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THE RELATION BETWEEN EPIDEMIC ERYSIPELAS AND PUERPERAL FEVER.

BY J. E. JENNER, M.D., C.M., L.R.C.P. L., PICTON, ONT.

About the middle of the last century an epidemic of puerperal fever broke out in Paris, and an eminent French physician writing on the subject stated that the puerperal fever then prevalent was an erysipelas of the peritoneum. But this view did not attract much attention for about a hundred years, when several English and American writers published, almost simultaneously, accounts of numerous epidemics as well as isolated cases of puerperal fever evidently traceable to erysipelatous inoculation, and now the intimate and reciprocal relationship existing between these two diseases is admitted by all authorities, the poison of either disease being capable under favorable circumstances of producing the other. Thus, puerperal women exposed to the poison of erysipelas are almost certain to contract puerperal fever, and their babes frequently die within a few days of erysipelas neonatorum. On the other hand, wounds dressed by a surgeon in attendance on puerperul fever patients, often take on an erysipelatous nature. Dr. Cox relates, that a physician having bled an erysipelatous patient, soon afterwards used the same lancet to bleed a man injured by a fall and also a woman in labor. The man developed an attack of phlebitis and the woman of puerperal fever.

An instance which occurred in my own experience well illustrates the reciprocal relation between these two diseases. In April, 1884, I was called to see a woman who was "flowing badly." Her husband told me she was in the sixth month of pregnancy and had miscarried the day before. When I saw her she was quite blanched, the bed-

ding was saturated with blood and about a quart of clots were lying on the sheet. She had lost considerable blood the day before and was still flowing pretty freely. Having a fair pulse and not manifesting symptoms of immediate collapse, I determined to remove the placenta at once, which could be felt protruding from the os and partly in the vagina. Being accustomed to taking stimulants freely, I gave her a glass of brandy and water, and inserting my hand into the vagina, detached the adherent portion of placenta by insinuating two fingers between it and the wall of the uterus, first having tried-without success-Credé's method of expression. (The placental attachment was at the "meridian zone."—Barnes). I had no difficulty in removing the placenta and am satisfied it came away entire, and that no portion of the secundines were left behind. The hæmorrhage ceased immediately; I gave her two grains of opium in powder and washed out the uterus with a 2 % solution of carbolic acid, using at least two quarts, the water being as hot as my hand could bear it. There was neither hæmorrhage nor pain after this, save some intermittent after-pains, the result, I presume, of the ergot I had given her immediately upon seeing This was in the morning; about 2 o'clock that afternoon she had a marked chill and when I saw her in the evening her temperature was 102.5° I again washed out the uterus and left two 10 gr. powders of quinine to be taken during the She had no pain whatever. The following morning I found her very restless and anxious about her condition, the features cold, pinched and bloodless, the expression haggard and anxious; temp. 104.5° F., pulse 140, resp. 48. There was profuse sweating, had been a rigor about an hour before, and the extremities were cold. She had all the symptoms of malignant puerperal fever, and died on the fifth day. I was at the same time attending a case of phlegmonous erysipelas some miles away, and although I had taken the precaution to disinfect myself thoroughly and change my clothing, I believe I was the means of carrying the infection to my puerperal patient. She had miscarried on several occasions before. On the evening after her funeral two of her children, a boy æt. 13 years and a girl æt. 6 years, were suddenly attacked with vomiting, sore throat and headache. I saw them on the day following and pronounced them both cases of scarlatina. The next day the