

one which I believe to be highly improper, and one calculated to lead to the production of sore nipples and milk abscess. On this point, however, I do not wish to enlarge at this moment. The point to which I wish particularly to call your attention is, that it is very questionable if a low diet tends in any degree to prevent the occurrence of milk fever.

2. We come next to the more serious puerperal diseases—“*puerperal peritonitis*,” *puerperal fever*, *phlegmasia dolens*, &c. With respect to the pathology of these diseases, there is very much more to be said than can be compressed into the short space now at my disposal, and I can only state those conclusions respecting them which may, as I believe, be made a satisfactory basis for the application of therapeutics. It was formerly considered, and the idea is still prevalent to a wide extent, that the essence of these serious puerperal affections was “inflammation.” Thus when, two or three days after labor, the patient began to complain of shivering, of pain over the uterine region, when the pulse became frequent, these symptoms were considered to indicate the presence of inflammation of the uterus or of the peritoneum. It is now known, however, although not sufficiently generally admitted, in the first place, that these symptoms frequently indicate the passage of poisonous material into the blood, really a form of pyæmia; and, in the second place, that while mischief of an “inflammatory” kind may be set up in consequence of the introduction of such poison, or in consequence of violence sustained by the uterus during parturition, the best method of combatting the inflammation is, not by employing remedies formerly considered anti-inflammatory, such as bleeding, antimony, mercury, administration of low diet, and the like, but by supporting the strength of the patient, and by exhibition of remedies of a soothing and sustaining nature. So, again, in cases of puerperal fever: the condition actually present is a poisoning of the blood attended with symptoms of extreme depression, in the prevention and treatment of which low diet and lowering agents of whatever kind are, in my opinion, noxious and injurious in the last degree. In phlegmasia dolens, another accident of the puerperal state, the essence of the disease being erroneously considered to be “inflammation,” it was supposed that a low diet would tend to prevent such inflammation. The word “inflammation” has much to answer for in respect to the injurious influences it has exercised on the treatment of puerperal diseases. It is responsible for the low-diet system which has so largely prevailed in the lying-in room—a system which, by weakening the patient, has rendered her liable to become a prey to the poisonous influences by which she may be surrounded, and has induced a mode of treating puerperal diseases calculated to neutralize and negative the efforts nature will always make to overpower and