow. Nose pinched & fat on

marked face. Epistaxis. Symptom became

aggravated & she died next day.
5.9 at 31 P.m. Labour normal but labours
22" perinacine to a little dilated. Junct.
the rash with saltm. solution
wife took both before and after lateral plaques
membrane come away completely.
23" On finding her in the middle of the day
fat and something with the shriv. Pulse rate
100 and Twice 102. She was pale but had no
some tincture over sterns but not very marked.
During labour the abdomen was normally
leader and I had to be careful in depressing
the placenta as she could scarcely
bear to be touched. I called again
the evening and found twice 1035 -
the pulse 100. Thus pressed out the Fema-
tissues with backends and gave 10
grains of quinine.
24. This morning she complained of
strong lightness across the chest but no
standing well the skylight. I could
not find any sign of pneumonia. The
breathing was quick and shallow. Pulse was
102.8 - pulse 110. Mental faculties much
affected and she was in her
conversation. There was no lochial
discharge and the was no offensive
odor. 8.7.105.8 pulse 120. The 25 -
Munch this same as yesterday.
Dr was called up at 5 am to see the man unconscious. Necktie was hanging about his neck, feature distorted, and his arm and leg lying on the floor. The abdomen was distended. The pulse was feeble, but the respirations were rapid. The death was a few minutes after my arrival. The pulse lasted some seconds after respirations ceased.

On the arrival Dr was called out to attend the patient in labour, a man presented himself at my surgery with a peculiar mark on the back of his hand. This had developed very suddenly. The man employed in the meatworks in the dairy moved into his room again, the doctor went to a hospital. Thaw the mark was of the nature of a large and painful. I am not certain as there was a case. If so I say I have unintentionally had carried some of the meat of some of my unfortunate patient. Although I wash my hands in solution of bleaching.

The peculiar nature of the disease did not strike me until my patient was ill. A great drawback of general practice is the difficulty. But you may be seemingly free from infection across the bridge in seven. I do believe to use every precaution to safeguard us patients.
I act 34. Pains confined Jan 17th. Labour lasted 2½ days, fetus: Piri, torn and suction. but thoroughly cleansed with pilocarpine solution.

12th Term: 94 face a little flushed
13th Term: 98.4 apparently going on favorably
14th Term: This morning it nearly 50 with late a
15th Term: She had a slight headache and been
16th Term: She had been
17th Term: She had been
18th Term: She had been
19th Term: She had been

15th Term: Ordered Puri Sulf X 5
16th Term: Jan 102
17th Term: Jan 102
18th Term: Jan 102
19th Term: Jan 102

Patient seems better. But still not understand the force of the

20th Term: 100 gave another douche 5 gr x Puri Sulf.
She had no other untoward reactions.
Case IX

I P confined July 20/892. Malaria Patient anemic. Inanition and a state of toxemia from want of proper food.
23 June dyspnea. After labour had a fever of 102, backache & a feeling of general malaise. Jitters, oppression. Fasted andurgeon melt in the brain daily. Gave her一大 and a mixture of jin w. February 162 pills 11/4 - 25. I 101.4
27. I 102.9 6. 28. I normal.

Case X

S+ malarious confine ay. 24/893 early easy labour attended by my assistant in my absence from him. I first saw her the 8th day. She seemed fairly well but had not a healthy appearance being extremely anaemic.
On 11th day put in a chat to a fever of 107.
On the 10th her heat was 103.5 and in the course of the day she passed a perspiration 11/2.
Was syphylised with bichloride. Industrious it had 10 grams of iron & a mixture of Jinn. Jinn.
The symptom of the mucous parts continued for some days. She gradually recovered but was in a weak state of health for some time owing to the Scurvit disease.
The cause of the febrile symptoms in this case was at doubt due to the retention of the placenta increutaria.

I hereby certify that this music has been composed by me.

Signed Arthur W. J. F. Wickle