Original Communications.

PUERPERAL FEVER.

By Robt. Elliott Huntley, M.D., Jarrow-on-Tyne.

I believe there still exists in the profession doubt as to whether there be one form of puerperal fever which is exclusively confined to the practice of a particular medical man, and the cause of which is in some mysterious way connected with his person.

Having recently had an opportunity of becoming acquainted with this disease, it will, perhaps, not be devoid of interest, if I give some account of it as it occurred in my practice, more especially as I think my cases present a few features deserving of particular remark. I regret that I did not take more copious notes; but such as I have will be sufficient for the end in view.

On December 14th, last year, I attended the case which first showed symptoms of the disease. On the fourth day after delivery, she had a severe rigor, followed by fever, which profuse sweating did not seem to relieve. Her pulse was 100, full, but without force. The lochia were free; the bowels loose. She complained of great prostration. At the end of a fortnight, she gradually began to improve, but made a very slow recovery.

Dec. 16th. Case ii. This patient made a good recovery.

Same day. Case iii. On the third day, she was seized with rigor. When I saw her a short time afterwards, her pulse was 120, weak. She had great thirst and heat of skin; no discharge. The bowels were not open. She complained of great pain and tenderness at the lower part of the bowels. This pain increased, and extended over the whole abdomen. Vomiting came on, which could not be allayed. Tympanitis set in, and she sank on the fifth day of the disease.

Dec. 19th. Case iv. Similar in every respect to the last. She died on the fourth day.

Dec. 20th. Case v. She made a good recovery.

Dec. 22nd. Case vi. Fever set in, with uterine inflammation. After a severe and tedious illness, the patient is now well. This patient's child, a day or two after birth, was attacked by erysipelatous inflammation of the scalp, ending in suppuration, mortification, and death. This proceeded from a slight abrasion on the occiput, received during labour.

At this period, I spoke to some of my friends on the expediency of my ceasing the practice of midwifery. I was advised to desist, if I was not more fortunate; but to continue awhile longer.

After this, Cases vii, viii, ix, and x, to December 28th, did well. I took every precaution against contagion, and trusted that I had now seen the last of the disease.

Jan. 1st. Case xi. Difficult labour. Forceps used. The patient had slight fever.

Jan. 2nd. Case xii. The patient had a slight attack of fever. There was no inflammatory complication.

Jan. 4th. Case xiii. The patient had a rigor on the fourth day. Pulse 120, full, but soft. There was profuse sweating; no signs of abdominal inflammation. A few days after the commencement of these symptoms, the left calf became inflamed; pus quickly formed, and a large quantity was let out. Both knee-joints, arms, and left thigh were affected in the same way; and the case presented all the appearances of pyæmia.

Same day. Case xiv. Fever; no inflammation. The patient showed signs of amendment at the end of a fortnight.

Same day. Case xv. The patient made a good recovery.

Jan 7th. Case xvi. The patient had fever, with slight abdominal tenderness.

Jan. 9th. Case xvii. The patient was attended by a friend, and was visited afterwards by me. No bad symptoms occurred.

Jan. 14th. Case xviii. This was a severe case, accompanied by abdominal inflammation. The patient recovered.

Jan. 14th to 19th. Cases xix, xx, and xxi made a good recovery.

Jan. 22nd. Case xxii. This patient had fever, not complicated with inflammation.

Jan. 22nd to 25th. Cases xxiii, xxiv, and xxv were attended by a friend, and visited afterwards by me. No signs of fever were met with.

Jan. 25th to Feb. 12th. Cases xxvi, xxvii, xxviii, and xxix made a good recovery.

Feb. 16th. Case xxx. This was a shoulder-presentation. On the third day, the patient was attacked by peritonitis, and died on the seventh day of the disease.

Feb. 16th. Case xxxi. There was slight fever.

Feb. 21st. Case xxxii. This patient also had slight fever.

About this time, Cases xiii and xxx died; and I was so depressed in mind by such a continuance of misfortune, and the dire results, that I determined to leave home for a time. I procured a gentleman, Mr. Wilson, to attend for me in my absence; and started for Ireland on the 26th, leaving under his care Cases xxxi and xxxii. Case xxxi was long ill, and nearly succumbed. Case xxxii ran a short course, and died about the tenth day.

Commencing on February 26th, Mr. Wilson attended twenty-four cases, not one of which exhibited any sign of puerperal fever, although he had been in daily attendance on the two cases left under his care. I may add, also, that on two occasion he was required to introduce his hand into the uterus.

I again used means to rid myself of the noxious influence; took Turkish and hot baths, and changed my clothes a second time.

I returned home on April 3rd. On the 8th, I attended Case xxxiii; she took the fever. On the 22nd, I attended Case xxxiv, with a like result. Both these cases recovered, but were much debilitated.

I again discontinued the practice of midwifery for a similar time, and with a successful result.

With regard to the treatment adopted, the fever being asthenic, beyond the application of a few leeches in those cases complicated with inflammation, I did not consider myself justified in taking away blood, though I am aware it has been highly recommended by high authorities in some forms of puerperal fever. At first, I tried repeated doses of opium; but I soon lost faith in that drug, and placed my reliance more on a tonic and stimulating plan, with free purging where the bowels were confined. Warm fomentations and turpentine stupes were used as outward means.

I believe that the worst cases are beyond all hope of success from any treatment.

I cannot say that primipara were more liable to this disease than others.

Those cases in which there was no peritonitis were generally characterised by profuse sweats.

There are four medical practitioners in our town

besides myself, not one of whom had this disease in his practice. Can any one say this is mere coincidence? Surely there can be no other explanation of the origin of the disease in these cases, than that the *materies morbi* was in some manner connected with my person.

Was it connected with my clothes? This does not seem to me reasonable; for I changed them twice during my attendance. Moreover, Mr. Wilson would have then been nearly if not quite as liable to carry the contagion; and any one who has met with this disease can realise the facility with which, *cæteris paribus*, it could be transmitted by this means, owing to the peculiarly offensive smell which emanates from those affected.

Do I know any source from which the contagious principle might have been derived? Small-pox has been suggested to me as a probable one; and it coincides with this explanation, inasmuch as we have had this disease for months prevalent here in its very worst form. But here we are met by the difficulty, "How did it happen that I was the only one to have puerperal fever, seeing that all were exposed to the cause?"

Burns or scalds, from the suppuration which succeeds them, would seem likely to furnish the means of transmission. About December 12th, a case of this description came under my treatment; and, owing to the timidity of the patient's wife, I was required to dress the case during the first few days. Yet, considering the frequent ablutions which medical men necessarily use, and the continuance of contagion so long after exposure to the supposed cause, I cannot believe that this is a satisfactory explanation. It seems unlikely that the *materies morbi* could continue to exercise its influence with such unabated vigour, unless it were reproduced. Is it not possible that it may be derived from no extraneous source, but generated in the system of the accoucheur?

It is my firm conviction, that it is the hand of the accoucheur which communicates the disease; and the perspiration the channel through which it exerts its deleterious effects.

It is worthy of note, that the few cases attended by my friend recovered without any bad symptom, though I visited them afterwards.

It may be thought strange that the cause missed taking its effect in so many instances; but we see an analogous exemption from other diseases known to be contagious. Even in vaccination, where the intention is to transmit the disease, cases are met with which seem to be for a time exceedingly difficult to take effect.

Case XIII appears to have been a type of the rest, and determines the nature of the disease to have been phlebitis. I venture to express an opinion that there are three diseases classed under the term "puerperal fever", each having a distinct origin:

1. Sporadic cases, such as arise from conditions solely connected with the person affected;

2. That form of the disease which I have attempted to define, communicated by the accoucheur—phlebitis;

3. The true epidemic, allied to typhus fever.

I should not omit to mention that, about two years ago, I had three cases of puerperal fever under treatment at the same time, when I was not aware that it was prevalent apart from my practice. I should also state that my health has been uniformly good, so that I could not adduce any evidence from this fact in support of my view of the origin of this disease. I have come to entertain this opinion by a negative process of reasoning.

AUTOPSY OF A CASE OF LATENT CARCINOMA OF STOMACH AND LIVER: WITH A FEW REMARKS.

By Paul Belcher, Esq., L.R.C.P.Lond.

The examination was made on July 5th, 1865, twelve hours after death. The deceased was forty-one years of age, married, and had had one premature still-born child. The body was much emaciated; and the decay of the muscular was even more striking than of the adipose tissue. The rigor mortis was slight, and overcome by the gentlest effort.

The thorax, liver, stomach, duodenum, small intestines, and spleen, were examined. The organs in the thorax were healthy, except the apex of the left lung. This was firmly adherent to the ribs posteriorly for the space of an inch square. It was infiltrated with an evidently cancerous exudation, in which all lung-structure was lost. The stomach was distended by gas, and contained a little semi-digested food, looking like egg-flip. Its lesser curvature, and also the approximating edge of the liver, were a mass of carcinomatous matter, of a dirty white colour, and nodulated externally. The convex surface of the liver, as it was exposed *in situ*, presented three chief cancer-deposits, of a size varying from a hen's egg to a cob-nut. One of these was very striking in appearance, from the arborescent injected appearance of the surrounding structure. After removing *en masse* the stomach, liver, and duodenum, the former, when opened, presented an immense dirty white fungous-looking infiltration occupying all the lesser curvature, and in which the pylorus was lost. The œsophageal opening and the larger curvature were normal. The duodenum, except at its very commencement, was healthy; and the pancreas was not observed to be diseased. The structure of the liver, where the cancer had not encroached, was paler than natural; the capsule separated easily, and its total bulk was not much increased. The cancerous masses with which the liver was crammed were of firm consistence, almost crying under the knife. The spleen was free from disease.

Remarks. The history of the case of Mrs. M. is an instructive one, and illustrates the fact that a fatal amount of cancer may be developed so quietly and insidiously as to give but few and uncertain tokens of its presence. We may call it a case of *latent* cancer. Fourteen years ago, Mrs. M. was a remarkably fine, blooming, healthy woman, and as strong as she looked. She had been married some years, and there had been no issue. About the date mentioned, she began to fall off slowly, but progressively and surely. She had little medical advice, however; and there was no tangible evidence of distinct disease; no lung-disease; no heart-disease; no uterine disease; nothing that you could put your finger upon and say, "*There* is her complaint." She lost in appetite and flesh *pari passu*; ate little meat; felt weak, and sometimes dyspeptic. And so she went on year by year. About five years ago she became my patient—as fragile-looking a one as any would care to "take to". She had the aspect of one who was nursing a fatal disease, but rather that of a tuberculous than cancerous dyscrasia. She complained of ordinary dyspepsia, with sickness often matutinal. She had not been regular in her uterine functions for a year or more: now too much, now too little, and so on haphazard. She had had no catamenial relief for two months. I examined, and found the uterus healthy; but suspected pregnancy. She gained considerably in flesh and strength, and eventually was prematurely confined at between the sixth and seventh months.