**OBSERVATIONS
ON THE
CONTAGIOUSNESS OF PUERPERAL FEVER,
AND ITS CONNECTION WITH ERYSIPELAS.**

By FRANCIS ELKINGTON, Esq., Birmingham.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—The perusal of Mr. Storrs's interesting paper on the contagious character of puerperal fever, published in your Journal of December 2, which I had not seen till to-day, has induced me to forward you the following facts corroborative of his views:—

The mass of evidence which he has brought forward in support of his opinion, is so conclusive, that it may appear unnecessary to trouble you or your readers again on the subject; but as it may be gratifying to Mrs. S.'s mind to have his views still more extensively supported and confirmed, and as there may remain doubts in the minds of some medical men respecting the doctrine promulgated by Mr. S., a further report on a subject of such deep interest, may be useful. It is right to observe that Dr. Ingleby, who visited most of the cases with me, published a paper in the "Edinburgh Journal" soon after they occurred, in which he mentioned the leading facts.

I remain, Gentlemen,

Your obedient servant,

FRANCIS ELKINGTON.

Birmingham, Jan. 4, 1844.

My attention was first directed to puerperal fever as an epidemic, in 1833. Previous to that period, I had seen only isolated cases; and those of a different type to such as came under my care in 1833, and three different periods since. Perhaps I may be excused, in the first place, stating my belief that there are three forms of puerperal fever; first, that which is accompanied by acute inflammation of the peritoneum, the uterus, or its appendages; secondly, the erysipelatous form; and thirdly, a mixed form—all requiring a modification of treatment.

The erysipelatous, or that form which appears, in some way or other, to be connected with erysipelas, will seldom bear general depletion or active antiphlogistic treatment. This form I consider to be decidedly contagious.

Aug. 28th, 1833. After visiting a bad case of erysipelas, at the edge of the town, and making free incisions through the diseased part, I attended Mrs. J., living in the centre of the town, who, after a favorable labor, was confined of her second child. She was doing well until the evening of the third day, Aug. 31, when she was attacked with fever, and died Sept. 3.

Aug. 28. I attended Mrs. C. of her first child; and went directly from attending Mrs. J. Mrs. C. had a severe labor, followed by flooding; and was feverish and poorly from the first day. She was taken worse on the 30th, and died Sept. 4.

Sept. 3. I attended Mrs. Edwards of her third child. She had a favorable labor, and went on well till the 5th. She was then attacked with fever, and died on the 9th.

Sept. 5. I examined the body of Mrs. C., the second patient, assisted by my brother. As we were leaving the house, we received each a message to attend a labor. Mrs. White, my brother's patient, was attacked on the 8th, and died on the 11th.

Mrs. Curnin, the person I attended, was also attacked on the 8th, but recovered.

The first four patients were bled; Mrs. Curnin was not. From Aug 28, to Sept. 11, I attended several other labors, but those patients escaped the fever. I was in the habit of changing my dress before I went to a labor; but as that did not have the effect of preventing the disease, I left home for a fortnight; and on my return, although I attended labors as usual, had no case of fever. With reference to the contagious character of the disease, I would here mention that my friend Mr. Nason, of Nuneaton, who was visiting me, saw the two first patients in the evening, as he was leaving town. He was called to a labor in the night; his patient had the disease, and, I believe, died. Mr. J., the husband of the first lady, had severe sore throat. A young lady who nursed her had a slight feverish attack. The person who nursed Mrs. C., the second patient, went home ill with erysipelas of the arm, and afterwards died. The sister of Mrs. E., the third patient, had erysipelas of the face, but did well.

In June, 1835, I attended Mr. Perry for erysipelas of the arm, after bleeding. It was necessary to make free incisions, which were followed by sloughing to a considerable extent; but after a very long illness he recovered. During the whole of my attendance upon him, I invariably changed my dress, and sponged the surface of my body before I went to a labor, with one unfortunate exception. On my return from visiting him, one night, I was met on the road by a messenger, who requested me immediately to visit a lady who was dangerously ill, but not supposed to be in labor. I went direct to the house, without changing my dress; and, to my very great annoyance, found that she had alarming flooding from placenta presentation, at the end of the eighth month. I was obliged to turn and deliver without loss of time. She was confined June 15th, the next day was comfortable, was attacked with fever on the 17th, and died on the 20th.

Mr. Perry, some time after he had recovered, left his house, and it was shut up for some months. In April, 1839, I attended Mrs. Stumps, who was then living in Mr. P.'s house. She had a very quick labor; about the third day became feverish, and continued in a doubtful state for eight or ten days, but gradually recovered. Her husband had sore throat, and likewise her daughter. The baby had a severe attack of erysipelas of the penis and one hand, followed by suppuration and sloughing, but recovered.

The house, from the time of Mr. P.'s illness to the confinement of Mrs. S., had not undergone any particular cleaning or whitewashing.

Since 1839 I have had two other cases of puerperal fever associated with erysipelas; but, by refusing to attend labors during my attendance on those cases, have avoided communicating it to others.

As my object has been only to communicate facts bearing on the question of contagion, I have purposely avoided detail of symptoms and treatment; but may here remark that the plan of treatment which has

answered best (in the erysipelatous form) in my practice has been hot, dry applications to the belly and extremities, and large doses of calomel, opium, and tartar emetic.

CASE IN WHICH THE URACHUS REMAINED PERVIOUS AFTER BIRTH.

By T. H. STARR, M.D., Kettering.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The irregular construction of parts or organs of the body, which now and then present themselves, must invariably prove matter of interest to the physiological inquirer; but when the anomaly is extremely rare, it becomes worthy of record, as adding another remarkable fact to the curiosities of medical experience. The narrative of the case which I proceed to communicate will occupy but a small space in your widely-circulated Journal. The obstetric reader cannot but regard it as a singular vagary in his especial province of nature's handywork; whilst the comparative anatomist will trace in it the more ample development of a rudiment of organisation occurring, as it were, by accident to an individual of the human species, but which seems essential to the regular constitution of other animals in utero.

A few weeks since a poor woman, named Carles, brought a female child to me for advice, aged thirteen weeks. From the period of its birth the urine had escaped at the umbilicus, the urethra being at the same time perfect. The excretion passed freely through the natural channel, and probably simultaneously with its evacuation at the navel, since the flow of it from the latter situation was by no means continued, but took place at intervals, as if it were controlled by the detrusive action of the bladder, and other muscles associated therewith. The general appearance of the umbilicus was larger and more open than usual; and in the centre of the cartilaginous nipple-like projection I perceived an orifice which admitted an ordinary sized probe; this was easily passed in the direction of the linea alba towards the bladder.

It was clear to me, from a consideration of all the circumstances, that the common ligamentous band passing from the fundus of the bladder upwards to the umbilical cord, and known as the urachus, had assumed and retained, subsequently to birth, the form of a duct, and this duct opened into the bladder. In many quadrupeds a communication resembling that which I have described always exists up to a certain time; but, to use a quotation from that distinguished anatomist M. H. Cloquet, "In man it (the urachus) never forms a canal, excepting in cases where the urethra is wanting."

I think it more than probable, during the foetal life of this child, that a conformation of parts existed strictly identical with the allantois of other animals, and performing the same function, obscure as that function is generally admitted to be. Previously to my seeing the case, pressure in a variety of shapes had been resorted to without benefit. I, therefore, recommended the mother of the child to take it to the County Infirmary, in order that the opening might be closed by suture or other surgical means. It was

treated by a simple suture, then dressed with a pledget of lint confined with adhesive plaster. The case was no longer under my inspection, but I understood the escape of urine was arrested completely for a fortnight, when it again found vent at the navel. A more effective union might be secured by means, I should say, of a small incision, the edges of which might be kept in apposition by suture or plaster conjoined with suitable pressure afterwards.

I remain, Gentlemen,

Yours obediently,

T. H. STARR, M.D.

Kettering, Northamptonshire, Jan. 6, 1844.

OBSERVATIONS

IN

DEFENCE OF DR. SHEARMAN'S TREATMENT OF

ASPHYXIA FROM HANGING.

By JONATHAN TOOGOOD, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—My attention has been drawn to a very interesting case of Asphyxia from Hanging, lately published in the Journal, by Dr. Shearman. The recovery of the patient from the immediate effects of the suffocation satisfactorily proves the judicious treatment which was adopted; and I confess that I was much surprised to find the propriety of the practice which was pursued questioned, but still more at the extraordinary and most reprehensible conduct of the coroner. I am fully aware that coroners, in the arbitrary exercise of their office, frequently refuse an investigation into the cause of death when absolutely necessary, and that most absurd and improper verdicts are returned, often not in accordance with the evidence, and in direct contradiction to the facts which an examination would have developed. Of this I have given some examples in a former number of the Journal, which were copied into the "Lancet," and the "Times" of the 26th of January, 1841. But this is not at all extraordinary, when it is remembered that this important office is too often held by low, ignorant men, who are totally unfitted for it by their education or acquirements, and seek it to supply the deficiency of income which the failure of their original occupation, either from want of ability or industry, has occasioned.

Of course I do not intend to apply these observations to the functionary on whose conduct I have been commenting; I know nothing of him or of his qualifications, but in this case his course of proceeding seems to have been most uncalled for and improper. He not only refuses a necessary investigation, but slanders the reputation of a practitioner, whose relation of the case must convince every intelligent reader of the soundness of his judgment and propriety of his practice. He who, sitting as judge, was bound to confine himself to the evidence, listens to the gossip of a practitioner, who is neither a witness or before the court, so as to be subject to cross-examination, and, upon the authority of that gossip, impugns the practice of a medical witness, thereby giving currency to reports highly injurious to his character. If such