

Wells

1856

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 unimpregnated 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 denominated "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. To 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 those matters connected with other parts
of his professional practice, and to which a
General Practitioner is constantly required
to give his attention, he may, we say 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 Gout and
snatched away in his unremitting gripe.

Though some still uphold the doctrine of the non-contagious nature of Puerperal Fever, it appears but too certain that it is so subtle a poison, that cases where the medical man had punctured his finger, (the wound being even so small as to be visible 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 perspiration of a Puerperal Patient is contagious. (?)

Others strong in the belief of its non-contagion have paid the forfeit of their unbelief with their lives!

Whether this disease had an existence previously ^{is not recorded, but} or not, (the works at present allowing of reference by the Profession generally, carry back the history of the disease no farther than the middle of the last century. That it did exist previous to this 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 ^{Time.} 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 should we not be fully justified in advancing the Proposition, that even did it exist it would bear more of the character of Peritonitis, Metritis &c. &c. than of Puerperal Fever, ^{the latter} having from its very commencement a decidedly asthenic character. Physicians tell us that the type of the disease is changed, now this ^{change} 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 systemic vital power was greatly beyond that of the present time, and that disease consequently, in whatever form

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under their notice, 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, 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 Puerperal Fever, the discrepancy in the accounts of different authors on this disease, is so great, that not two of them agree, and it is only by reading the most famed compilation and sifting them thoroughly, that one can arrive with tolerable accuracy at the real phenomena 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

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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 then promulgated, may be calculated strongly to bias the minds of their listeners in their after career, still retaining 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 which the introduction of chloroform into obstetric medicine, has met with from a few medical men in other schools, on religious(?) 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. One man obstinately maintaining that Puerperal fever is an inflammation of the veins of the uterus, another of the arteries or of the lymphatics, one limiting the disease to the

uterine appendages, another forgetting the uterus and appendages altogether, advising a plan of treatment solely applicable to sthenic peritonitis. For the student of medicine prior to graduation, ere 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} ~~from~~ the author of this 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 ^a disease not coming within the narrow limits of being considered a specific disease, and requiring one specific plan of treatment, but as the ~~all~~ alteration from the natural

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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 "Vis propria"
"Vital power" or "Inate something" though
whose agency alone strengthened or ~~dis-~~
decreased by the exhibition of appropriate
remedies, the human system is alone
able to throw off those derangements 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 opinions 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 the 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 miasmatic 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 strumous diathesis predisposes to Puerperal 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 system, (even more than most others), causes, ^{lowers} that state of healthy vital power necessary to the proper resistance of infection in its first attack, or to the forcing 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 ravages of scrofula directly or indirectly are the most virulent. The former, in many

wretched examples daily before us, inheriting the taint of constitution, and developing the seeds of disease latent within them, by an indolent and luxurious mode of life, over excitement of the sensorious and sensorial appetites, dissipation of every kind &c. &c. — the latter sometimes inheriting, but more frequently acquiring it from residence in low, ill-drained localities, deprived of the proper exchange 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, the few is it so likely to occur, and to none to prove so fatal as to a truly scrofulous subject.

— The system is at times more prone to take on diseased action than at others. Rheumatic affections though as likely to affect a pregnant woman, as when she is unimpregnated, 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 ~~not~~ we may ask should not the same state of system which causes a simple wound to take on an erysipelatous inflammation, when called upon to heal the denuded surface of the uterus, be as likely to cause a Puerperal Fever, as the incised wound of amputation to become the seat (?) or cause of surgical fever?

The same train of symptoms frequently attend Plegmonous Erysipelas, Surgical

Leuer, 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 throw off some oppressive material, upon their success in which office the hopes of cure depend.

Daily observation displays to us that Rheumatism, Erysipelas &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 hemorrhage 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 imbibition of any substance which may be subsequently placed in close proximity with the exposed vessels of the uterus. We say 'vessels of the uterus' because it matters little whether those vessels be the veins or lymphatics, 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. Of the Local Causes!

Uncleanliness, a never failing source of disease, so far prevents the due discharge of the lochia so that they may so far undergo putrefaction in the vagina and uterus as to emanate a foetid and poisonous

miasm.

In sufficient ventilation is highly injurious in itself, also as promoting the power 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 commodes common to both parties, whereby the genitals are being constantly brought into contact with matters more or less putrid or irritating, (the cause by the by, is almost as likely to take effect before delivery as afterwards) — again, the vapours of putrescent animal matter from any source, as drains, cesspools, privies &c. — a damp, close and heated atmosphere, favours the accumulation and ~~concentration~~ concentration of these causes, and at the same time of itself induces a train of febrile symptoms.

Miasmata in this as well as any other disease, are capable of exercising their noxious influence, and when concentrated, or acting under circumstances which depre^{ss} the patients 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 reckoned by most persons to be the usual cause of the extension of the disease, is still doubted by many ~~not~~ men (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 as old standing as the disease itself, that the disease has followed the midwifery practice of one medical man alone, even in a

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large manufacturing district, where the sources of the sporadic appearance are always ripe, the practice of other medical men in the same town being quite free from ^{the} 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 woman about to be, or lately delivered, without performing the most thorough ablution 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 so eligible as the chlorate

of Potash, the use of which is so strongly advocated by Dr. Simpson. Even with the most careful attention to such things, it will occasionally ^{be found} ~~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.

There means failing the dernier 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 infectious effluvia, especially during a moist state of the atmosphere, when evaporation proceeds but slowly - This is markedly observable in the case of Scarlet Fever & when no other cause can be traced on the most careful enquiry. Cases of its occurrence

have also been recorded, when the medical man has previously visited a case of ptygmous erysipelas, or performed some trivial operation on an unhealthy subject, his fingers have become imbued perhaps an almost imperceptible amount of the discharge, which he has subsequently washed off, but not suspecting any risk, 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. We allude to

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 lockia, it must be apparent that the more direct agency of this instrument should be equally if not more energetic.

The proximity of the lying in wards (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 profess 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 power is able, the primary origin of the subsequent extension of this disease, which is to Midwifery as great an incubus as Hospital Gangrene to Surgery —

In summing up this very imperfect delineation of the causes 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, where 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 ~~is~~ ^{system} consequently prone to take on diseased action, with but little power of resisting its progress;

That these causes, though of an irritating 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 Purpural Fever under consideration,

is the synochoid or malignant form of Fever, arising from morbid changes going on in the uterus 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 sthenic 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 plethoric state of system, lying too long or unguardedly in the discharges 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 six 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 parts 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 speedily
 fatal nature of the disease when unchecked.
 and that it is in the stage of invasion
 alone that there is any great hope of
 cutting it short. This tenderness is accom-
 -panied by heat of the vagina and
 os uteri, and unhealthy, dark and even
 offensive state of the lochia, or these
 may, ^{be} in 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 ~~base~~ ^{tip} and edges, and coated only at
 the base: the breath is sour and disagreeable.
 the bowels if open, discharge a serpyulous
 matter mixed with a bilious matter
 which appears to have been long retained,
 and the feces often excoriate 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 discharges from the sexual organs, if present, becoming of an altered and much more offensive nature, plainly indicating that putrescence is going on either in them or in some structure with which they come in contact; the alvine evacuations being also altered in the same manner, and evincing the effort of nature to throw off "materies morbi" 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 excretory power being almost suppressed; the pulse also rises considerably in ~~volume~~ volume and frequency though seldom becoming hard; the general febrile symptoms as thirst, headache, pain in lumbar 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 decided progress 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 loebral discharges by degrees assume a more healthy and less offensive character; the alvine discharges, generally great at the commencement of

this stage, soon regain their wonted condition. The flow of ~~urine~~ urine also becomes more copious, depositing on cooling a copious lateritious 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~~ the eyes sunken and unexpressive, 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 accumulated

mucus of sordes. The breath which was
 at first perceptibly sour, now becomes
 highly offensive; the discharge from the
 bowels evinces the depressed state of
 vital power, as expressed in the capillary
 system of these organs; the sphincters
~~loose~~ ^{lose} loose 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 ceases
 to display any interest in surrounding
 objects however near and clear they may
 be to her. This is but a prelude to low
 muttering delirium.

The diagnosis requires to be considered
 more with regard to the low forms of
 fever, as the synochoid and typhus, to
 which the puerperal 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 greater or less extent, even in the most favourable circumstances, but the reaction of which may be affected by various agents, as 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 fetus which has undergone craniotomy. Immediate or post partum hemorrhage, unfortunate private circumstances reacting principally on the nervous system - insufficient food. the long delayed administration of accustomed stimuli &c &c. When reduced even for a short time to this state of vital depression the system is more readily affected by infectious 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 synochoid Puerperal Fever, as it first comes under the observation of the Physician from Puerperal Typhus we are enabled to distinguish it from the absence in this disease of all the local symptoms, and the distinct chills and rigors which usher it in, and are quickly succeeded by the usual febrile symptoms. The strongly marked cerebral symptoms with early occurring delirium, the intervals of perfect composure. The total absence of tenderness in the abdomen, or if present referable rather to flatulent distension than inflammatory irritation. The presence of petechiae.

Sthenic inflammatory disorders as peritonitis and metritis may be still more readily distinguished from it. In them the mode of accession of symptoms, the state of the pulse which from the first is small, sharp, vibrating, and hard; in peritonitis tenderness over the whole surface of abdomen speedily followed by an accumulation of fluid in its cavity,

and in metritis the restriction of the tenderness to the uterus itself. The pain attendant on both diseases, is the want of cerebral symptoms and the state of the excreta.

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. 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 assuredly removes from the patient herself all hopes of recovery. Than 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 gradual 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 synochoid or malignant Puerperal Fever, 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.^o if possible to remove the source of infection, supposed to produce the disease in the first instance or to favour its progress.
- 2.^o To allay the more urgent symptoms.

3^d. To administer certain internal remedies with the object of rousing the tone of the nervous & circulating system: then by increasing the reparative action of the excretory 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 survey of the sources 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, neither the medical man or nurse having been engaged in attendance on a similar case, we may fairly attribute it to atmospheric origin. In some cases when the lying ⁱⁿ room is exposed in any way to currents of air, from cess pools, drains &c &c as we 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 *propria persona*, the actual state of the lochia, and from these, we will not infrequently in the less malignant form of the disease be enabled to recognize the presence of portions of retained placenta, membranes, or coagula decomposing, and in some cases the putrescent debris of a foetus 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 in or about the cervix tend to impede the exit of their passage seeking neighbours. It is obvious that on the detection of any one of these, anything short of their complete removal would be malpractice, and in order to accomplish this, we must resort to one of three remedies. manual extraction - Emmetics - or emmenagogues. Manual extraction is easily accomplished as regards those coagula etc 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 unless 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 this manner would not be interfered with, as it is in the action of emetics and Emmenagogues, and in the treatment of this disease, irritability of stomach is often the most troublesome and dangerous symptom present, as it precludes the administration of either food or medicine, thereby tending to exhaust the patient more rapidly than the ^{un}complicated disease itself. Secondly, the medical attendant is thereby at once convinced of the presence of materies morbi in the cavity, or of their 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 in this as in most operations required to be performed by accoucheurs in the majority of cases, the manner of the operator is 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 "suaviter in modo" joined to the "fortiter in re" so necessary or so advantageous as in all points connected with midwifery and its attendant diseases. Emetics may under certain circumstances however, be 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 biliary derangement; We should choose between Ipecacuan or sulphate of Zinc - the tartar emetic though a more efficacious remedy is liable to lower the patient excessively.

As an emmenagogue the greatest relief is to be placed on the Ergot of Rye, in the form of elixir saturated with the borate of soda, the former ingredient counteracting the haemorrhagic 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 sickness of stomach 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. Where it can not be borne the effervescent mixture of citric acid and bicarbonate of potash with or without the addition of small doses, of hydrocyanic acid, or small doses of laudanum and ammonia, will frequently be found of great service. The abdominal pain is most speedily and effectually removed by the use of turpentine epithems to the extent of producing great irritation of the skin, over the

parts, when by the internal organs are considerably relieved, and the amount of circulating fluid in them decreased. Flatulent distension, when the cause of abdominal pain, is best expelled by the use of carminative stimulants &c.

In the third indication "To administer certain internal remedies &c &c" we must be totally guided by the stage of the disease on our first seeing it. If we see the patient soon after the commencement of attack, an emetic, followed by a ~~colagogue~~ ^{colagogue} purgative, such as Colomel in a large dose. (15 grains to 3j) combined with opium or opium and camphor, its purgative action being assisted by giving half an ounce or more of spirit of turpentine with an equal quantity of castor oil, given 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 designate the propriety of the purgative action being maintained. This combination of emetic, colagogue, and purgative will by their action on the liver and intestinal canal, clear these viscera from the effete materials

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 purgatives of cinchona, valerian, opium, camphor, ammonia, must., chlorate of potash, bicarbonate of potash, taraxacum &c &c. various combined and regulated in the dose according to idiosyncrasy. The exhibition of these remedies should not however lead us to neglect the equally important matter of diet, which should consist of light farinacea, as sago, arrowroot &c with good broth. a moderate quantity of good wine being from the very commencement of great service, especially when taken in some efferecing water. In some cases it must be given in large quantities, brandy being even substituted for it, with laudanum & ammonia.

The topical use of hypochloride & chlorides added to the usual fomentations, applied to the genitals when in a state of inflammation, have been found extremely useful, in counteracting the septic and irritating quality of the lochia.

The sanitary measure necessary to its prevention, embrace those general principles of hygiene obnoxious to every disease, but more especially that no puerperal woman be visited or attended by any medical man or nurse, who have been previously engaged in attendance on persons suffering from erysipelas, surgical fever, dysentery, or typhus, without previously exposing themselves freely to the open air, and using the chlorate of potash to remove any taint of animal matter.

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