

As to stomach cough, irritation of the nerves of the stomach, the respiratory tract being healthy, will not produce cough, but if the larynx and trachea are already in an unhealthy and irritable condition, then the irritation of the stomach may be sufficient to set up a cough. Thus in certain forms of dyspepsia, accompanied at a certain period after meals, or before meals, by a cough, which is liable to be accompanied by retching or by simple regurgitation of portions of the partially digested food, the stomach is at fault, as are also the larynx and trachea. So in the morning cough of drunkards. Here, from continuous stimulation, the mucus membrane of the stomach is in a state of chronic inflammation. It pours out large quantities of mucus, which accumulates during the hours of sleep. When the individual awakes the respiratory centre is more active; the irritation of the stomach by the mucus, and its inflamed condition, added to a probable irritable condition of the respiratory tract, succeed in bringing about long convulsive fits of coughing. The toper on his way for his morning dram may be seen to lean against a post or grasp at railings to support himself during this paroxysm. He succeeds after a time in bringing up, partly by coughing, from the bronchial tubes, and partly by vomiting, from the stomach, a quantity of mucus, when he wipes his suffused and reddened eyes, and passes on relieved. Here the treatment should be mainly directed to the catarrhal condition of the stomach, which wants toning up with vegetable bitters and strychnia, as well as sedating with bismuth and soda. The interdiction of alcoholic beverages, where the trouble originates in their use, is of course necessary, with what results will depend upon how far your patient will submit to follow your injunction. Other varieties of cough, such as ear, tooth, nose, liver and spleen cough, are of interest, chiefly as showing how a stimulant may be conveyed from parts of the body not functionally connected with the respiratory tract, and being registered by the respiratory centre, produce cough. The indications for their treatment are obvious.

DR. PAVY, who recently retired from the office of Senior Physician at Guy's Hospital, has been presented with a handsome piece of silver plate, the gift of students of the hospital.

## THE ETIOLOGY OF PUERPERAL FEVER AND THE METHOD OF PREVENTING THIS DREAD CONDITION.

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Being a portion of the Presidential Address at the Meeting of the Ontario Medical Association.

(Continued from page 299 of last issue.)

Time will not allow me to enter into the subject as fully as its importance demands, and you must pardon me if I am particularly brief.

We are all general practitioners. We all have to do with midwifery and have all experienced the anxiety caused by cases of obstetrics, especially by those complicated with puerperal fever. It is time this rather vague name was dropped, and one more definite adopted. The term "puerperal infection," as suggested by Dr. Garrigues, appears to me to be very suitable. Firstly, then, what is the nature of the febrile and inflammatory processes that frequently follow child-birth? And, secondly, are these changes due to some morbid condition generated within the woman's system, or do they come from without? If they come from within, why is not every woman similarly affected? If they come from without, what is the nature of the virus? Where does it come from, and how best can it be prevented? These are questions I have frequently put to myself, and often, indeed, have I found them difficult to answer.

Firstly, I do not believe that the so-called puerperal fever is a specific disease, peculiar to the lying-in condition, but that it is identical in every way with surgical septicæmia, or pyæmia, due to the activity and development in the system of micro-organisms, which, when introduced under favorable conditions, produce the symptoms of child-bed fever. These micro-organisms, being once in the woman's body, so overwhelm the system by their rapid development as to produce death. No pathological changes have ever been discovered in puerperal fever differing from septicæmia in general, except in situation. Different women are affected in different ways. According to Pasteur, the innocuous micrococci that live in the vagina become dangerous if they are developed in great numbers, and the different symptoms are to be explained by the different organs to which these microbes are carried. Some go to a gland, become arrested,