

women. The most usual mode of propagating the diphtheritic poison from the sick to the healthy is its direct conveyance by means of sponges, dirty towels, catheters, clyster-pipes, or the fingers of the accoucheurs; and in this way epidemics of puerperal fever are brought about most frequently in Hospitals; although they are also met with in private practice. What relation this origin bears to an incubation stage is uncertain; for although Veit has observed this to vary between twenty-seven and forty-eight hours, the number of cases adduced are as yet too few to allow of any general statement being made.

Diphtheritis of the genitals is not only met with in puerperal women, although they—on account of the denudation of the mucous membrane of its epithelium, and the numerous lacerations of tissue, as well as the ready decomposition of the lochial secretion—exhibit a special predisposition for contracting the disease, while the dilated vessels present a favorable condition for generalising the affection. Paul Dubois, forty years since, observed that the pupils at the Maternité, who, while menstruating, tended sick puerperal women, also became the subjects of an affection resembling puerperal fever. In Germany similar observations have been published, showing that, under certain favoring circumstances, a similar diseased process may be set up in non-pregnant women. I remember the case of a woman, 52 years of age, who was admitted into the gynecological clinic of the Berlin Charité on account of repeated hæmorrhage. This arose from a large crumblng myoma, for the removal of which I used a forceps which probably had not been properly cleansed after a former employment. The woman died of diphtheritis of the internal genitals fifteen days after the operation. The autopsy disclosed the same lesions as are found in women who have died of puerperal fever—viz., diphtheritic deposit upon the wounded surface whence the tumour had been removed, lymphatic vessels filled with pus, and peritoneal exudation. It would seem to result, from other cases, that this diphtheritic process of the genital organs in non-pregnant women is but rarely followed by dangerous general disease.

Finally, it may also be mentioned that new-born children, and especially those of women who are the subjects of puerperal fever, sometimes are the subjects of a similar diseased condition, which in them proves fatal.

Little need be said concerning the symptoms of a disease well known to you all. The elevation of the temperature is characteristic—this rising, except in the cases in which the diphtheritis is limited locally to the genitals, to an abiding height of 39° or 40° C., or even yet higher. The rapidity of the pulse is also very persistent, frequently remaining much more than 100. The general condition appears usually, at the commencement of the affection, to have undergone but little change; yet in many patients there is soon observed a peculiar death-like aspect, although consciousness is generally retained to the last. In some cases there is delirium, and in some rare instances maniacal paroxysms, the autopsies usually revealing no morbid changes in the brain.

The diphtheritis itself is only visible to the eye within the uterus being discovered by the lochial fluid acquiring a peculiar smell, and by the discharge of diphtheritic masses on the re-issue of injections that have been thrown in. The features of the disease are in different cases essentially modified, according to the extension it has acquired. Very frequently the hypogastrium is painful on pressure in the region of the uterus, and tumefaction is here perceived both on external and internal examination. Such tumefaction, as already stated, may arise in puerperal women from other circumstances; and this is especially the case after laborious labors, effusion of blood having taken place into the cervix uteri or the cellular tissue surrounding the vagina. This hæmatoma may also, as well as the parametritis consequent on diphtheritis, pass into suppuration and give rise to pelvic abscess. The symptoms produced by the frequently ensuing affections of the intestine or bladder—peritonitis, pleuritis, phlegmon—call for no explanation.

With regard to the prognosis of puerperal fever in general, if we except the cases in which the diphtheritis remains localised, it is upon the whole unfavorable; for we must admit that one-third of the cases in which fever has ensued upon diphtheritis of the genitals terminate fatally. Death takes place most frequently up to the fifth day, and then up to the eleventh day. In some cases the disease may last even for months.

I have only a few words to say concerning treatment. The prophylaxis lays claim to our most earnest attention, and the etiology of the disease indicates many important points for the exercise of this. The extremest cleanliness of all having to render service to the lying-in woman, both as regards their persons and their clothes—especially their fingers and sleeves—and cleanliness in regard to all clothing, catheters, sponges, enema-pipes, etc., must be most stringently insisted upon. It is very much to be desired that all the utensils of labor should be new for each woman, and the same elastic catheters should never be employed for several lying-in women. As mere washing the hands which have become contaminated with infectious matter does not seem to afford sufficient security for internal exploration, I think it best under such circumstances to rest satisfied with external exploration. Especially does this rule apply to lying-in Hospitals when cases of diphtheritis have appeared; and my own experience on this point entirely confirms the propriety of the advice given by Halbertsma and Litzmann. How necessary, then, is that complete practice of external exploration which I have taught since I first held the Professor's chair, speaks for itself. Lastly, in regard to the curative treatment, I can only refer to what I have already stated in a detailed communication which I presented to this Society on "The Treatment of Puerperal Inflammations of the Female Sexual Organs." It must be pre-eminently symptomatic, and, as long as the temperature continues high before all things the fever should be diminished. Internally digitalis with nitre or acids, and externally tepid or cold applications, contribute to this end,