Clinical Note.

TWO FORMS OF PUERPERAL INFECTION, WITH CASES.*

BY K. C. McILWRAITH, M.B., TOR.

Demonstrator of Obstetrics in the University of Toronto.

During the winter I examined the lochia in two cases of puerperal infection. The clinical course of the cases illustrated so clearly the difference between saprophytic infection and infection with pyogenic cocci that I think them worth recording.

In the first case the temperature and pulse had risen by the fourth day to 105.5 degrees and 180 respectively. The hand was passed into the uterus and a large piece of placenta stripped from the uterine wall with some difficulty. The temperature fell on the following day to 99.5 degrees, but never became normal again, and the patient died on the 26th day. Intrauterine douches of carbolic acid 1-60 and of lysol ½ per cent. were given on different occasions, but produced no effect beyond a temporary rise of temperature. Blood was taken from a vein and smeared on blood serum in sterile tubes, but no growth resulted. Lochia from the uterus put in beef-broth tubes gave growth, and agar plates taken from this showed a pure culture of staphyllococcus pyogenes. Smears of the same lochia also showed typical staphyllococcus groups.

The second case was that of a woman who was delivered while suffering from measles. The temperature had risen to 102.5 degrees by the third day. The hand was passed into the uterus and a large piece of placenta removed. An intra-uterine douche of creolin, half an ounce to the gallon, was given. The temperature began to fall immediately, was normal by the second day after the treatment, and there was no further trouble. In this case the lochia, taken from the uterus before the removal of the retained piece of placenta, showed a bacillus in the smears, and unmixed colonies of bacillus coli communis in the cultures.

Compare and contrast these two cases. In each there was retained placenta and infection; in each the uterus was manually emptied early in the course of the case; in one the patient died after a protracted illness; in the other convalescence was rapid

[&]quot;Read before the Ontario Medical Association.