careful attention to the details of the antiseptic system, as it is brought more completely into accord with our daily increasing knowledge of the natural history of the lowest forms of organic life, shall or shall not be your rule and guide henceforth in your daily practice. What I have said in the very hasty and imperfect sketch it has been possible for me to offer in the few minutes you have so kindly accorded to me may soon pass out of your thoughts. But I am fully persuaded that there are many here to-night who will be able to assure us that such a diminution of unnecessary or excessive mortality after childbirth may be hoped for as may relieve you and your successors from much anxiety and sorrow, and, while making your own lives more useful and happy, may raise still higher in national esteem the noble profession to which we should all be proud to belong.

TWO CASES OF INOCULATION WITH THE SEPTIC LOCHIA OF PUERPERAL WOMEN.

By WILLIAM STEWART, L.R.C.P. Edin., Barnsley.

THE elucidation of the nature of the poison and the etiology of puerperal septicæmia, is of such vital importance, and, at the present time, occupies such a prominent place in the mind of the profession, that I feel no apology is required from me for bringing under the notice of the profession the two following cases.

CASE I. Miss G., aged 52, a delicate woman, frequently suffering from hepatic derangement, and the subject of an obscure internal abdominal tumour, said to have followed an injury from a railway accident, called me to see her on Sunday, October 8th, 1871. I found her suffering from most excruciating pain in the right forefinger. The pain was so agonising that I was led to inquire whether she had not scratched or injured it in any manner, when she informed me she had very slightly scratched that finger and the one next to it a few days previously. Upon remarking further that I was afraid she had received some poisonous matter into the scratch, she then remembered having given an injection to a lying-in woman on the evening of the 6th (about thirty-six hours before my visit), whose nurse was very inexperienced, and had neglected to change the patient for several days after delivery. I was informed by the medical gentleman in attendance upon the confinement, that his patient had peritonitis at the time. My patient had wrapped a piece of adhesive plaster round the middle finger, which was therefore quite unaffected, but unfortunately had left the scratch on the forefinger totally unprotected. Here, then, was the clue to the case, decomposing lochial discharge applied to the recent scratch. This case ran a most acute and rapid course. Thirty-six hours after the application of the septic matter, I saw the patient. The finger was then hard and indurated, but not much swollen. The back of the hand was very red and much enlarged. The inflamed lymphatics in red streaks could be seen passing up the forearm; and in twelve hours more, in spite of all measures adopted to arrest the advancing disease, the finger had mortified. The next day, her relatives being very anxious, I met in consultation two neighbouring medical gentlemen, who agreed with me as to the cause of her symptoms; but the gangrene continuing to spread soon involved the other fingers, hand and wrist, and was followed by a fatal termination on the 10th, being ninety hours from the application of the poison, and about forty-eight hours from the time when I first saw the case. Throughout the short course of her illness, the general symptoms were those of high fever, persistent vomiting, and, towards the close, delirium.

CASE II. The poison in this case was introduced from a puerperal patient in my own practice. Mrs. L., a primipara, was delivered by Dr. Heath, my assistant, on October 24th, 1874. Three days afterwards, symptoms of acute peritonitis set in, preceded by decomposition of the lochia and accompanied by profuse diarrhoea, and other symptoms of blood-poisoning. Injections of Condy's fluid into the uterus and vagina were used to disinfect the discharge. These were administered by Mrs. M. (her mother), who, on November 5th, two days before her daughter's death, had inflicted a slight wound with a table-knife over the first joint of her left thumb. The wound being slight, she did not consider it necessary to mention it, or to apply any dressing to the part, but continued to administer the injections without any protection to the thumb. On the 7th, I found her suffering from most violent pain in the thumb, which was swollen and indurated; the wound was gaping and sloughy in appearance, the back of the hand red, shining, and erysipelatous. A free incision on the thumb above the wound, followed in a few days by another on the back of the hand, gave exit to a large quantity of pus, and relieved to a certain extent the severity of the symptoms; but the purulent affection seemed to travel along the cellular tissue of the forearm, which in turn had to be relieved by inci-

sion. The lymphatics were inflamed as high as the elbow, where there was a patch of erysipelas. This case terminated favourably in six weeks, leaving only the first joint of the thumb stiff.

These cases appear to me to be specially instructive; first, because of the danger to which attendants are exposed when it becomes necessary to give vaginal injections to puerperal patients. And I think it becomes the duty of the medical attendant to warn the nurses to take precautions not to allow the discharge to come into contact with any recent wound or abrasion of skin. Secondly, they are exceedingly interesting from their tendency to throw light upon the nature and production of puerperal septicæmia, as they show that the application of decomposing lochia alone to a recent scratch or wound has been sufficient of itself to produce gangrene of the part and death of the patient in the one case, and a very severe attack of phlegmonous erysipelas in the other, although no puerperal condition existed in either of the inoculated subjects. I think we may, therefore, draw the conclusion, that the passage of decomposing lochia over any abraded surface in the vaginal passage is sufficient to produce puerperal septicæmia without the importation of any other specific poison. In this manner, we may account for the disease attacking much more frequently primiparous cases, as the vagina and perineum are much more likely to be slightly lacerated in those than in multiparæ. If it were possible to apply as effectually the antiseptic treatment to these cases as it is carried out by Professor Lister in surgical cases, I have little doubt that as good results would be obtained. Obstetricians too frequently begin to lock the door when the horse is stolen; we wait until there is evidence of decomposition having already taken place in the lochia before steps are taken to prevent or counteract the danger. Cannot some antiseptic means be devised to be used from the time of delivery? I should be inclined to think that folds of antiseptic gauze instead of the ordinary napkin, and an antiseptic lotion for detergent purposes, would be of very great service, and might prove quite sufficient to prevent the setting in of putrefactive change in the discharge.

ERYSIPELAS AND MIDWIFERY PRACTICE.

By HENRY H. HATHERLEY, M.R.C.S. Eng., Nottingham.

THE following case is, I think, of especial interest at the present moment, when the question of infection in relation to midwifery practice is much discussed.

Mrs. II., aged 37, wife of a lacemaker residing in New Radford, came under my care on January 8th last for erysipelas of the face, she being at the time far advanced in her tenth pregnancy. The course of the disease was at first most unfavourable, the whole of the scalp and naso-pharyngeal tract becoming involved. She had great fever and prostration, sleeplessness and constant delirium, and marked difficulty of deglutition. On January 11th, she was confined by a midwife of a live male child at the full term. From January 11th, Mrs. II. steadily improved; the erysipelas subsided; the lochia were profuse, but otherwise natural; the secretion of milk was normal. Both mother and child (who still has the breast) did well.

In this case, parturition, instead of adding an element of danger, appeared to have a favourable influence on the course of the erysipelas, the patient's improvement dating from her confinement. The midwife has an extensive practice, but no harm accrued to any of her patients. I attended about this time nine labours (between January 5th and 22nd), all of which did well, although I took no special precautions to prevent infection.

I think that, as far as any inference can be drawn from this isolated case, it is that the danger of infection to lying-in women from ordinary zymotic disease is less than is commonly supposed, and that a medical man is justified in fulfilling his midwifery engagements when attending infectious cases other than true puerperal fever.

The question of responsibility for infection is a very serious and a very difficult one: to debar practitioners (morally, if not legally) from attending midwifery, whilst attending cases of scarlet fever, erysipelas, typhoid or typhus fever, diphtheria, etc., would not only mean ruin to many a medical man, but would so limit the number of medical men "justified in practising" as seriously to inconvenience the public.

I am one of those who believe that the term "puerperal fever" is applied too comprehensively, and that a more strict definition of this disease would shut out many so-called cases of "puerperal fever". I would ask, in conclusion, the following questions.—1. What proof have we that puerperal fever is not a distinct zymotic poison, incapable of being produced by any common infectious disease? 2. Can it be proved by statistics that puerperal fever is generally of more frequent occurrence during the prevalence of such diseases as scarlet fever, erysipelas, etc.?