is alcohol in some form or other. Here is the solution of the much contested question as to how and when stimulants are to be given in fever. Alcohol is the specific remedy for lesion of the function of circulation involving the cardiac and the capillary systems; so that the state of the pulse and the changes in the colour of the maculæ are the symptoms by which we judge as to the necessity of continuing, decreasing, or augmenting its dose.

If this lesion of the circulation be that of depressed action, alcohol must be given, whatever may be the derangement of the other functions. Consequently, whether there be delirium or not, whether the abdomen be flaccid or tympanitic, whether the tongue be dry or moist, clean or coated, whether it be the first, second, or third week of the fever, are conditions which have no influence whatever in deciding the question. The amount of depression as indicated by the lesion of circulation, modified, of course, by the age, constitutional powers, and previous habits of the patient, are the only circumstances which have to be considered in reference to the use of stimulants. Other forms of stimulants may be sometimes given, of which probably ammonia is the most useful; and here we may remark, that practical experience is at variance with the theory that typhus poison is a compound of ammonia.

It is interesting to notice, that the treatment of typhus by stimulation is by no means a new doctrine. Dr. Trotter, who wrote in 1794, and whose graphic description of the disease shows him to have been a practitioner of much observation, was so impressed with the value of stimulants in typhus, that he sums up his account of the disease with this motto:

"Nil desperandum, Baccho duce et auspice Baccho."

His sagacity had also detected the fallacy of trusting to specifics, as the following brief quotation will show. "Of a febrile power residing in antimony, our observation and experience do not enable us to speak in confirmation; nor do we suppose that such a power is to be found in any other medicine whatever." (*Medicina Nautica, passim.*)

Dr. Stokes of Dublin, writing in 1839, says: "I feel certain, humiliating though the confession may be, that the fear of stimulants in fever, with which I was imbued, was the means of my losing many patients whose lives would have been saved, had I trusted less to the doctrine of inflammation and more to the lessons of experience given us by men who wrote before the times of Bichat and Hunter." (*Dublin Journal of Medical Science, March 1839.*)

If the view thus taken of fever be correct, it explains how combinations of remedies may be regarded in those cases where several functions are simultaneously deranged, and that the treatment is to be varied according to the function chiefly affected, and the degree to which it is involved. Thus leeching, cold to the head, or hyoscyamus, may be requisite for lesion of the cerebro-spinal system, mercury for the derangement of the nutritive function, and alcohol for failure of the circulation. So that also the details of treatment may not be alike in any two cases of fever, yet the principles upon which they are founded are fixed.

From this it appears conclusive that, as before mentioned, fever is a disease for which there can be no specific. In the words of Dr. Corrigan, we may conclude: "To suppose there can be any such thing as a specific in fever, would be to claim that the same remedy had equal and opposite powers; that it would highly stimulate the function of circulation in one case and depress it in another; that it would calm down an excited brain into sleep, and equally

restore it from coma to wakefulness; that it was a remedy of universal power, equally applicable to lesions of all functions, and to such lesions whether arising from increased action, debility, or mere excitement."

ON PUERPERAL FEVER.

By T. SNOW BECK, M.D. Lond., F.R.S., Member of the Royal College of Physicians, London.

[Read before the Obstetrical Society of London, February 1st, 1865.]

[Continued from p. 431.]

At first view, these cases present little difference from many others which have been recorded; but, on closer examination, I think they point to two important facts: the pervious condition of the uterine sinuses, by reason of the want of a firm and persistent contraction of the uterus; and the absence of all inflammatory product, save that observed on the peritoneum. They thus appear to give a decided negative to the opinion that puerperal fever was caused by uterine phlebitis, lymphangitis, endometritis, metritis, or other similar inflammatory affection of the uterine organs. For, with the exception of the inflammation and exudation of the peritoneum, no product of inflammation was any where discovered, after a careful and even microscopical examination of the various tissues which compose the uterus. All of these tissues were in a perfectly healthy state. And I feel considerable confidence in this result, as repeated dissections and examinations of the gravid uterus have made me familiar with the healthy appearance of the tissues which enter into its formation.

But inflammation of the peritoneum, with copious exudation into its cavity, have been long recognised as the morbid appearances most usually observed in this disease. I am not aware, however, of any case where the uterus has been so fully examined, and wherein all the tissues were found perfectly healthy; especially when the woman had survived a period sufficiently long after the commencement of the attack for any inflammatory process to become developed, had this been an essential part of the disease. The total absence of any sign of inflammatory product in the uterus itself, whilst the symptoms during life so well characterised the disease, appears to show that the disease has some other cause than these inflammations. The result of the examination of the uterus, moreover, is opposed to some doctrines supported by the highest authority, and furnishes evidences which are contradictory to the opinions expressed by Professor Cruveilhier and supported by Dr. Robert Ferguson. In the opinion of these eminent observers, the internal surface of the uterus is compared to a vast solution of continuity, the muscular tissue being every where exposed; and the gaping orifices of the sinuses are also compared to the open-mouthed vessels of an amputated limb. But the inner surface of the uterus was found every where covered by a soft membrane, which contained all the microscopic elements of the usual mucous membrane. Numerous shreds extended from the inner surface, and gave it the appearance as if the inner portion of its thickness had been torn away. Still the muscular tissue was every where covered by a soft membrane, the surface of which was further covered by the usual red mucous discharge which follows childbirth. Some slight exception must, however, be made on account of that portion to which the placenta had been attached. The membrane was here thicker and firmer than elsewhere, and distinct fibrous tissue entered into its formation. It appeared, in fact, as if a very thin portion of the pla-

centa had remained attached to the surface of the uterus. The red mucous discharge did not appear so intimately adherent to the surface, and did not present the appearance of being secreted by it.

At this part of the surface, many open orifices were perceived, which led directly to the sinuses in the substance of the uterus; and, as they permitted fluids to pass along them in a direction contrary to the course of the circulation, it is inferred that fluids might readily pass along these canals, and injuriously impregnate the general system. The uterus in this condition, then, may be compared to the healing surfaces of an amputated limb, seeing that the vessels which lead from the open orifices were alike pervious in both. But this comparison is not just, inasmuch as the uterus is in an abnormal state. The essential part of the comparison does not rest upon the open orifices which are found alike on the surface of the uterus and the surface of an amputated limb, but on the vessels which lead from these orifices being alike pervious in both. When the uterus is firmly contracted, all circulation in the sinuses is effectually prevented; and the same will occur in an organ where the contraction is not so complete, but where the blood has become coagulated. In either of these instances, a comparison between the condition of the vessels in a uterus after recent childbirth, and the vessels of an amputated limb, will cease.

If it be said that there is a great similarity between the vessels of an amputated limb and the vessel of an uterus after recent delivery in those women who have died from puerperal fever, the comparison will hold good. But, it should be remembered, the comparison is here instituted between a natural condition of the vessels in the amputated limb, with an unnatural state of the vessels of the uterus. For it will be conceded that the lax condition of this organ which permits the general system to be injuriously impregnated, and allows fluids to circulate within their canals, is not the natural nor proper condition in which the uterus ought to be; and I think we can go further, and say it is not only a condition which ought not to be, but is a condition which may, in the large majority of cases, be prevented.

It is singular in how many recorded instances of puerperal fever the uterus is described as "large, uncontracted, soft, and flabby," as "very large and ill contracted," or similar descriptions. And it has long been remarked, that women who suffered from hæmorrhage during or after the birth of the child were specially prone to be attacked with puerperal fever; or, as Dr. Denman remarked nearly a century ago, "It is likewise worthy of observation, that those women who have lost much blood at the time of delivery are more liable to this disease than others, and that it is much more fatal to them." (*Essay on the Puerperal Fever*, 1768, Syden. edit., p. 51.) Which is only another way of stating that the uterus was large, flabby, and uncontracted; seeing that it is admitted that these hæmorrhages mostly arise from this condition of the organ.

It is well known that most recent authors have attributed this disease to a diseased or vitiated condition of the blood; but the opinions as to the means by which this alteration has been produced have been very various. Dr. Simpson says: "That the original focus of contagion in them (cases of puerperal fever) was to be traced to the diseased blood and tissues of the mother who was first delivered and first attacked; that her blood had affected the infant which she carried within her; and that probably the vaginal secretions and discharges from this said patient during labour had unhappily formed the virus or material, which had been unwittingly car-

ried by Dr. Moir so as to affect his other patients." (*Obstetric Works*, vol. ii, p. 20.) M. Cazeaux remarks: "In my opinion, the blood in this disease has undergone so profound an alteration as to account for all the accidents, and for the usually fatal termination of the disease. I do not hesitate to say that, in certain cases, they (the alterations) may be carried to a point at which they will produce a transformation of blood-globules into pus-globules; and that without a wound, without phlebitis, without any lesion of the solids." (*Bulletin de l'Acad. Impériale de Méd.*, vol. xxiii.)

These, however, are only opinions, and scarcely meet the facts. Dr. Simpson does not tell us how the blood and tissues of the mother who was first attacked became diseased—for this cause was the original focus of the whole; and M. Cazeaux fails to inform us by what means the blood-globules become transformed into pus-globules, nor refer to any evidence to show that such a transformation in the circulating blood is even possible. These opinions, moreover, fail to explain how a woman, previously in good health, may be delivered, and recover from the first effects of the labour, and yet fall a victim to the disease within a few hours afterwards; and all this occur in sporadic cases.

Dr. Robert Ferguson, in his valuable *Essay on Puerperal Fever*, gives the following propositions, which it may be well shortly to examine:—1. The phenomena of puerperal fever originate in a vitiation of the fluids. 2. The causes which are capable of vitiating the fluids are particularly rife after childbirth. 3. The various forms of puerperal fever depend on this one cause, and may readily be deduced from it. In proof of the first proposition, he quotes the experiments of Gaspard and Cruveilhier, wherein symptoms analogous to those of puerperal fever were produced in animals by injection of putrid pus and similar fluids into the veins; by cases where the placenta had been retained, had putrefied, and symptoms similar to those of puerperal fever followed; and by referring to the effects of dissection-wounds, the bite of the viper, and some acknowledged diseases of the fluids. In support of the second proposition, he adopted Cruveilhier's opinion, which he thus expressed: "That after childbirth the womb is like an amputated stump; and that it has a reparative process to perform, which, being disturbed, permits the large gaping vessels to spread in the blood noxious secretions which they have imbibed." (P. 80.) Dr. Ferguson further considered that the blood "may be vitiated by injuring the solid vessels mechanically; thus creating inflammation, which inflammation furnishes the matter that is conveyed into the torrent of circulation to infect the blood." (P. 75.) But he has not, so far as I can find, adduced any facts to confirm this opinion: whilst, under the third proposition, many cases are included which can scarcely be acknowledged as cases of puerperal fever. For example: "In the epidemic of the winter of 1827-28, this form (peritoneal affection) was so prevalent along the banks of the Thames, that, being worn out with incessant calls to visit the patients at their own houses, I directed the matron of the hospital to send, in the first instance, to all complaining of abdominal pain, two doses of Dover's powder, each containing ten grains; one to be taken immediately, and the other in four hours; when, if, notwithstanding, the symptoms should persist, they were directed to send for me. After this, I think I had no occasion to visit one in five of those afflicted, as they did not require any other treatment." (P. 16.) "So invariably, for example, does a dose of the house medicine (or salts and senna), after causing violent pain and purging, bring on metropéritonitis, that I

have long forborne the use of this drastic irritant, as the routine dose, given on the third day." (P. 101.) I think it will be admitted that a dose of salts and senna will not produce, nor two doses of Dover's powder cure, so serious a disease as puerperal fever.

The facts previously adduced will, I submit, show that the grounds upon which the second proposition is founded—viz., that the interior of the uterus is like an amputated stump—are not tenable. And the same may be said of the opinion that the solid vessels of the uterus are injured mechanically; for the uterine sinuses consist solely of the delicate inner membrane of the veins, which is connected to the muscular tissue of the uterus by a fine cellular or connecting tissue. They do not present a solid resisting substance, which would be liable to be mechanically injured during the contraction of the muscular tissue of the uterus. That the muscular tissue may be injured by the violent expulsive efforts to which it is sometimes liable—that it may subsequently inflame—that fever and even death may follow such injury—will not, I think, be doubted; but, I would submit, this can scarcely be considered to be injury "of the solid vessels mechanically".

Thus, whilst I feel I must dissent from Dr. Ferguson on the original causes which produce this disease, I freely assent to the proposition that the phenomena of puerperal fever originate in a vitiation of the fluids, as well as with the following observations. "Neither does the malady depend solely on primary inflammation of the uterine veins; for these are, in a great number of cases, perfectly healthy. The cause, therefore, of puerperal fever is, I think, simply a vitiation of the blood, which cause is demonstrably sufficient to produce all their phenomena; that phlebitis, or peritonitis, or metropertonitis, are only secondary effects of this one cause. For, if any one or more of these be assumed as constituting the essence of puerperal fever, abundant examples may be found of puerperal fever in which the cause fixed on is absent. Thus, to the believers in the identity of peritonitis and puerperal fever, we can show puerperal fever in a perfectly healthy peritoneum. To those who insist on inflammation of the uterine veins as constituting puerperal fever, we can show the genuine disease without this condition." (Page 81.)

If it should be shown by further observation that the sinuses of the uterus remain pervious in cases of puerperal fever, then I think the various phenomena observed in this disease may be satisfactorily accounted for. And the following remarks by M. Dance, in his valuable papers on *Uterine Phlebitis*, which I did not see until the previous observations were made, confirm me in the belief that the sinuses are pervious. He gives the following as the result of some observations made "on the bodies of women who died a few days after their confinement". "If we throw an injection, even a coarse one, into the inferior cava, above the emulgent veins, it directly flows in abundance into the cavity of the uterus, and soon escapes at the vulva—an important fact, which tends to prove that the large veins are quite open in the cavity of the uterus after the confinement, and freely communicate with the large veins of the abdomen; which serves to explain the propagation of inflammation from the one to the other. If we afterwards examine the internal surface of the uterus, at the part which corresponds with the insertion of the placenta, we directly perceive that it is principally at the points where the matter of the injection has escaped. Large fragments of this matter are in part imbedded in the walls of the uterus, and in part project into its cavity. On detaching these, after cleaning the sur-

face, we immediately perceive the entrance of the uterine sinuses—that is to say, a certain number of venous orifices, of variable size, some of which might admit the end of the little finger, separated from each other by bands in appearance muscular, and situated at the bottom of a small depression, and which appeared closed by a crescent valve. On raising this membrane, which is nothing more than the natural membrane of the veins divided obliquely, we penetrate into the large canals, which, after a short and oblique course, communicate with the innumerable veins situated in the walls of the uterus. It follows from this, that, after the separation of the uterus, large and numerous channels permit the inflammation to extend into the uterine veins, which veins themselves present the conditions favourable for the propagation of the inflammation." (*Archiv. Gén. de Méd.*, 1828, p. 480.) Hasse also remarks: "It (phlebitis) develops itself with uncommon rapidity whenever, after expulsion of the fetus and of the placenta, the uterus does not contract properly; so that an extensive raw surface, with open-mouthed veins, is exposed." (*Pathol. Anat.*, Syden. edit., p. 28.) Dance certainly does not say that these observations were made in cases of puerperal fever; but it appears not improbable that such was the case, from the statement that the women died a few days after their confinement; and, whilst I could scarcely admit that this pervious condition of the uterine sinuses explains the extension of inflammation from those vessels to the abdominal veins, I am glad to have such confirmation of the fact that in these the uterine sinuses are pervious; and further, as remarked by Hasse, that this pervious condition occurs when the uterus does not contract properly.

Such a condition of the vessels as this closely represents the state of the vessels in an amputated limb; and it can be matter of little surprise that the symptoms and pathological appearance which so frequently follow in women where this condition of the uterus exists should bear so close a resemblance to the symptoms and pathological appearances observed in cases where death takes place after amputations or other surgical operations. The close analogy between these two conditions has been most ably traced by Dr. Simpson; but I cannot avoid repeating that, in contrasting these states, a natural condition of an amputated limb has been compared with an unnatural state, an uncontracted state of the uterus after delivery; which to my mind vitiates the whole ground of comparison.

With regard to the symptoms which may follow deleterious impregnation of the general system through the introduction of noxious fluids into the veins, the experiments of Gaspard and Cruveilhier upon animals have placed it beyond doubt that phenomena analogous to those of puerperal fever may be induced by the introduction of putrid pus and similar fluids into these vessels. The latter eminent pathologist has further observed, that the quantity of the injection, whether in artery or vein, and the vigour of the animal, modified the result in the most singular way; a small quantity being eliminated by intestinal or urinary secretions, while a large dose killed.

Taking all these circumstances, then, into consideration, we may consider that where the uterus is very lax, and admits of a ready flow of noxious fluids through the sinuses, we will have the phenomena, occasionally observed, wherein a previously healthy woman is stricken down, as if by some fell pestilence, in a few hours; or, as Dr. Denman expressed it in 1768: "The progress of the disease is sometimes extremely rapid. Instances have occurred where women have died even within twenty-four

hours of the first attack; and I have seen a few who never grew warm after the rigor."

To the same class of cases we may refer Dr. Armstrong's "peculiar congestive disease", where "the shock in some instances is so great that the secretions are all suspended, and the patient sinks with rapidity;" and Dr. Mackintosh's cases of "intense inflammation", where "she shivered about eight hours after delivery, and continued to sink, having pain in the epigastrium and tumefaction of the abdomen, with diarrhoea. Coldness over the whole surface of the body preceded her death, which followed in a few hours."

When the amount of deleterious fluids introduced into the system is smaller in quantity, there will be induced cases of puerperal fever, which are too frequently observed, and where the system, after a vain struggle with the poisonous infection, succumbs in a few days or a few weeks; the chief morbid appearances found in the body being extensive peritonitis of a peculiar character, with copious exudation of soft friable lymph and much serosity. The course of some of these cases would also appear to indicate that the poisoning took place in successive periods, in the intervals of which the system partially recovered, and the symptoms became alleviated.

It is probable that the effects of uterine phlebitis, metropéritonitis, distension of the lymphatics with purulent fluids, etc., may be the result of a yet smaller amount of deleterious infiltration; the effect produced being more local; in many cases the blood being coagulated, and the fibrine softened; in other cases, local inflammation is set up as a consequence of these first changes.

In other cases, again, where the amount of poisonous infection is still further diminished, we have examples of low febrile conditions extending over an indefinite period, with purulent infiltration occurring in various parts and organs of the body, "à l'insu du malade et du médecin"; whilst, in yet smaller increments, this vitiation of the fluids may induce a long continued febrile state, accompanied by troublesome and anomalous symptoms.

It will readily be conceded, also, that each of these states may be much influenced by a variety of concomitant circumstances—as the original constitution of the female; her state of health at the time; the character of the fluids secreted by the interior of the uterus; the effect of any severe loss of blood; any depressing influence of the mind, or of the situation in which she is living; her habits of living; the existence of any diathetic diseases, epidemic influences, etc. These, and a variety of other causes accidental at the time, may induce a great variety of diseased states and many pathological appearances after death, which may well lead to that utmost inextricable conflict of opinion which characterises the literature of this disease. Nor will it excite surprise, if the effects are most frequently observed and most fatal amongst the ill-clad, ill-fed, ill-nourished, and sometimes improvident mothers of families, of spare means, who form the majority of those received into our maternity charities.

In this sketch of the principal phenomena observed in the different cases of puerperal fever, no reference has been made to the subject of contagion, or to the occurrence of epidemics. On this point, Dr. Churchill has remarked: "The opinions of those most experienced in the disease vary very much. Drs. Hulme, Hey, Armstrong, Dewees, and Campbell in their works deny its contagiousness; Dr. Gordon, Professor Young, Mr. Ceely, Drs. Ramsbotham, Rigby, Lee, and Copland, etc., affirm it. Dr. Hamilton thinks it so contagious that it may be communicated

to a third person." (*Essays on the Puerperal Fever*, Syden. edit., p. 38.) And I must admit that I have grave doubts on both these subjects. To no subject does the truism, that *post hoc* is not always *propter hoc*, apply with greater force than to the present. For example, a physician of Leith examines the ovaries of a woman who had died of puerperal fever in the lodgings of another physician in Edinburgh. It does not appear that he had any other relation to the case than this. The three next cases of labour he afterwards attended in Leith were attacked with the disease. A medical gentleman, after having lost several cases of puerperal fever, got rid of the disease in his practice by changing his clothes and using chloride of lime, etc. But again it returned, after wearing a pair of unfortunate gloves he had previously worn. A general practitioner lost many patients from puerperal fever. He delivered no more cases for one month; but the first patient he attended afterwards was attacked with the disease, and died. "I rather think," observes Dr. Churchill, "this proves too much." (P. 39.) It does appear incomprehensible that a disease which is not communicated to the attendants of those suffering from it, or which is not communicated from one woman to another in an adjoining bed in our lying-in hospitals, should be, in occasional cases, so virulently contagious. As Dr. Murphy remarks, "Puerperal fever selects its victims. In the same hospital, and in the same ward, it will not extend from bed to bed, but is found scattered in different directions." (*Lectures on Midwifery*, 1862, p. 681.)

Another set of cases may probably admit of a different explanation. Mr. Robertson of Manchester relates that sixteen cases of puerperal fever occurred in one month in the practice of one only out of twelve midwives in connexion with the lying-in hospital of that town; the disease being limited entirely to her patients, but not limited to one particular district, being scattered through different parts of the town. "Again, little more than half of the thirty women delivered by this midwife during the month before mentioned took the fever. On some days, all the women she delivered escaped; on other days, out of three or four, one or more of them were seized." (P. 441.) If the disease was so eminently contagious, why did fourteen women escape, and sixteen be attacked with the fever in the same month, and all in the practice of this one midwife? May it not have arisen from the mode in which this midwife managed her patients—in a manner similar to the anecdote related by the late Dr. Merriman? "During the time that I held the office of physician-accoucheur at the Westminster General Dispensary, of the twelve stated midwives belonging to that charity, one in particular was very frequently in the habit of sending to me for assistance in consequence of retention of the placenta; so that I was called by her to such cases nearly as often as by all the others together. I had often endeavoured to discover the reason why this midwife should be so unfortunate in her patients; but I could obtain no satisfactory explanation of the frequency of the occurrence in her practice. A few years after I had retired from the dispensary, the daughter of this midwife requested that I would give her some instructions in midwifery; in the course of which I strongly pointed out the propriety of leaving the expulsion of the shoulders to nature, after the birth of the head, as preparatory to a proper contraction of the uterus, and more ready and complete separation and expulsion of the placenta. When I next saw her, she told me she had mentioned to her mother what I had taught her on this subject, and that her mother had said 'she thought it the greatest nonsense in the world to allow the poor

woman to wait for a pain to deliver the shoulders, when it was possible to finish the labour, by a little assistance, without delay. For her part, she was always used to bring the child as soon as the head was born; and so she should still do.' The anecdote at once explained the mystery; and I marked it down, as an excellent illustration of Mr. White's judicious and convincing remarks." (*Synopsis of Difficult Parturition*, p. 298.)

In other examples, it is more than probable that the disease communicated was some acute specific disease. "Dr. Collins mentions an instance in which a patient was admitted into the Dublin Lying-in Hospital, labouring under a bad form of typhus fever. Two puerperal females, who occupied the adjoining beds, were attacked with puerperal fever, and died. In another instance in the same hospital, a similar accident happened. A patient labouring under typhus fever was admitted into a small ward of the house, which contained only four beds: all the three other women were attacked with puerperal fever, and two of the three died." "In the Dublin Lying-in Hospital, a case of typhus was brought in by mistake, and immediately dismissed. Puerperal fever appeared in forty-eight hours afterwards, although the hospital had been free from it for a year before." (Dr. Murphy.) In these cases, however, the disease was communicated from bed to bed, exactly in the way we know typhus fever to be communicated; whilst we further know that puerperal fever is not communicated from individual to individual, "but is found scattered in different directions."

In an important communication to this Society, Dr. Tilbury Fox showed, from cases which occurred at the General Lying-in Hospital from 1833 to 1858, both inclusive, that typhus fever, typhoid fever, remittent fever, scarlet fever, erysipelas, abscess in the breast, constipation, after-pains, muscular irritability, etc., have often been included under the term puerperal fever. (*Trans. of Obstet. Soc. of London*, vol. iii, p. 368.) Then we have the remarkable epidemic recorded by Dr. Ferguson, which prevailed along the banks of the Thames in the winter of 1827-28, and which only required for its successful treatment two doses of Dover's powder; and the still more remarkable statement of Dr. Tyler Smith: "It (puerperal fever) would not so often happen, if all accoucheurs recognised the fact that erysipelas, typhus, scarlatina, small-pox, hospital gangrene, putrid sore-throat, diphtheria, the *post mortem* and other poisons, were excessively prone, if brought near the lying-in woman, to originate puerperal disease. He did not question but that any of the agents which produced zymotic maladies might cause puerperal fever." (*Obstet. Trans.*, vol. iii, p. 403.) Here seven and more distinct specific diseases are said not only to alter their nature when communicated to a lying-in woman, but, by a singular agreement amongst them, they all undergo the same identical transformation. Such a conclusion, however, is opposed to all the known facts relating to the history and course of acute specific diseases—however prone the puerperal female may be to take on any of these diseases, or be influenced by epidemic causes, when brought into contact with them.

These examples might be largely amplified; but I feel they are sufficient to show that the observations require further clinical examination, which can alone enable us to diagnose and separate from each other the various diseases at present included under the one term puerperal fever; the only apparent link being, that they attack the female during the puerperium.

[To be continued.]

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MAY 6TH, 1865.

A NEW HOSPITAL AT LIVERPOOL.

WE have received a copy of the Second Annual Report of the Hospital for Cancer and Skin-Diseases, founded in 1862 in Liverpool; Lord Stanley appearing as President, Mr. J. Seaton Smyth as Honorary Surgeon, one Mr. Sked as Treasurer, and Dr. Stookes, with five other gentlemen, as Committee. If we are to believe the Report, the institution is already a very flourishing one; and, as neither "fees nor letters of recommendation" are required, "the institution" (as we are assured) "has been a charity in the purest and fullest sense of the term." A discriminating public have, it appears, so fully entered into the views of the benevolent institutors, that Mr. Sked, the Treasurer of the Cancer Hospital, and Manager of the Mercantile and Exchange Bank, now says that the establishment must be enlarged. At present, if we are rightly informed, the hospital is represented by some back or outlying premises of the benevolent surgeon who does gratuitously its medical operations. Mr. Smyth's operations, indeed, appear to exceed the ordinary bounds of medical benevolence, and, therefore, should be especially recorded. Says Mr. Sked, "As the fact may not be generally known, the Treasurer" (*i.e.*, Mr. Sked) "takes this opportunity of stating that Mr. Smyth has himself contributed to the foundation, establishment, and necessary expenses of the hospital, upwards of £500." It is not, however, clear to us, from the Report, whether the £500 has been contributed to the hospital which is to be, or upon the building which at present represents it.

The "Medical Report" (which, by the way, bears no signature) is lengthy. It opens with the announcement that when "this institution was established, there was not one out of the metropolis specially devoted to the treatment of these diseases." The word *these* reminds us of the story which says, "*This Turk he had an only daughter*"—no Turk or diseases having been before alluded to in the Report or story. *These* diseases, however, we find, on referring to the Appendix, to be cancer and every kind of skin-disease, *plus* spina bifida, housemaid's-knee, morbus coxarius, hydrocele, fistula *in ano*, club-foot, varicocele, fatty, fibrous, and cystic tumours, phi-