AN ANALYTICAL ACCOUNT OF 57 CASES OF PUERPERAL INFECTION.

THESIS PRESENTED FOR THE DEGREE OF M.D.

by

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The fever of childbed has at the present moment attained to considerable prominence, and much discussion is taking place concerning its exact pathology and its treatment. Serum therapy is on its trial, and the question of surgical interference is becoming more and more a matter for serious consideration.

In presenting a thesis for the degree of Doctor of Medicine, it has thus been judged that the present is a particularly opportune time for a contribution on the subject of Puerperal Infection.

Occasions for observing this class of cases will for any individual always be but few outside of hospital work; and much difficulty must necessarily be encountered in following out any which may occur, more especially in respect to post mortem examinations.

Only however by a thorough knowledge of its clinical features and post mortem appearances can any advance be made in the treatment of a disease whose terrible mortality so urgently calls for such. The writer has accordingly ventured

to/

to give an account of these cases which came under his personal observation while Senior Assistant Physician in Belvidere Fever Hospital during the 18 months between 30th. Oct. 1897 and 4th. June 1899.

Of the 57 cases of puerperal infection 31 proved fatal; and in 21 a post mortem examination was obtained.

In addition to these, six cases of mistaken diagnosis occurred as follows, where no pelvic disease was tracable:- Acute Lobar Pneumonia, 1 case: Phlegmasia with Pulmonary enfarction, 1 case: melancholia, 1 case. In three of the pneumonia patients, in the case of pulmonary enfarction, and in that of melancholia, the disease had preceded child bed.

The post mortem and other examinations were entirely the work of the writer.

Classification to any extent was not found to be feasible, and the cases have been arranged simply as to result in two groups, viz: fatal and non-fatal.

The records, which it has been the writer's aim to make as brief as is consistent with accuracy, are first quoted; appended is a table shewing the salient features of each case; and finally an analysis is given bringing into relation and prominence the chief points of interest of the whole.

Little note has been made of the treatment persued, it being/

being desired rather to emphasise the symptomatology and pathology.

The writer is fully conscious that from time to time many similar cases have already been published; yet he trusts that those below being a consecutive series and from the practice of one observer will be found to be not without value.

Case I.

Endometritis: Septic thrombosis of uterine sinuses and left ovarian vein: Pneumonia etc: Death on 22' day p.partum.

H.S., aet. 29, I p: admitted 15.12.97 (12' day of illness)
Confined on 1st. Dec. Labour natural.
Shivering, headache and vomiting on 4' day. Two days later left leg began to swell, and sloughing occurred 4 days ago at back of knee. Frequent rigors and sweatings. Lochia scanty and purulent.
On admission: T. 104: PR. 120. 30.
Patient a well nourished woman of good physique but greatly prostrated. Earthy pallor of face; features pinched. Oedema of left leg and thigh; thickening over iliac vessels; large sloughy ulcer in left popliteal space.
Medium bubbling rales in left lung, consonating over upper part behind; a few rales at right base; no dulness.
Slight tenderness in hypogastrium. Splenic dulness increased. Rupture of perineum involving rectum; bilateral laceration of cervic uteri - wounds clean. Lochia purulent and foul smelling.

Patient died on 22' Dec. Occasional rigors, delirium, consolidation in upper lobe of left lung, increased rales in both lungs, and slight albuminurea were noted before death occurred/

occurred.

Antistreptococcicserum 20 cc. administered on 18', 19', 20' and 21' Dec. with no result.

Post-Mortem.

Several enfarcts in upper lobe of left lung; hypostatic congestion of both lungs. Metastatic abscesses in spleen and kidneys.

Uterus and adnexa in normal relations; endo metrium in very sloughy condition, placental thrombi being in absolutely purulent state; a few purulent foci in uterine wall. First few inches of left ovarian vein filled with septic thrombus. Thrombosis of femoral and lower part of external iliac veins. Tubes and ovaries injected.

Bacteriological examination.

Lochial discharge on 18' Dec. yielded mixed culture of B. Coli and Streptococcus Pyogenes.

Pus from ovarian vein gave same result.

Case II.

Endometritis: Septic thrombosis of uterine sinuses and right ovarian vein: Pneumonia: Death 15 days p. partum.

Mrs. M., aet. 26, I p: Admitted 19.2.98:

Confined on 13' Feb. Labour natural.

Slight rigor and severe headache on 3' day. Condition of lochia not noted.

On admission: T 101.4°: PR. 130.28.

Patient a well nourished strongly built woman but very gravely ill. Marked earthy pallor of face: anaemia of lips and mucus membranes: pupils dilated. Patient delirious noisy and violent.

Tongue coated. Dry rales over back of chest. Moderate albuminurea. A little tenderness in hypogastrium.

Slight laceration of perineum. Moderate purulent blood stained lochia. Examination in anaesthesia negative.

24' Feby: Acute mania. Great prostration. Numerous bubbling and wheezing rales over both lungs.

25 Feby: Consolidation at right apex.

28 Feby: Patient died.

Temperature.-

Ranging from 99.2° - 103.4°.

Pulse/

Pulse.-

115 - 165 per minute.

Respirations.

25 - 35 per minute.

Post-Mortem.-

Hyperaemia of pulmonary tissue especially at bases: small grey wedge shaped enfarcts in both lungs: large area of consolidation involving the greater part of right upper lobe: pus in small bronchi running through enfarcted areas. Spleen enlarged and hyperaemic. Liver enlarged and pale on section. Kidneys and intestine normal. Endometrium in dirty sloughy condition, placental thrombi being especially affected: purulent foci in uterine wall. Septic thrombosis of right ovarian vein for about one half of its length. Ovaries and tubes injected.

Case III.

Endometritis: Septic thrombosis of left ovarian vein with metastases in spleen and kidneys: Death on 29' day p.partum.

S.T., aet. 20, I.p: admitted 12.5.98. (10' day of illness). Aborted on 30' Apr. in 6' mth. of pregnancy. Labour said to be prolonged and ended by instruments.
Shivering and pain in left side of abdomen on 4' day, since when lochia had been scanty and malodourous. Diarrhoea.
on admission: T 102°: PR. 126. 34.
Patient a well nourished girl. Pulse and general condition good. Abdomen slightly distended: some tenderness in right iliac fossa: splenic dulness increased.
Small rupture of perineum: slight bilateral laceration of cervic uteri. Moderate purulent lochial discharge.
Rounded thickening in upper part of left broad ligament.

Patient rapidly became prostrated and died on 29' May on 25' day of illness. Frequent rigors: increased enlargement of spleen: slight albuminurea for last few days of life, and latterly much delirium. Pelvic examination on 20' May under chloroform shewed a cord like mass of the thickness of a lead pencil running in the upper part of left broad ligament from fundus uteri outwards.

Temperature/

Temperature.

101° - 105° Hectic.

Pulse.

110 - 150 per min:

Post-Mortem.

Small vegetation of old standing on posterior cusp of mitral valve. Old adhesions at apex of left lung. Liver enlarged (5 lbs.) soft in consistence, with pale mottled appearance on section. Spleen enlarged (12 oz.) upper edge lying in hollow in under surface of liver: organ coated with recent lymph especially on upper and posterior parts: contiguous surface of liver likewise coated. Large grey purulent wedge shaped enfarct towards upper antero-lateral aspect of spleen: parenchyma diffluent. Metastatic abscesses in Kidneys, uterus and adnexa in normal relations. Placental thrombi infiltrated and sloughy: purulent foci in uterine wall.
Left ovarian vein for several inches filled with pus.
Injection and oedema of meninges.

Remarks.- Thrombosed vein was readily detected by examination under chloroform.

Case IV.

Para metritis: Septic thrombosis: Phlegmasia:
Death on 35' day p. partum.

Mrs. B., aet. 36, II p:
Admitted 20.11.98 on 14' day of illness.
Aborted at 3½ mos. pregnancy on 1st. Nov. Profuse haemorrhage before and some time after delivery. Some clots said to have been removed on the 2nd. day.
Occasional vomiting and attacks of breathlessness since confinement. Frequent rigors since 14'Nov. Abdominal pain and swelling of left leg for 4 days previous to admission.
On admission: T. 99.6°: PR. 130, 30.
Patient is a short stout woman much prostrated and very anaemic. Phlegmasia of left leg, with tenderness down course of vessels. Sensorium unaffected. Tongue dry and brown.
Lungs normal. Albuminurea. Abdomen distended with tenderness in hypogastrium; splenic dulness increased.
Scanty malodourous lochia. Cellular infiltration in left parametrium.

Frequent rigors, severe diarrhoea, and increasing prostration persisted until death which occurred on 5' Dec.

Post Mortem.

Post Mortem.-

Blood shewed little tendency to clot. Heart muscle pale and cavities dilated: aorta atheromatons, but coronary arteries not obstructed. Fibrous adhesions over apices of both lungs: calcareous nodules in each: hyperaemia of lower lobes. A few small patches of enteritis throughout the intestine. Liver and kidneys normal. Spleen (11½ oz.) hyperaemic.

Uterus, vagina, ovaries and tubes appear normal. Pelvic floor on left side occupied by considerable mass of indurated tissue extending along cervix uteri to upper part of vagina and outwards to levator ani muscle. On section of mass nodule of necrotic tissue found in centre about size of large wall nut, through which ran branches of uterine vein filled with septic thrombus: numerous purulent foci of varying sizes, largest of which was in immediate contact with lateral wall of vagina and contained about two drachms of stinking pus.

Internal and external iliac veins with 1st. inch of vena cava contained grumous purulent material. Femoral vein occupied by solid thrombus, extending down to popliteal.

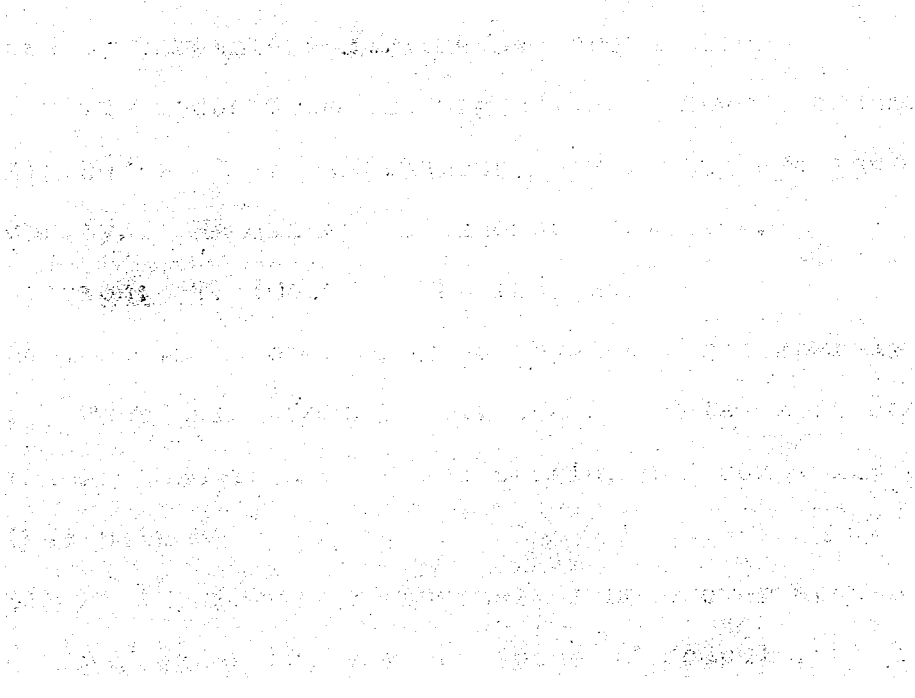
Bacteriological examination.

Pus from internal iliac vein yielded a culture of motile/

motile bacilli, probably B. Coli.

Microscopical examination.

Sections of spleen, liver, kidneys and lungs shewed nothing abnormal.



Case V.

Endometritis: Salpingitis: Peritonitis: Thrombosis of left ovarium vein: Enteritis: Death on 8' day p.partum.

Mrs. F., aet. 30, V p.:

Admitted 5.4.99.

Confined on 1st. Apr: child still-born.

A rigor occurred 3 days previous to confinement accompanied by bearing down pains, and slight bloody discharge; and followed by persistent malaise and prostration.

Lochia malodourous from the beginning. Severe abdominal pain six hours after confinement, persistent and increasing in severity. Headache; sickness; vomiting.

On admission: T. 104.2°: PR. 126, 34.

Patient is a woman of good physique, but sparely nourished. Face pale: features pinched. Pulse soft and compressible. She is drowsy and stupid, and complains of abdominal pain.

Slight inpairment of percussion note over apex of right lung behind, extending down to spine of scapula, with somewhat harsh quality of respiratory murmur. Abdomen distended, with considerable tenderness in iliac and hypogastric regions.

Scanty blood stained lochial discharge containing mucus: no odour. Bimanual examination negative.

Abdominal/

Abdominal pain persisted until death on 8' April. Occasional retching, but no vomiting. Albuminurea for last 24 hours of life. Dry and moist rales at bases of lungs.

Temperature: 103° - 107° (ante mortem) Pulse 120 - 160. Respirations: 30 - 46.

Post Mortem:

Fibrous adhesions at apices of both lungs: calcareous nodules in upper lobes: lower lobes hyperaemic. Peritonitis, which especially affects lower regions: intestine and omentum adherent over uterus and pelvis: much injection of coils with deposit of recent lymph: adhesions most marked in region of left ovary.

Uterus and adnexa in normal relations. Left Fallopian tube much injected, thickened to size of lead pencil, slightly convuluted: pus in lumen. Left ovary considerably enlarged, much injected throughout, and adherent to tube by soft lymph. Endometrium very sloughy especially over placental site: numerous sinuses in uterine wall filled with pus. Terminal branches of left ovarian vein with first few inches of its trunk filled with fluid pus.

Large patch of enteritis measuring 6 x 2½ in. in ascending colon beginning just above valve.

Spleen/

Spleen (13 oz.) Soft and hyperaemic. Kidneys and liver appear normal.

Bacteriological examination.

Uterine discharge on 5' April yielded a mixed culture of B. Coli and Staph. Pyog. Alb.

Microscopical examination.

Sections examined of liver, spleen, kidneys and ovary. Nothing found worthy of note.

Case VI.

Localised parametritic abscess: Thrombosis of left ovarian vein: Double phlegmasia with superficial abscesses: Enteritis: Death 75 days p.partum.

Mrs. W., aet. 30, V p:

Admitted 25.3.98.

Confined on 9' Mar. Labour natural.

Allowed up on 9' day;and in the evening complained of headache,and pain in the right side of the abdomen,and shivering.

Since then lochia scanty. Delirium for past 4 days.

On admission: T 100.2°: PR 124, 20.

Patient is a well nourished woman of good physique.

Face pale: hectic flush on cheeks. She is dull and stupid mentally taking little notice when addressed. Slight general distension of abdomen: no tenderness: splenic dulness increased.

Slight rupture of perineum: lochia purulent: uterus large and flabby: a little cellular infiltration of pelvic floor on left side.

1. Apr. Oedema of right leg - painful. Mental condition improving.

12. Apr. Temperature running higher. Persistent abdominal distension and tendency to diarrhoea. Lochia almost ceased.

28/

28 Apr. Phlegmasia of left leg present since 20. inst. Several small superficial abscesses have resulted in both limbs, through breaking down of cellular tissue. Slight albuminufea since 3rd. inst.

10. May. Marked haematurea and albuminurea with sharp rise in temperature. Increasing prostration. Considerable diarrhoea.

30. May. Patient died of progressive asthenia. Haematurea and albuminurea persisted until the end, but in diminished quantity.

Temperature. Hectic 100° - 104.8° F.

Post Mortem.

Firm fibrous adhesions over whole of left lung. Lungs otherwise normal.

Spleen firmly adherent to diaphragm, covered on its postero-lateral surfaces with layer of organised lymph, appears normal on section. Patches of enteritis throughout whole extent of intestine, most marked in lower part of ilium and in large gut. Liver pale. Kidneys enlarged and pale on section: metastases not apparent.

Uterus and adnexa in normal relations: involution almost complete: endometrium normal. Ovaries and tubes injected. Left ovarian vein for 4 in. contains partially organised thrombus. Below and in close proximity to ovarian vein/

vein in broad ligament is elongated thickening about size of a lead pencil extending from fundus outwards: on incision contains pus: wall tough and fibrous 1/16 in. in diametre ends in blind extremities one in uterine wall, other in broad ligament. Pelvic cellular tissue in state of extreme oedema: no further induration or abscess formation.

Left femoral vein filled with organised blood clot.

Remarks.

We have to note:

(1) The protracted course of the illness.

(2) The evidence of presumably antecedent disease in the left broad ligament (encysted abscess).

(3) The practically normal condition of the uterus and adnexa.

Case VII.

Endometritis: abscesses in uterine wall: peritonitis: Parametritis: Thrombosis: Enteritis associated with ulceration of large intestine: Death on 18' day p.partum.

Mrs. B., aet 21, I p:

Admitted 25.3.99.

Confined on 9' Mar. Labour natural.

Pain in abdomen and lochia scanty on 12. Mar.

Since then recurrent rigors, sweating and diarrhoea.

On admission: T. 101.4°. PR 148.56.

Patient a well nourished woman of good physique but gravely ill. Face pale: cheeks and lips livid. Breathing hurried with expansion of alae nasi, breath having marked sweet septic odour. Intelligence perfect.

Numerous bronchial rales over lower lobes of lungs. Slight albuminurea. Slight abdominal distension: No tenderness.

Profuse malodourous uterine discharge.

Patient died 24 hours after admission. Shortness of breath, sickness, vomiting, and slight diarrhoea noted before death.

Temperature: 103° - 105.4° : Pulse 140 - 160.

Respirations 40 - 60.

Post Mortem/

Post Mortem.

Fibrous adhesions at apex and between lobes of left lung: congestion and oedema of lungs amounting in lower lobes to absolute splenisation.

No general peritonitis. About 10 oz. of fluid in pelvis - serous with a few flakes of lymph.

Pelvic organs in normal relations. Uterus however fixed to bladder by soft adhesions, on separating which small foci of ill-smelling pus are exposed between the surfaces. About middle of lower anterior segment of uterus, small round area about size of a three-penny piece is seen to bulge forward evidently in connection with abscess in uterine wall, which at this spot is yellow in color and clearly necrotic.

Endometrium in absolutely septic condition especially over placental site on anterior wall: numerous sinuses in uterine wall found to contain pus, small subperitoneal abscess mentioned above being in connection with one of these. Tubes, ovaries and broad ligaments beyond injection normal. A small mass of infiltrated purulent tissue occupies the pelvic floor on the left side, extending downwards along cervix uteri, and outwards to levator ani muscle, which is itself involved to some degree in the necrotic process. Branches of the uterine vein filled with pus are traced back to cervix uteri through the above mass.

External/

External and deep lymphatic glands much enlarged.

A few patches of enteritis from 1 - 3 in. in diametre in small gut, not more marked in lower segments, and unassociated with ulceration. In large intestine matters much more advanced, mucus membrane throughout being intensely injected, with numerous small haemorrhages into its substance, and thickly studded with shallow ulcers from 1/8" - ½ in. in diameter. Many of these have coalesced giving rise to serpiginous ulceration. Above conditions are present from caecum to rectum inclusive, ascending colon being most markedly affected.

Spleen (7 oz.) normal. Liver normal. Kidneys on microscopic examination were found to contain meta static abscesses.

Bacteriological Examination.

Uterine discharge on 25' Mar. yielded a mixed culture of Strept. Pyog. B. Coli and Staph. Py. Alb.

Microscopic examination.

Sections of Kidneys revealed meta static abscesses. Sections of spleen liver and lung appeared normal.

Case VIII.

Endometritis: Salpingitis: Septic thrombosis of uterine sinuses and left ovarian vein: Peritonitis: Parametritis: Death on 9' day p.partum.

Mrs. C. aet 34, VII p:

Admitted 11.10.98.

Confined on 4' Oct. Labour difficult, accompanied by much bleeding, and ended by instruments.

Occasional severe rigors from 2nd. day with persistent sickness and vomiting.

Pain in left side of abdomen for 3 days previous to admission.

On admission: T 101.0°: PR 128.40.

A well nourished woman whose anaemic appearance agrees with history of haemorrhage. Very prostrate. Breathing hurried with dilatation of alae nasi. Sensorium unaffected. Tongue dry and brown.

Considerable albuminurea. Examination of chest negative. Abdomen moderately distended with some tenderness in left iliac region: spleen palpable: liver dulness increased - 5½ in. in mammary line.

Bilateral laceration of cervix uteri. Lochia purulent and malodourous. Slight thickening in pelvic floor on left side.

Patient sank and died on 13' Oct. Several rigors while in/

in hospital.

Temperature: 101° - 102.6°: Pulse 120 - 140 : Respirations 40 - 50.

Post Mortem.

A few fibrous adhesions at apex of right lung: hyperaemia of lower lobes of both lungs: no consolidation.

Microscopic examination.

Confirmed the presence of metastatic abscesses in the kidneys. Numerous bacilli seen lying between the tubules and a few small vessels plugged with masses of organisms.

Sections of lung and liver appeared normal.

Case IX.

Endometritis: Thrombosis of uterine sinuses: Peritonitis following rupture of abscesses in uterine wall: Death on 23' day p.partum.

G.R., aet. 23, I p:

Admitted 4.1.99.

Confined on 27 Dec. Labour natural.

Rigor on 28' Dec. and several others had occurred since then.

On admission: T. 101.4°: PR 108.28.

A tall sparely built woman, pale and anaemic and much prostrated. Intelligence good, but cerebration slow. Sordes on teeth. Tongue dry and brown.

Respiratory murmur enfeebled over lower lobe of left lung. No abdominal distension, but slight tenderness in hypogastrium.

Rupture of perineum: extensive bilateral laceration of cervix uteri involving fornices on both sides - wounds being clean and healthy looking. Bimanual examination (chloroform) negative.

For ten days after admission patient lost ground. Delirium at night: failing pulse with hypostatic congestion of lungs: albuminurea: diarrhoea, 2 - 4 loose motions daily: severe rigor on 9' Jan.

Thereafter she improved as regarded lung condition, albuminurea/

albuminurea: diarrhoea, and mentally. She died suddenly however on 19' Jan. of syncope following an attempt to sit up in bed. Slight tenderness in hypogastrium persisted until death, with latterly a little abdominal distension: but the symptoms were in no wise proportionate to the lesions discovered post-mortem.

Anti streptococcic serum 20 c.c. administered on 8' Jan. No appreciable effect ensued.

Temperature up to 13' Jan. was running high 100° - 104.8°: thereafter shewed downward tendency not rising above 101°. Pulse reached 150 on 11' Jan: after that ran 110-120.

Post Mortem.

Heart muscle very pale and fatty: cavities dilated: A few fibrous adhesions at apices of both lungs: hypostatic congestion and oedema of lower lobes.

Well marked pelvic, but no general peritonitis. Pelvis shut in by mutual soft adhesions between caecum and coils of ilium, sigmoid, rectum, and fundus of uterus. On separating these, numerous small foci of thick stinking pus are exposed between the surfaces. Left ovary, enclosed in adhesions between rectum fundus uteri and broad ligament, lies with its posterior surface adherent to fundus uteri.
Fairly firm adhesions between bladder and uterus, on separating which/

which a little thick pus escapes. On anterior wall of uterus three small deep ulcerous cavities appear, and a small shallow ulcer on posterior surface of bladder corresponds to one of these. Small abscess bulging forwards on anterior wall of fundus uteri near upper angle of left broad ligament.

Cavity of uterus fairly clean: a little sloughing over placental site on upper andposterior surface: numerous purulent foci in uterine wall, small abscess mentioned above being in connection with one of these.

Tubes and ovaries beyond injection normal. Spleen, kidneys, liver and intestine appear normal.

Bacteriological examination.

Streptococcus Pyogenes obtained from lochia in pure culture.

Microscopical examination.

Sections of liver, spleen, kidneys and lungs showed nothing worthy of note.

Case X.

Endometritis: salpingitis: Perimetritis with formation of abscess in Douglas' pouch: Nephritis: Death on 46' day p.partum.

Mrs. S., aet 29. V p:
Admitted 29.4.98, on 13' day of illness.
Confined on 11' Apr. Labour natural.
Shivering, sickness and pain in abdomen on 17' Apr.
Lochia scanty from onset of illness. Abdominal pain persistent. No further shivering.

Patient had been subject for past 10 months to swelling of ankles, also a feeling of breathlessness especially at night.

On admission: T. 103°: PR 136.40.

Patient is a stout flabby woman and much prostrated. Waxy pallor of face: hectic flush on cheeks: lips pale. Intelligence perfect. Slight oedema of feet and ankles.

A few bronchial rales at bases of lungs. Considerable albuminurea. Abdomen distended with slight tenderness in hypogastrium. Splenic and liver dullness somewhat increased.

Lochic purulent.

15. May. Uterine discharge almost ceased. Abdominal symptoms as on admission. Occasional attacks of an asthmatical/

asthmatical nature probably cardiac in origin. Albuminurea increased. Profuse sweatings but no rigors. Increased prostration. Otherwise no further developments.

27. May. Patient died suddenly of syncope. Pulse had been failing for several days. Quantity of urine normal.

Temperature. Hectic 99.4° - 103°.

Post Mortem.

Heart dilated: hypertrophy of left ventricle: weighs 12½ oz. Hyperaemia of lower lobes of lungs.

No general peritonitis. Uterus retro-flexed fundus being in apposition and adherent to rectum and promontary of sacrum. Both ovaries with fimbrinated extremities of tubes lying between fundus and sacrum and fundus and rectum respectively: tubes and ligaments of ovaries curved backwards so that posterior aspect of these organs is in contact with fundus uteri. On drawing forwards uterus and its appendages some ounces of malodourous pus wells from Douglas' pouch which had formed an abscess cavity shut in by the adhesions above mentioned.

Right tube thickened throughout: dilatation at proximal extremity large enough to admit a quill: pus throughout its length. Left tube contains pus only at its proximal end. Both tubes injected. On opening uterus placental site seen to be sloughy. No purulent foci in uterine wall. Ovaries injected/

injected. Cellular infiltration in broad ligaments, but without purulent foci.

Intestine normal. Spleen enlarged (14½ oz.) and hyperaemic. Liver enlarged (5½ lbs.) and very pale on section. Kidneys much enlarged and pale on section with general want of definition of parts.

Microscopic examination.

Marked fatty infiltration of liver.

Kidneys shewed degeneration of many of the renal elements, with here and there exudation of round cells and slight fibrous changes. Sections of spleen and lungs appeared normal.

Remarks:

We have to note:

(1) That patient was suffering from large white kidney with secondary cardiac changes.

(2) The completeness with which the peritonitis was confined to the pelvis.

(3) The small amount of abdominal distension or tenderness.

Case XI.

Endometritis: Salpingitis: Oophoritis: Parametritis:
Death on 29' day p.partum.

Mrs. W., aet. 23. II p:
Admitted 12.4.98.
Confined on 4' Apr: Labour natural.
Lochia foulsmelling from the beginning. Occasional severe rigors from 2' day. Diarrhoea.
On admission: T. 103.2: PR. 132.30.

A large stout flabby woman, anaemic and much prostrated. Hectic flush on cheeks: pupils dilated. Pulse soft. Sensorium unaffected.
Slight albuminurea. Abdomen generally distended with tenderness over uterus: splenic dullness increased.

Profuse foul-smelling lochia. Erosion of os uteri: recent bilateral rupture of cervix uteri. A little cellular infiltration in floor of pelvis and right broad ligament.

18. Apr: Slight rigor on 17 inst. followed by sharp rise in temperature. To-day marked haematurea and albuminurea: tube casts.
21. Apr: Haematurea and albuminurea less. Abdominal distension less. Uterine discharge diminished. Parametritis extending. Uterus becoming fixed.

28/

28. Apr: Pulse more rapid. Tendency to sickness, vomiting and diarrhoea. Abdominal distension moderate: very little tenderness. Rounded mass lying behind uterus.
29. Apr: Chloroform: incision through posterior fornix into Douglas' pouch: escape of small quantity of pus. Right ovary lying in cavity shut off above by adhesions of bowel: ovary much enlarged, and fluctuation detected: escape of pus on incision.
3. May: Patient died without development of further symptoms.

Temperature: Markedly hectic: 99^{o} - 105^{o}. Tendency to fall at end of first week in hospital, but shortly recrudesced. Slightly lower after operation.

Post Mortem.

Well marked signs of general peritonitis: omentum and coils of bowel glued together by recent lymph: small quantity of sero-purulent fluid in pelvis. Coils of ilium firmly adherent in and over Douglas' pouch: on separating these escape of about 1 oz: of pus ensues from cavity formed among coils, in the midst of which right ovary lies. Ovary about size of large wall nut, and in absolutely necrotic state, tissue being infiltrated and softened throughout. Fimbrinated extremity of tube adherent to ovary and taking part in necrotic/

necrotic process. Uterus anteverted: fundus adherent to bladder with small quantity of pus between the surfaces. Left ovary and tube in normal relations.

Right tube thickened and indurated: pus in lumen. Left ovary and tube beyond injection normal. Some cellular infiltration in pelvic floor, and in lower part of broad ligament on right side: no purulent foci.

Spleen hyperaemic. Kidneys normal. Liver and intestine normal.

Remarks:

We note in this case:

(1) The long duration of illness.

(2) The almost complete absence of abdominal distension and pain.

Case XII.

Endometritis: Salpingitis: Peritonitis: Enteritis:
Death on 6' day p.partum.

Mrs. D., aet. 22, I p:

Admitted 2.12.98.

Confined on 28' Nov. Labour said to be prolonged and terminated by instruments.

Severe rigor 12 hours after confinement and another on following day. Lochia profuse and malodourous from the beginning. Pain in abdomen on coughing.

On admission: T. 103.4°: PR 124.56.

Patient a well nourished woman but much prostrated. Features pinched. Pulse rapid, small and wiry. Slight quiet delirium. Tongue dry and brown.

Dry rales over both lungs, and small moist rales over right lower lobe. Albuminurea. Abdomen distended with marked tenderness and some rigidity over lower parts.

Large rupture of perineum: slight laceration of vagina: extensive bilateral rupture of cervix uteri involving lateral fornix on right side - all these wounds being very dirty, and covered with a white pseudo-membranous exudation. Profuse malodourous lochia.

Patient died 24 hours after admission. Abdominal distension increased/

increased, with more general tenderness and rigidity. Sickness, vomiting, profuse diarrhoea, noted before death.

Temperature - 103 - 105° : Pulse 130 - 150.

Post Mortem.

Very firm general pleural adhesions on both sides of chest: chalky nodules in apex of left lung: extreme hypostatic congestion of organs: cheezy and calcareous bronchial glands.

General peritonitis, but most marked in lower regions: about 10 oz. of sero-purulent fluid in peritoneal cavity. Uterus in contact with bladder in front and rectum and sacrum behind, and projecting upwards above pelvic brim: organ and adnexa in normal relations. Left ovary, fimbrinated extremity of tube, and parts in immediate contiguity, covered with lymph and thick yellow pus; and a drop of pus exudes from fimbrinated extremity on pressure along tube.

Right Fallopian tube also contains pus. Ovaries injected, especially left. Soft adhesions between uterus and bladder in front, and walls of Douglas' pouch behind, at bottom of which is a small collection of pus.

Septic endometritis with purulent infiltration of placental thrombi: softened thrombi in placental sinuses.

Well/

Well marked patches of enteritis in large intestine, which contains much mucus: small gut less affected, with exception of lower 12 in. of ilium: lymphoid structures not involved. Spleen (8½ oz.) soft and hyperaemic. Liver normal. Large phosphatic calculus in pelvis of right kidney: kidneys otherwise normal.

Bacteriological Examination.

Uterine discharge on 2nd. Dec. yielded a mixed culture of Strept. Pyog. and B. Coli.

Pure culture of strept. Pyog. recovered from pus in abdomen.

Microscopical examination.

Sections of lung and kidneys shewed a few small capillaries filled with micrococci.

Sections of liver revealed numerous small groups of micrococci in vicinity of the intra-lobular vessels.

Case XIII.

Endometritis: Salpingitis: Peritonitis: Death on 7' day p. partum.

M.F., aet. 23, I p:

Admitted 30.10.97.

Confined on 26. Oct. Labour said to be prolonged and ended by instruments. The placenta was adherent, and had to be "scraped off."

Lochia scanty and foul-smelling on 2nd. day, when patient complained of severe pain in lower abdomen, with sickness, vomiting and shivering.

On admission: T. 104.4: PR 140. 30.

Patient a well nourished woman of good physique but markedly anaemic as if she had lost much blood, and greatly prostrated.

Slight albuminurea. Abdomen distended and rigid; everywhere tender on palpation, but especially so in lower regions.

Extensive rupture of perineum, involving rectum for fully an inch: laceration of left wall of vagina 2 in. in length: bilateral rupture of cervix uteri - all these wounds being very dirty.

Abdominal pain and frequent vomiting persisted until death which occurred on 1st. Nov.

Temperature: 103.6° - 105.2°: Pulse 130 - 140.

Post Mortem (abdomen only examined).

Signs of peritonitis especially in lower abdomen: intestines extensively glued together by lymph: several ounces of malodourous sero-purulent fluid in peritoneal cavity. Uterus joined to coils of intestine by plastic exudation: adnexa in normal relation to uterus, but similarly adherent to bowel and parietal peritoneum. Ovaries and tubes injected: drops of pus readily expressed from fimbrinated extremities of both tubes. Considerable cellular infiltration of floor of pelvis extending on right side into lower part of broad ligament, but without purulent foci. On opening uterus whole endometrium found to be in a sloughy condition, the placental thrombi being especially affected. No abscesses in wall of uterus. No thrombosis.

Case XIV.

Large intra-abdominal abscess following a puerperal infection of the uterus: Death on 40' day p.partum.

Mrs. R., aet. 25, IV p:

Admitted 6.1.99 on 33rd. day of illness.

Confined on 1st. Dec. Labour natural.

Lochial discharge ceased on3rd. Dec. and swelling of left leg began two days later. Much pain in abdomen for 2 weeks previous to admission. Frequent sweating and occasional rigors: diarrhoea: pain on micturation.

On admission: T. 101° : PR. 92.32.

Patient greatly emaciated and prostrated. Tongue dry and brown.

Apex beat in 4' interspace about 1 in. outside edge of sternum: percussion confirmed displacement: sounds normal. Enfeebled respiratory murmur over base of left lung with a few moist rales. Albuminurea. Large bulging forward of front of abdomen, most marked in umbilical region: abscess pointing through umbilicus, where a large round opening can be felt between the recti muscles. Dullness on percussion all over abdomen, with exception of flanks and hypochondriac regions. Thrill not felt.

Under chloroform on 9' Jan. a small incision was made into abscess/

abscess where it pointed at the umbilicus. Spouting forth of very ill smellingpus ensued; and a moderately free flow continued, until about 40 oz. had drained away. At this stage patient suddenly succumbed to an attack of syncope.

Post Mortem (Fiscal enquiry).

Abdominal cavity found to be filled with pus, intestine being displaced upwards and backwards. Heart displaced upwards. Some pleurisy on left side of chest.

An accurate examination of the pelvic organs was not made.

Case XV.

Endometritis: Septic thrombosis of uterine sinuses: Pneumonia: metastases in Kidneys: Death on 25' day p.partum.

Mrs. P., aet. 22, I p:

Admitted 31.1.99.

Confined on 24' Jan. Labour difficult and terminated by instruments. Part of placenta retained until 30 Jan. When it was passed much bleeding following.

Lochia scanty and malodourous from the beginning, occasional shivering and sickness.

On admission. T. 102.2: PR 120. 40.

Patient much prostrated. Features pinched: eyes sunken and surrounded by dark ring. Intelligence unaffected. Tongue dry and brown.

Abdomen slightly distended with some tenderness in lower parts: splenic dullness increased. Albuminurea.

Rupture of perineum: large laceration on each lateral wall of vagina with extensive undermining: extensive bilateral tear of cervix uteri - all above wounds being very dirty. Lochia purulent and malodourous.

Some days after admission patient developed dry and moist rales over lower lobe of left lung, and on 8th. Feb. small patch of consolidation was in evidence: this disappeared 2 days/

days later, and rales also became diminished. Increased albuminuria on 14' Feb. and on following day urine solid on boiling from coagulation of albumen: tube casts and epithelial cells in precipitate. On 15' Feb. consolidation again noted in left lower lobe, with friction over a small area.

Prostration and emaciation in the meantime advanced and death occurred on 17' Feb.

Diminished quantity of urine, tendency to sickness and vomiting, and low delirium, were noted latterly.

Lochial discharge had ceased, and wounds were looking much cleaner.

Temperature: Hectic: 100° - 104°.

Post Mortem examination:

Heart muscle pale and cavities dilated. Hyperaemia and oedema of lower lobes of lungs: lower lobe of left lung in a state of absolute splenisation, and on middle of posterior surface roughly circular patch of soft lymph 2 x 2 in. measurement, in connection with two wedge shaped enfarcts which lie beneath it: droplets of pus expressed on squeezing enfarcted areas.

Spleen appears normal. Kidneys enlarged and pale with slightly/

slightly adherent capsules: contain numerous metastatic abscesses. Patches of injection throughout intestine best seen just below caecum.

Uterus and adnexa in normal relations: septic endometritis with purulent infiltration of placental thrombi: a few purulent foci in uterine wall.

Bacteriological examination.

Pure culture of Strept. Pyog. obtained from uterine discharge on 1st. Feb.

Microscopical examination.

Sections of Kidneys shewed metastatic abscesses. A few similar lesions also found in liver. Organisms detected neither in these organs nor in lung.

Case XVI.

Endometritis: Thrombosis of uterine sinuses: Salpingitis: Death on 23rd. day p.partum.

Mrs. B., aet. 41, X p:

Admitted 1.8.98. on 14' day of illness.

Confined on 11' July, Labour natural.

On 19' July lochia scanty and malodourous and patient feverish. Occasional shivering: diarrhoea.

On admission: T. 102°: PR 128. 48.

Patient a well nourished woman, but extremely anaemic, as if she had lost a large quantity of blood, and greatly prostrated. Face muddly yellow color: lips blanched. Breathing hurried and at times gasping. Slight oedema of feet and ankles. Intelligence perfect.

A few bronchial rales at bases of lungs. Moderate albuminurea. Abdomen slightly distended: spleen readily palpable.

Slight laceration of perineum. Purulent uterine discharge. Uterus soft and flabby.

Patient died within a few hours of admission. Collapse temperature ante-mortem.

Post Mortem.

Cardian muscle pale: increased sub-pericardial fat. Calcareous/

Calcareous nodule at apex of left, and extensive old pleural adhesions of right lung.

Small intestine normal: well marked colitis best seen just above caecum. Spleen (14 oz.) soft and diffluent. Kidneys appear normal.

Uterus and adnexa in normal relations. Purulent endometritis: placental thrombi infiltrated: numerous purulent foci in uterine wall. Right Fallopian tube contains a little pus: small dark colored mass in left tube about size of a bean having appearance of partially organised blood clot.

Case XVII.

Endometritis: Thrombosis(?): Pneumonia: Death on 22nd. day p.partum.

Mrs. S., aet. 30, VII p:

Admitted 9.2.99 on 15' day of illness.

Confined on 26' Jan. Considerable haemorrhage for 14 hours previous to delivery. Child still born at 8'month.

Pain in right side of abdomen since confinement. Lochia scanty and malodourous for several days before admission, and patient at times delirious.

On admission: T. 103.6°: PR 132.48.

Patient well nourished, but anaemic and much prostrated. Cerebration slow and mind inclined to wander. Breathing hurried with expansion of alae nasi. Tongue coated and slightly dry.

A few bronchial rales over lower lobes of lungs. Albuminurea. Some tenderness in hypogastrium: splenic dullness increased.

Profuse purulent lochia. Rounded cord-like swelling in upper part of right broad ligament extending outwards from fundus.

Increased prostration and delirium. Consolidation noted at base of right lung on 15' Feb. Death on 16' Feb.

Temperature: 100° - 103.6°: Pulse 130 - 150:
Respirations 40 - 60.

Remarks:

Rounded swelling in right broad ligament probably due to thrombosed ovarian vein.

A post mortem examination was not permitted.

Case XVIII.

Endometritis: Salpingitis: Thrombosis of uterine sinuses with metastasis: Enteritis: Meningitis: Death on 19' day p.partum.

Mrs. M., aet. 36, V p:

Admitted 12.3.99.

Confined on 5' Mar. Labour natural.

Rigor on 8' Mar. followed 12 hours later by pain in left thigh and knee joint. Condition of lochia not noted.

On admission: T. 101.8°: PR. 120. 36.

Patient a tall sparely nourished woman, anaemic and much prostrated. Wandering a little mentally, and cerebration slow. Complains of pain in calf of leg: no phlegmasia. Tongue slightly dry and brown.

Tenderness in hypogastrium.

Scanty malodourous purulent lochia. Cervix uteri hypertrophied with erosion of os which is very patulous.

Increased tenderness in lower abdomen, with considerable distension and some rigidity in lower parts. Slight albuminurea. Death on 14' Mar. Patient semi-comatose for last 12 hours of life.

Temperature: 101° - 106° : Pulse 100 - 145.

Post Mortem/

Post Mortem:

Lower part of peritoneal cavity occupied by enormously distended sigmoid flexure: marked injection of same, and to a less extent of large intestine generally: no further evidence of peritonitis. Patches of enteritis extending whole length of gut: slight in duodenum: more numerous in ilium: very marked in large intestine: and extreme in sigmoid, where process is associated with small haemorrhages into the mucus membrane, and here and there slight erosion. Spleen (9½ oz) soft and hyperaemic. Liver and kidneys appear normal.

Injection and oedema of membranes of brain.

Pelvic organs in normal relations. Septic endometritis: placental thrombi sloughy and purulent: septic thrombi in sinuses beneath endometrium, not however extending deeply into uterine wall. Small subperitoneal fibroid on anterior wall of uterus near fundus. Ovaries and tubes injected, the latter containing a small quantity of pus.

Bacteriological Examination.

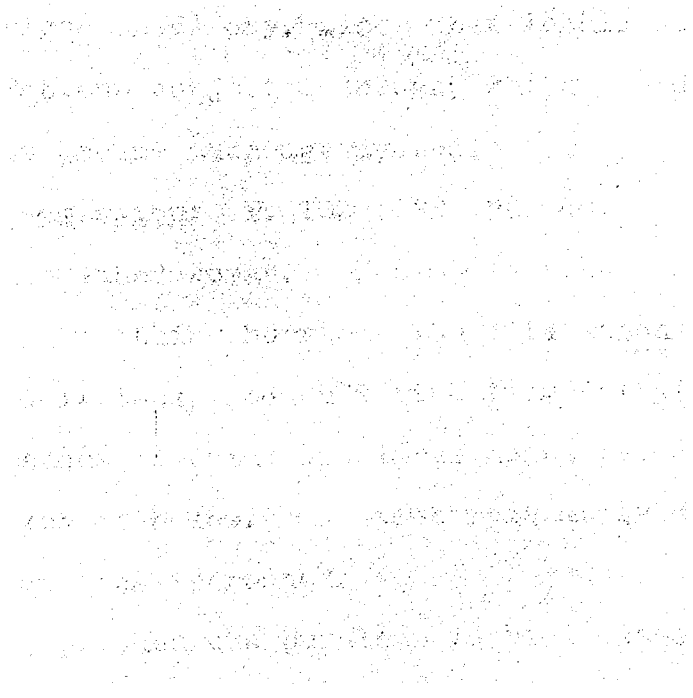
Uterine discharge on 13' Mar. yielded a mixed culture of B.Coli and Staph. Pyog. Aur.

Microscopical Examination.

Sections of kidney showed numerous metastatic abscesses, while sections of liver revealed a few masses of micrococci in/

in the vicinity of the intra-lobular vessels.

Lung and spleen appeared normal.



Case XIX.

Endometritis: Salpingitis: Pneumonia: Enteritis:
Death on 12' day p.partum.

Mrs. M., aet. 26, VII p:
Admitted 17.10.98.
Confined on 9' Oct. Child still born at 6½ month. Labour natural.
Severe rigor on 6' day, since when lochia scanty and malodourous. Patient subject to cough, which two days previous to admission became much aggravated.

On admission: T. 103°: PR. 96. 40.
A well nourished woman. Face pale with hectic flush on cheeks. Breathing hurried with dilatation of alae nasi. Patient delirious, and suffering from religious delusions.

Numerous wheezing and large moist rales all over chest, most marked at bases. Abdomen moderately distended: splenic dulness increased.

Very malodourous purulent lochial discharge.

Patient died on 21st. Oct. No change in symptoms after admission beyond tendency to diarrhoea.

Temperature: 102° - 105°: Pulse 110 - 140:
Respirations: 40 - 48.

Post Mortem.

Blood in very fluid state. Heart muscle pale, and cavities dilated especially on right side. Lungs emphysematous: hypostatic congestion and oedema, approaching splenisation in lower lobes: small grey consolidated area in right upper lobe, exuding on section a grumous purulent fluid, which also fills the smaller bronchi.

Spleen (8¾ oz.) hyperaemic and soft. Kidneys normal. Larger and smaller patches of enteritis throughout whole intestine, but best seen in ascending colon. Liver (3.14) soft and appears fatty on section.

Septic endometritis: placental thrombi sloughy and infiltrated: no purulent foci in uterine wall. Both Fallopian tubes contain pus.

Microscopical examination.

Numerous small areas in lung infiltrated with round cells, with exudation of fibrin, and destruction of parenchyma of organ.

Liver shews fatty infiltration.

Kidneys and spleen appear normal.

Case XX.

Endometritis: Metastases in Kidneys: Enteritis: Exanthem: Death on 17' day p.partum.

Mrs. C, aet, 36. III p:

Admitted 11.4.99.

Confined on 4' Apr: Labour natural.

Headache and cough for 2 days previous to admission.

Condition of lochia not noted. No history of rash.

On admission: T. 105°: PR 140.36.

Patient much prostrated. Suffusion of face and conjunctivae: pupils dilated. Pulse soft. Cerebration slow. Tongue dry brown and fissured. Profuse eruption on trunk probably of septic nature, consisting of raised papules and maculos not unlike the roseolae of enteric fever: about buttocks many of the elements have become petechial.

Numerous sonorous and large bubbling rales over back of chest, especially over bases of lungs. Spleen readily palpable.

Profuse thin uterine discharge of offensive odour. Sloughy ulceration of cervix uteri, with here and there deposit of white pseudo membranous material. Bimanual examination negative.

17' Apr. Increasing prostration: muttering delirium: marked/

marked hypostatic congestion of lungs: albuminurea. One severe rigor since admission. Lochia profuse and very malodourous.

20' Apr: Patient in "typhoid state". Abdomen distended.

21. Apr: Death occurred.

Temperature: 100 - 105°: Pulse 110 - 170 rising steadily towards the end: Respirations 30 - 60.

Post-Mortem.

Cavities of heart dilated. Much congestion and oedema of lower lobes of lungs.

A few patches of enteritis here and there throughout the intestine. Spleen (9 oz.) hyperaemic. Liver pale and fatty on section.

Pelvic organs in normal relations. Endometrium in moderately septic condition: no apparent thrombosis of uterine sinuses. Ovaries and tubes normal, beyond a little injection.

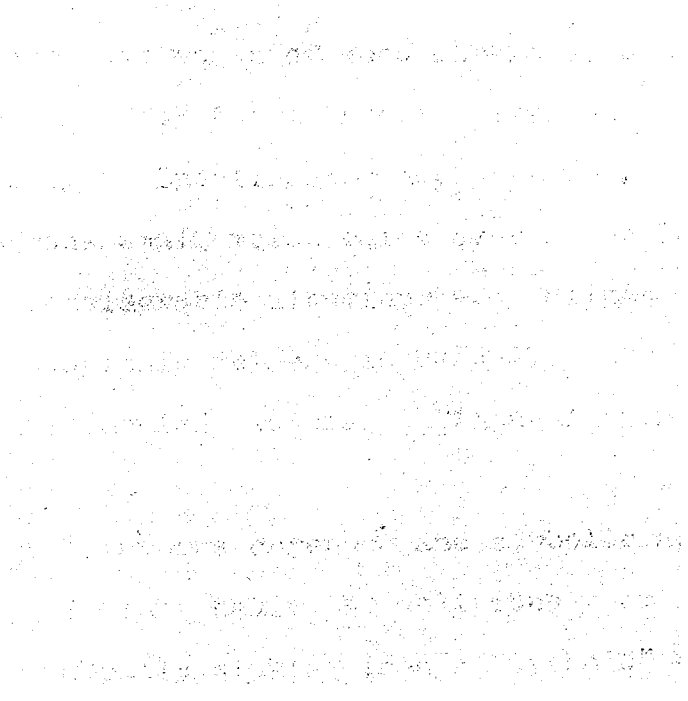
Bacteriological Examination.

Uterine discharge on 12' Apr. yielded a pure culture of short motile bacillus - probably B. Coli.

Microscopic Examination.

Fatty infiltration of liver.

Minute exudations of round cells and fibrin in kidney: numerous small vessels plugged with masses of short bacilli.



Case XXI.

Endometritis: Enteritis: Death on 12' day p.partum.

Mrs. M., aet. 31, I p:

Admitted 19.2.98 on 6' day of illness.

Confined on 13' Feb: Labour natural.

Severe abdominal pain on 2nd. day with sickness and vomiting. Occasional shivering. Lochia said to be normal.

On admission: T. 102: PR. 124.30.

A well nourished woman of good physique, but gravely prostrated. Greenish pallor of face: hectic flush on cheeks. Pulse of poor quality. Intelligence not affected.

Numerous small moist rales over lower lobes of both lungs. Considerable albuminurea. Slight tenderness over uterus. Splenic dulness increased.

Scanty purulent lochia. Bimanual examination negative.

On 21st. Feb. uterus curetted and carbolic applied to endometrium. Patient heady and delirious from 2nd. day in hospital gradually sinking into a "typhoid" condition. Increased rale in lungs: tendency to diarrhoea: no rigors: uterine discharge very slight.

Death occurred on 25' Feb.

Temperature: 100.8o- 104.6o : Pulse 120 - 160:

Respirations 30 - 60.

Post-Mortem:

Hypostatic congestion of lungs: small calcareous nodule in, and fibrous adhesions over left apex: a few caseating bronchial glands.

Spleen somewhat enlarged and hyperaemic. Kidneys normal. Intestine presents patches of enteritis from 1 to 3 in. in diameter, most numerous in large bowel.

Uterus and adnexa in normal relations. Endometrium in very septic state, placental thrombi being especially affected: no apparent thrombosis of sinuses. Ovaries and tubes injected.

Case XXII.

Endometritis: Arthritis: Pneumonia: Death on 18' day p.partum.

Mrs. P., aet.20, I p:

Admitted 24.2.99 on 9' day of illness.

Confined on 15' Feb. Labour natural.

Pain in hypogastrium on 16' Feb. followed by a severe rigor: next day lochia scanty and malodourous.

Recurrent rigors: patient restless and delirious at night.

On admission: T. 103.4°: PR 128.34.

A well nourished woman. Face pale with malar injection. Patient acutely ill, but not greatly prostrated. Slight delirium. Tongue dry and brown.

Dry bronchial rales at bases of lungs. Albuminurea. Spleen enlarged.

Lochia scanty and purulent.

Pain and tenderness in left shoulder joint on 25' Feb. and in left elbow joint 3 days later: but no further symptoms referable to these joints. Pain in and fixation of left knee joint on 28' Feb. followed by rapidly increasing effusion: fluid at first serous: became purulent on 2nd. Mar. on which day joint opened and drained. Fine rale on 3rd. Mar. at base of right lung, with flattening of percussion

note and bronchial breathing on following day. In the meantime prostration advanced, and case terminated fatally on 5' Mar. Patient latterly semi-comatose with much muttering delirium.

Antistreptococcic serum. 20 c.c. administered on 28' Feb. with no appreciable result.

Temperature: 101° - 105°: Pulse: 120 - 150.
Respirations: 30 - 50.

Bacteriological examination:

Lochial discharge yielded a mixed culture of Strept. Pyog. B. Coli and Staph. Pyog. Aur.

Fluid in knee joint on 28' Feb. found to be sterile: but a mixed culture of Strept. Pyog. and B. Coli cultivated from pus in joint on 2nd. Mar.

A post mortem examination was refused.

Case XXIII.

Endometritis: Nephritis: Death on 14' day of illness.

Mrs. S, aet. 24. III p:

Admitted 7.4.99.

Confined on 15' Mar. Labour natural.

Progress normal until 4' Apr. (19 day p.part.) when patient complained of severe abdominal pain and bowels became very loose.

On admission: T. 99.2: PR. 80. 24.

Patient a well nourished woman and moderately prostrated. Greenish pallor of face with hectic flush on cheeks. Intelligence perfect.

Abdomen neither distended nor tender: splenic dulness increased.

Small rupture of perineum. Slight purulent uterine discharge. Uterus retroverted.

11' Apr: Temperature remained but little elevated, and no fresh developments occurred until 9' Apr. when patient had a severe rigor with a sharp rise of temperature. To-day copious albuminurea is present. Sickness: headache: woman sharply ill.

16' Apr: Prostration increasing: intelligence becoming befogged: delirium at night: increased enlargement of spleen. Albuminurea diminished.

17' Apr. Patient died. Latterly semi-comatose: quantity of urine sufficient.

Temperature: Rose on 9' Apr. from 99° to 103°, and afterwards ran 102° - 105°:

Bacteriological examination.

Streptococcus Pyogenes in pure culture cultivated from uterine discharge on 7' Apr.

Remarks:

Anti-streptococcic serum 20 c.c. administered on 10' Apr. without effect.

The course of this case would seem to point to a diffusion of septic matter on 9' Apr. The curette was not used.

The late onset of illness is remarkable.

Case XXIV.

Endometritis: Toxaemia: Death on 28' day p.partum.

Mrs. R, act. 33, VI p:

Admitted 7.2.99.

Confined on 22' Jan. Child still born at 7' month, foetal movements ceasing some days previously. Considerable haemorrhage before delivery.

During 1st. week lochia became scanty and malodourous: severe rigor on 2nd. Feb., 11 days p.partum, and another 2 days later: occasional sickness and vomiting.

On admission: T. 102. PR. 116.24.

A well nourished woman, but very anaemic as if she had lost much blood. Prostration not extreme. Sensorium unaffected.

Splenic tenderness increased: some tenderness in hypogastrium.

Vagina filled with pus which was oozing from os uteri: latter somewhat contracted, there being a free escape of pus on dilating with dressing forceps. Bimanual examination negative.

High temperature, occasional rigors, and increasing prostration, continued until death of patient on 18' Feb. Slight albuminurea from 9' Feb. Increased enlargement of spleen. Delirium for last 2 days of life. Lochia profuse.

Post-mortem not permitted.

Temperature: Hectic: 99 - 105°: Pulse: 110 - 160.

Case XXV.

Endometritis: Pneumonia: Death on 18' day p.partum.

Mrs. G., aet. 23, I p:

Admitted 18.3.99 on 13' day of illness.

Confined on 6' Mar. Labour said to be difficult and instrumental.

Lochia foul-smelling from the beginning, and abdominal pain complained of from 2' day onwards. Some pieces of placenta removed on 12' Mar. and intrauterine douche given. Abdominal distension present on admission said to date from 2' day.

Antistreptococcic serum given on 15' Mar.

On admission: T. 100.8: PR. 112.30.

A well nourished but anaemic woman, not however greatly prostrated. Intelligence perfect.

Lower abdomen occupied by greatly distended bladder, upper border being 2 in. above umbilicus: 70 oz. urine drawn off with catheter shortly after admission, and 30 oz. 8 hours later.

Large rupture of perineum extending nearly into rectum and involving vagina for about 2 inches: ragged wound on right, and small laceration on left lateral vaginal wall, both with much undermining: extensive laceration of cervix uteri: wounds very dirty. Purulent uterine discharge.

Bimanual examination negative.

22' Mar. Till to-day patient appeared to be doing well, but this morning after douching she had a severe rigor with lividity and pulse failure: rallied with stimulation, but pulse remained soft and rapid.

Patient died on 24' Mar. Moist rales at base of right lung on day before, and evidence of consolidation on day of death.

Temperature: 100° - 101° till 22' Mar. when it rose to 105° and remained very high.

Bacteriological Examination.

Streptococcus Pyogenes found in pure culture in uterine discharge on 20' Mar.

Remarks:

An intrauterine douche would in this case appear to have been the immediate cause of the dissemination of septic material.

Case XXVI.

Endometritis: Parametritis: Pneumonia: Death on 29' day p.partum.

Mrs. S., aet. 22, II p:

Admitted 4.3.99 on 14' day of illness.

Confined on 16' Feb: labour protracted and ended by instruments.

Lochia foul smelling from the beginning. Severe shivering on 19' Feb. with pain in lower abdomen and scanty lochia. Recurrent rigors.

On admission: T. 102: PR 128.40.

A sparely nourished woman, and considerably prostrated. Tongue dry and glased.

Albuminurea. Tenderness in hypogastrium.

Deep laceration on right side of cervix uteri involving lateral fornix. Lochia purulent. Uterus large and soft: some cellular thickening in connection with wound of cervix.

12' Mar. Increasing prostration: occasional rigors: tendency to abdominal distension. Uterine discharge almost ceased.

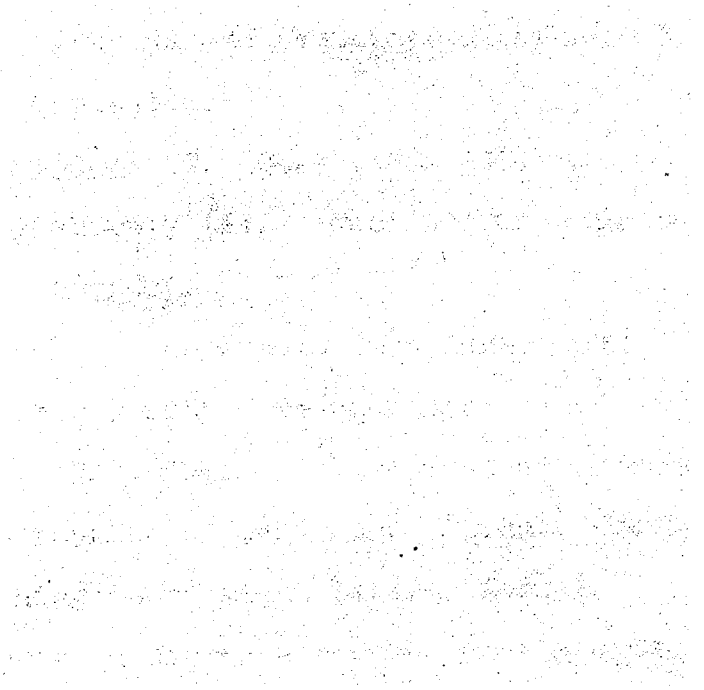
17' Mar. Patient died. Diarrhoea from 13' Mar: bubbling rales over bases of lungs for a week previous, and consolidation in right lower lobe on day before death.

Temperature: 100^{o} - 103.8^{o} : Pulse: 120 - 160:

Respirations: 30 - 50.

Bacteriological examination:

Uterine discharge on 6' Mar. yielded a mixed culture of Staph. Pyog. Aur. and Staph. Pyog. Alb.



Case XXVII.

Endometritis: Parametritis: Pneumonia: Death on 19' day p.partum.

M.M., act. 23. I p:

Admitted 5.6.99 on 7' day of illness.

Confined on 27' May: labour natural.

Lochia scanty on 30' May: severe and persistent pain on following day in hypogastric and right iliac regions. Tendency to sickness and vomiting: diarrhoea for 5 days previous to admission.

On admission: T. 104.8°: PR. 138.28.

Patient very sharply ill. Face suffused and cheeks flushed. Intelligence perfect.

Impairment of percussion note over apex of right lung at back of chest, with fine crepitant rales: dry rales all over chest. No abdominal distension or tenderness.

Slight rupture of perineum. Lochia scanty and purulent. Some thickening above right lateral fornix. A little shreddy debris in uterus - removed gently with curette.

9' June: Patient much exhausted. Consolidation at right apex extending. Diarrhoea: Albuminurea.

14' June: Death occurred without further developments, excepting latterly muttering delirium.

Temperature: 100° - 103.6°: Pulse. 110 - 130:
Respirations: 20 - 40.

Bacteriological examination:

Pure culture of Strept. Pyog. cultivated from uterine discharge on 7' June.

Remarks:

Antistreptococcic serum 20 c.c. given on 8' and 9' June. Temperature on each occasion fell 8/10th. and 1 degree respectively within 2 hours of injection: shortly rose again: no other effect noted.

Post mortem refused.

Case XXVIII.

Endometritis: Parametritis: Death on 10' day p.partum.

Mrs. M., aet. 35, V p:

Admitted 15.4.99.

Confined on 18' April. Labour natural.

On 21' Apr. patient "took a fainting turn" followed by severe pain in abdomen: relieved by poulticing. Scanty and malodour: :ous lochia: sweating: rigor and high fever on evening before admission.

On admission: T. 105.4°: PR. 140.40.

Patient very gravely ill. Face pallid; faint flush on cheeks; features pinched. Intelligence perfect. Breathing hurried with expansion of alae nasi. Tongue dry and brown in centre.

A few bronchial rales over lower lobes of lungs. Albuminurea. Abdomen slightly distended.

Bilateral laceration of cervix uteri. Moderate slightly purulent lochia. Well marked thickening over both lateral fornices, extending outwards to pelvic wall.

Patient died on 28' Apr. No further developments.

Temperature: 103° - 105°: Pulse. 130 - 140:

Respirations: 35 - 45.

Bacteriological examination.

Strept. Pyog. cultivated from uterine discharge of 25' Apr.

Post-Mortem refused.

Case XXIX.

Endometritis: Parametritis: Meningitis: Death on 8' day p.partum.

Mrs. S., aet. 22, I p:

Admitted 6.12.98.

Confined on 30' Nov. Labour prolonged and terminated by instruments.

Lochia very malodourous from the beginning.

General malaise and tendency to sickness: noisy violent delirium since 2nd. Dec.: No rigors.

On admission: T. 104.4°: PR. 140.36.

A well nourished woman but anaemic and very prostrate. Patient delirious and at times violent. Tongue dry and brown.

Albuminurea. Abdomen moderately distended.

Large rupture of perineum: bilateral laceration of cervix uteri. Lochia purulent and malodourous.

Chloroform: slight thickening detected in right broad ligament.

Patient died within 24 hours of admission. Two slight general convulsions during last 12 hours of life: coma latterly.

Temperature: 104° - 107.6° : Pulse: 140 - 150:

Respirations: 36 - 46.

Post-Mortem:

Lower lobes of lungs hyperaemic.

No peritonitis: uterus and adnexa in normal relations.

Purulent infiltration of endometrium especially affecting placental site. Small mass of indurated tissue extending from middle of fundus down cervix uteri, and presenting on section a few small purulent foci: it cannot be separated from wall of uterus, into which the purulent foci extend. Tubes and ovaries beyond injection normal. No thrombosis.

Spleen, Kidneys, liver and intestine normal.

Marked injection and oedema of the membranes of the brain.

Microscopical examination:

Sections of spleen, kidneys and liver appeared normal.

Case XXX.

Endometritis: Parametritis: Peritonitis: Death on 7' day p.partum.

Mrs. H., aet. 24, I p:

Admitted 28.4.98 on 6' day of illness.

Confined on 23' Apr. Labour natural.

Rigor on 2' day with severe abdominal pain and diminished lochia.

Recurrent rigors: foul-smelling uterine discharge. Diarrhoea.

On admission: T. 105.8°: PR. 160.40.

Patient very gravely ill. Face pallid and features pinched. Pulse small. Breathing rapid and thoracic in quality. Tongue dry brown and fissured.

Bubbling rales at bases of both lungs. Moderate albuminurea. Abdomen distended: acute tenderness in lower parts especially in right iliac region, where resistance can be made out on deep palpation.

Profuse foul-smelling lochia. Uterus almost absolutely fixed: large hard mass occupying right side of pelvis, inseparably connected with uterus.

Patient died within 24 hours of admission.

Post-Mortem not permitted.

Case XXXI.

Endometritis: Parametritis: Evacuation of abscess per vaginam.

Mrs. B., aet. 29, IV p:

Admitted 14.3.98.

Abortion 4 weeks previous at 4' month of pregnancy.

Two weeks later purulent discharge.

Malaise, sickness and vomiting, occasional shivering, diarrhoea.

On admission: T. 99.6°: PR. 120.30.

A woman of good physique, but emaciated and anaemic. Tongue coated and slightly dry in centre.

A little tenderness in hypogastrium.

Large rounded mass, elastic to touch and tender, lying to left of uterus. No discharge.

Patient transferred to the Victoria Infirmary on 24' Mar. Large pelvic abscess evacuated per vaginam some days later. Patient died however within a few weeks of acute Phthisis Pulmonalis.

Case XXXII.

Endometritis.

Mrs. W., aet. 30, V p:

Admitted 28.11.98 on 6' day of illness.

Confined on 23' Mar. Labour natural.

Frequent sweating from time of confinement with occasional sickness and vomiting.

On admission: T. 100.8°: PR. 100.32.

A well nourished woman, whole pulse and general condition are good.

Abdomen slightly distended: some tenderness in hypogastrium: splenic dulness increased.

Lochia purulent.

Uterine discharge ceased within a few days of admission and temperature simultaneously fell.

Temperature: highest 101°: gradually fell to normal on 5' Dec.

Case XXXIII.

Endometritis.

Mrs. M., aet. 31, III p:

Admitted 5.1.99 on 6' day of illness.

Confined on 30' Dec. Labour natural.

Shivering on 31' Dec. with persistent pain in back and right side of abdomen.

Sweating.

On admission: T. 105: PR. 120.28.

A stout well nourished woman, and but little prostrated.

Breasts painful, containing milk.

Albuminurea. Flatulent distension of abdomen: tenderness in hypogastrium: spleen readily palpable.

Rupture of perineum and bilateral laceration of cervix uteri - slight in each case. Lochia purulent.

Chloroform: bimanual examination negative.

Uterine discharge gradually ceased: urine clear on 25' Jan.

Moderate diarrhoea for 10 days after admission.

Convalescence uneventful.

Temperature: highest 105.8° on night of admission: Very decided fall within a few days, and finally reached normal on 23' Jan.

Case XXXIV.

Endometritis p. abortion.

Mrs. M., aet. 26, II p:

Admitted 21.1.99.

Aborted on 17' Jan. in 9' week of pregnancy.

Occasional rigors and scanty malodourous discharge since 18' Jan.

On admission: T. 99.8: PR. 100.28.

Patient quite bright and not at all prostrated.

Slight albuminurea.

Thin blood-stained discharge of somewhat offensive odour.

Uterine discharge shortly ceased and temperature fell.

Urine clear on 23' Jan. Highest temperature 100°.

Convalescence uneventful.

Case XXXV.

Endometritis.

Mrs. P., aet. 45, XII p:

Admitted 16.9.98.

Confined on 10' Sept. on 6' month of pregnancy. Labour accompanied by considerable bleeding and child still born.

Occasional sickness and vomiting since 2' day, and severe rigor on 14' Sept. Lochia profuse and malodourous since confinement.

On admission: T. 102.2°: PR. 96.28.

A decidedly anaemic woman, and moderately prostrated.

Spleen readily palpable: no abdominal distension or tenderness.

Bilateral laceration of cervix uteri. Profuse purulent lochia.

Discharge ceased and temperature fell within a few days, and general condition rapidly improved. Patient made an excellent convalescence.

Case XXXVI.

Endometritis p. abortion.

Mrs. M., aet. 24, I p:

Admitted 20.4.98.

Aborted in 3rd. month of pregnancy on 10' Apr.

Since then had been feverish and slightly delirious.

On admission: T. 99.6° (104.6° in evening): PR 98.36:

A well nourished but somewhat anaemic woman. Her mind wandered a little, but she answered questions fairly intelligently.

Heart, lungs and urine norma. Scanty purulent uterine discharge.

Patient remained in a "low" state for some days after admission; sleepless; pulse poor. Improvement at first slow, but afterwards rapid under treatment of intrauterine douches. A decided fall of temperature occurred when treatment was begun, normal being reached on 26' Apr.

Case XXXVII.

Endometritis.

Mrs. D., aet. 36, VI p:

Admitted 25.3.99 on 15' day of illness.

Confined on 11' Mar. Labour difficult and terminated by instruments.

Discharge scanty and ill-smelling from the beginning: malaise and occasional slight shivering during first week: severe abdominal pain and two marked rigors during week previous to admission.

On admission: T. 98.8: PR 100.28.

Patient is not at all prostrated and makes no complaints.

Abdomen distended, with some tenderness over uterus.

Old standing laceration of perineum involving rectum, with small recent tear at anterior angle of old wound. Purulent lochial discharge. Uterus tender on pressure.

Temperature, which did not rise above 100°, fell to normal five days after admission; by which time lochial discharge had ceased. Convalescence excellent in every respect.

Case XXXVIII.

Endometritis:

Mrs. T., aet. 31, VIII p:

Admitted 21.4.99.

Confined on 19' Apr: Labour premature at 6' month of pregnancy: twins, still born.

Severe rigor on 20' Apr. followed by scanty and foul-smelling lochia: severe pain in right side of abdomen since shortly after birth of children.

On admission: T. 99.8: PR. 84.24.

Nothing special in physiognomy. Pulse and general condition very good.

Slight tenderness in hypogastrium.

Scanty lochia, purulent and decidedly malodourous.

Temperature fell and discharge cleared up within a few days of admission. Convalescence uneventful.

Highest temperature 100.2°.

Bacteriological examination:

Large motile bacillus (not B. Coli) obtained in pure culture from lochial discharge.

Case XXXIX.

Endometritis: Retained placental tissue.

Mrs. S., aet. 24, I p:

Admitted 24.5.99 on 10' day of illness.

Confined on 11' May. Labour natural.

Shivering on 15' May followed by sweating. Discharge malodourous from the beginning and latterly scanty.

Profuse diarrhoea for 5 days previous to admission.

On admission: T. 102.4°: PR. 126.28.

A well nourished woman, and not much prostrated. Breasts contain milk, but are not painful.

Abdomen slightly distended: no tenderness: splenic dulness increased.

Blood stained purulent uterine discharge of very pungent odour. Slight laceration of perineum. Mass of soft material at fundus uteri presumably placental in nature: some debris removed with curette.

Small mass of putrid placental tissue passed on 26' May, on which rapid cessation of symptoms ensued.

Temperature fell to normal on day after admission, and thereafter did not rise above 99.6°.

Bacteriological examination:

Short non-motile bacillus cultivated from uterine discharge.

Case XL.

Thrombosis: Periphlebitis: Phlegmasis alba dolens.

Mrs. M., aet. 25, I p:

Admitted 3.2.99 on 11' day of illness.

Confined on 24' Jan. Labour natural.

Next day severe rigor, and pain and swelling of right leg: four days later development of abscess over right shin bone: abdominal pain since 1st. Feb:

On admission: T. 101.4°: PR. 100.28.

Patient very little prostrated. Right leg swollen and oedematous; thickening and tenderness over vessels; ulcer over tibia, and small superficial abscess below it.

Slight tenderness in hypogastrium.

Lochia purulent and scanty.

Lochial discharge ceased a few days after admission, and general oedema of leg diminished. Brawny swelling however shortly developed down inside of thigh, apparently periphlebitic in origin; and three weeks later suppuration threatened - throbbing pain and increased redness and tenderness. Symptoms abated under treatment: no fluctuation. On 17' Mar. patient contracted scarletina, on which acute recrudescence ensued of inflammatory symptoms in right thigh, an abscess finally forming under deep fascia.

Temperature: 99 - 103°: normal on 13' Feb., but with onset of inflammation in thigh rose to 102.4°: normal on 13' Mar.: onset of scarletina on 14' Mar.

Bacteriological examination:

Mixed culture of Strapt. Pyog. and Staph. Pyog. Alb. obtained from lochia on 3rd. Feb.

Case XLI.

Endometritis: Mediastinal abscess.

M.M., aet. 19, I p:

Admitted 9.4.98.

Premature labout in 6' month on 1st. Apr. Child still-born.

Slight rigor on 5' Apr. Lochia profuse.

On admission: T. 103: PR. 124.32.

Patient a well nourished girl who makes no complaints.

Splenic dulness considerably increased.

Profuse thin blood-stained discharge of markedly offensive odour. Erosion of os uteri. Uterus soft and flabby.

Some days after admission an abscess began to point in neck above manubrium sterni. Large quantity of pus evacuated by incision under chloroform on 25' Apr. Cavity extended for fully 1½ in. down behind sternum, and towards the right side.

Convalescence thereafter uneventful. Lochia ceased within a few days of admission.

Temperature: 100° - 103°: fell to normal 2 days after operation, but remained a little unsteady for some time.

Case XLII.

Ostitis of ilium with iliac abscess complicating labour.

Mrs. S., aet. 27, I p:

Admitted 11.11.98.

Confined 7' Octr. Labour natural.

Severe abdominal pain for three hours after delivery until two large "clots" were expelled. Persistent pain in right iliac region and malodourous lochia since 2' day.

Occasional rigors.

On admission: T. 99.4: PR. 96.30.

General condition very good. Right leg flexed; pain on extension. Breasts tender and contain milk.

Pain and resistence in right iliac fossa.

Muco-purulent uterine discharge. Uterus and adnexa in normal relations. Mass in iliac fossa not connected with uterus.

On 27' Nov. incision, under chloroform, made inside anterior superior spine of ilium; pus; periostitis of iliac bone; small surface of bone bare.

Convalescence uneventful.

Case XLIII.

Endometritis: Parametritis: Gluteal abscess.

Mrs. B., aet, 23, I p:

Admitted 31.3.99 on 14' day of illness.

Confined on 15' Mar. Labour natural.

Severe rigor on 18' Mar. followed by abdominal pain and scanty malodourous lochia.

Frequent rigors: occasional sickness and vomiting.

On admission: T. 104.8°: PR. 124.44.

Patient a well nourished woman of good physique. Pulse soft. Breasts painful and contain milk.

A few dry rales at bases of lungs. Abdomen slightly distended with tenderness over uterus.

Uterine discharge of mucus and blood-stained fluid; no odour. Small laceration of perineum: bi-lateral rupture of cervix uteri involving lateral fornix on left side - the latter wound being very dirty.

Chloroform: slight thickening in floor of pelvis on right side.

Pain in right gluteal region on 6' Apr., fullness some days later, and finally fluctuation. Large abscess under glutens maximus opened and drained on 14' Apr: connection with pelvis not demonstrated: no change in parametritic swelling on

evacuating abscess. Temperature fell to normal shortly after operation. Convalescence uneventful. Parametritis gradually disappeared, and on dismissal on 20' May, pelvic examination detected nothing abnormal.

Bacteriological examination:

Strept. Pyog. cultivated from uterine discharge on 2nd. Apr.

Remarks:

Antistreptococcic serum 20 c.c. on 31st. Mar. and 10 c.c. on 1st. Apr. No effect noted on either occasion.

Case XLIV.

Parametritis: Oophoritis(?): Gluteal abscess.

Mrs. M., aet. 26, IV p:

Admitted 4.6.99 on 10' day of illness.

Confined on 24' May. Labour natural.

Rigor on 26' May, and 24 hours later severe and persistent pain in lower abdomen.

Frequent shivering and sweating: lochia scanty.

On admission: T. 100.8°: PR. 136.30.

Patient a sparely nourished woman, anaemic, and considerably prostrated. Pulse soft.

Numerous dry and moist rales over chest, especially at bases of lungs. Slight albuminurea. Abdomen distended; rigid and very tender in lower parts; tenderness extreme just above right iliac fossa, where a swelling was readily detected. Spleen palpable.

Moderate muco-purulent blood-stained discharge.

Chloroform: large double parametritis; hard rounded mass about size of tangerine orange lying behind and to right side of fundus uteri; projecting somewhat above latter, and fixed to uterus and thickened broad ligament.

8. Jne: Distinctly improved: abdominal distension less and tenderness much diminished.

15! Jne: Rounded swelling behind uterus much smaller: distension and tenderness gone.

25' Jne: Small abscess opened in buttock to right side of upper part of sacrum: no connection with pelvis. Parametritis diminishing: swelling behind uterus quite gone.

Convalescence uneventful. On dismissal on 22' July pelvis was practically normal.

Temperature: high for first few days, 102° - 104.4°; gradually fell: normal on 27' June.

Case XLV.

Endometritis: Parametritis: Administration of antistreptococcic serum with apparent benefit.

C.B., aet. 18, I p:

Admitted 15.5.99 on 11' day of illness.

Confined on 4' May. Labour natural.

Lochia scanty and malodourous since 2' day. Headache: shivering.

On admission: T. 102.8°: PR. 120.30.

Stout, well-nourished girl. Pulse and general condition good. Some tenderness in hypogastrium. Splenic dulness increased.

Moderate purulent lochial discharge. Distinct thickening above left lateral fornix.

Parametritis rapidly disappeared, and was almost gone by 24' May, uterine discharge ceasing a few days later. Intermittent urticarious rash from 2nd. - 5th. June. Convalescence uneventful.

Bacteriological examination:

Strept. Pyog. obtained in pure culture from lochia on 15' May.

Remarks/

Remarks:

On 19' May Anti-streptococcic serum 20 c.c. administered, and repeated on the following day. Two hours after first dose temperature had fallen from 101.6° - 100.2°; but a fall of only 2/16' degrees occurred on second occasion during the same interval.

Temperature on morning of 19' May was 103.4°; fell steadily to normal on 21' May: rose again and in evening of 24' May reached 104.2°.

Serum again given - 20 c.c. on 24' and 10 c.c. on 25' May. Within two hours in each case temperature dropped 8/10' and 6/10' degrees respectively: thereafter continued to fall, and became normal on 29' May. Slight rise occurred with onset of rash above noted.

Case XLVI.

Endometritis: Parametritis:

Mrs. M., aet. 22, I p:

Admitted 11.2.99 on 14' day of illness.

Confined on 23' Jan. Labour difficult and ended by instruments.

Rigor on 29' Jan. (after patient being allowed up) and two others since then.

Profuse sweating: scanty lochia.

On admission: T. 102.2°: PR. 108.24.

A well nourished woman, somewhat anaemic, but not much prostrated.

Tenderness in hypogastrium and right iliac fossa. Lochia purulent. Thickening in right broad ligament, and in front of this a thick rounded cord passing forwards and outwards to pelvic brim - round ligament?

Lochia ceased on 14' Feb; Parametritis gradually disappeared, and on dismissal on 5' Apr. was quite gone, although round ligament was still readily palpable.

Temperature: Intermittent; seldom over 100°; normal after 13' Mar.

Case XLVII.

Endometritis: Parametritis:

Mrs. M., aet. 23, I p:

Admitted 25.10.98 on 9' day of illness.

Confined on 8' Oct. Labour said to be difficult and instrumental.

Patient allowed up on 16' Oct., and on following day shivered and complained of pain in abdomen. Two days later lochia scanty and malodourous.

On admission: T. 100.8°: PR. 116.24.

Patient somewhat anaemic and prostrated. Tenderness in right iliac region with distinct resistance.

Slight laceration of perineum: erosion of cervix uteri with deposit of white pseudo-membranous material. Muco-purulent uterine discharge. General infiltration of parametria, most marked on right side: uterus partly fixed.

Discharge shortly ceased and infiltration gradually disappeared. Patient dismissed on 7' Dec. when bimanual examination revealed nothing abnormal.

Temperature: highest 103°; normal on 30' Octr.

Bacteriological examination:

Mixed culture of Strept. Pyog. and Staph. Pyog. Alb. obtained from white deposit on os uteri.

Case XLVIII.

Endometritis: Parametritis: operation.

Mrs. G., aet. 24, I p:

Admitted 23.6.98 on 11' day of illness.

Confined on 10' Jne. Labour natural.

Shivering, sickness and pain in lower abdomen on 13' Jne.

Recurrent shivering: lochia scanty and malodourous.

On admission: T. 99.4°: PR. 104.22.

Patient anaemic and prostrated. Slight albuminurea. Abdomen somewhat distended with tenderness in lower parts, especially in right iliac fossa.

Muco-purulent uterine discharge. Large cellulitis occupying hypogastric and right iliac regions, and displacing uterus to left side.

1' July: Occasional spasms of severe pain in lower abdomen. No rigors. Chloroform: incision in right lateral fornix, and mass explored with blunt instrument; no pus.

Marked relief followed operation. Progress thereafter uneventful. Dismissed on 3' Sept. when cellulitis had almost disappeared, and uterus had returned to its normal position. Patient reported herself in June '99: health had been excellent with exception of slight dysmenorrhoea for some months after dismissal.

Temperature: hectic; highest 102.6°; normal on 21' July.

Case XLIX.

Endometritis: Parametritis: Evacuation of abscess by incision per vaginam.

Mrs. D., aet. 23, III p:

Admitted 12.2.98 on 11' day of illness.

Aborted at third month of pregnancy on 2nd. Feb.

Foul-smelling discharge: occasional sickness and vomiting.

On admission: T. 102: PR. 160.24.

Patient sparely nourished, but makes no complaints. Tongue febrile. Examination of abdomen negative.

Slight blood-stained purulent uterine discharge. Bimanual examination revealed nothing abnormal.

Patient gradually developed pelvic cellulitis, which on 9' Apr. was easily demonstrable both by abdominal and bimanual examination as a mass lying to left side and moving freely with uterus: elastic to touch: tender.

On 11' Apr. - under chloroform, incision in lateral fornix, and mass explored with dressing forceps; some drachms of pus evacuated.

Convalescence thereafter uneventful. Dismissed on 11' Jne. Hard induration then persisted in left parametrium.

Temperature: remitting and intermitting, 98° - 103°: pyrexia ceased a few days after operation.

Case L.

Endometritis: Parametritis with rupture of abscess into rectum.

Mrs. B., aet. 26, IV p:

Admitted 18.1.99 on 8' day of illness.

Confined on 10' Jan. Labour natural.

Rigor on evening of 11' Jan. and another during the night, lochia becoming scanty and malodourous on the following day. Occasional rigors: profuse sweating: diarrhoea: sickness and vomiting.

On admission: T. 103.4°: PR. 116.32.

A well nourished woman, but anaemic and considerably prostrated. Tongue slightly dry. Albuminurea. Some tenderness in hypogastrium: splenic dulness increased.

Lochia purulent. Thickening in floor of pelvis on right side.

Parametritis gradually extended backwards, a considerable mass finally forming in floor of Douglas' pouch: hard and non-fluctuant. On 10' Feb., 23 days after admission, diarrhoea set in, stools containing a little pus with blood and mucus. Pus seen only in first few stools; but diarrhoea continued for fully a week.

Convalescence uneventful. Dismissed on 20' Mar. when some thickening still remained in floor of pelvis, and uterus

was to some degree fixed.

Temperature: at first ran high, 101° - 105°: afterwards was lower, curve being quite irregular: fell to normal with rupture of abscess on 10' Feb; but remained unsteady for some days.

Case LI.

Parametritis with rupture of abscess into rectum:

Mrs. M., aet. 25, I p:

Admitted 10.8.98.

Confined on 8' Aug. Labour premature at 7' month, and accompanied by considerable bleeding.

Shivering and abdominal pain 6 hours after birth followed by convulsion: chloroform: another convulsion 6 hours later.

On admission: T. 103°: PR. 130.28.

Patient moderately prostrated. Large quantity of albumen in urine. Tenderness in hypogastrium.

Slight rupture of perineum, and large bilateral laceration of cervix uteri - both wounds being very dirty. Lochia purulent. Examination per vaginam otherwise negative.

19' Aug: Temperature hectic. Chloroform: well marked thickening in floor of pelvis on both sides, extending on left side into broad ligament: thick rounded cord running from fundus uteri on right side out to pelvic wall - round ligament?: uterus slightly fixed. Urine clear.

28' Aug: Phlegmasia of left leg: thrombosed vein palpable: oedema moderate. Lochia had ceased.

15' Sept: Cellulitis extending backwards into floor of Douglas' pouch. Oedema of leg almost gone.

Considerable quantity of pus in stools on 26' and 27' Sept. continuing to a small extent until 3rd. Oct. At no time diarrhoea or complaint of pain.

Convalescence uneventful. Dismissed on 26' Oct. Parametritic infiltration much less: uterus more movable.

Reported herself in June '99: had enjoyed excellent health in every respect.

Temperature: hectic, 99^{o} - 103.4^{o}: normal on 14' Sept. without any assignable cause, but soon rose again: normal finally on 1st. Octr.

Case LII.

Parametritis with rupture of abscess into rectum.

Mrs. C., aet. 26, V p:

Admitted 11.4.99 on 21st. day of illness.

Confined on 12' Mar. Labour natural.

Persistent pain in left side of abdomen since 22nd. Mar.

Occasional rigors and sweating: sickness and vomiting.

On admission: T. 101.8°: PR. 116.24.

Nothing special in physiognomy. Very little prostration. Breasts tender and contain milk.

Abdomen slightly distended: considerable tenderness in right iliac region.

Slight leucorrhoeal discharge. Large hard mass occupying floor of pelvis and broad ligament on left side: inseparably connected and moves freely with uterus: tender.

28' Apr: Parametritis extending backwards: mass occupying floor of Douglas' pouch: uterus becoming fixed. Great pain complained of in rectum, especially after defaecation or digital examination.

9' May: Swelling in floor of Douglas' pouch larger and softer, and somewhat elastic to touch on examination per rectum.

10' May: Slight diarrhoea: pus in stools.

Rupture of abscess followed by cessation of pain and diminished swelling: pus continued in stools for 24 hours. On dismissal on 31st. May, very little thickening remained, and uterus was freely movable.

Temperature: 99^{o} - 102^{o} : normal on 12' May.

Case LIII.

Parametritis: rupture of abscess into bladder.

Mrs. Q., aet. 30, II p:

Admitted 17.2.99 on 22' day of illness.

Confined on 23' Jan. Labour natural.

Rigor on 27' Jan. (after patient was allowed up) with pain in lower abdomen.

Occasional rigors: persistent abdominal pain: pain on defaecation, and mucus in motions.

On admission: T. 100.2°: PR. 120.28.

A well nourished woman, but of a very anaemic appearance. Spleen readily palpable.

Leucorrhoea. Uterus anteverted and slightly fixed. General cellular infiltration, especially in floor of Douglas' pouch.

Temperature: (highest 100.4°) reached normal a week after admission. Large amount of pus in urine on 20' Feb. and pyurea in slight degree until 24' Mar:: no further symptoms of cystitis.

On dismissal on 5' Apr. parametritis was much less marked: uterus in normal position but to some extent fixed. Convalescence generally excellent.

Case LIV.

Parametritis: Rupture of abscess into vagina and bladder.

Mrs. S., aet. 33, VIII p:

Admitted 29.1.98 on 19' day of illness.

Confined on 11' Jan. Labour prolonged and terminated by instruments.

Profuse white foul-smelling discharge since confinement, and for same time a numb feeling in left leg with pain on movement. Diarrhoea.

On admission: T. 100: PR. 124.32.

A small rickety woman, emaciated and considerably prostrated. Face pale; hectic flush on cheeks. Left leg swollen: thickening and tenderness over large vessels.

A few moist rales at base of right lung. Slight albuminurea.

Profuse purulent lochia of extremely foetid odour. Extensive rupture of perineum involving rectum for fully an inch; wound very dirty. Thickening in floor of pelvis on left side extending downwards along vaginal wall and upwards into broad ligament. Uterus partially fixed.

General condition rapidly improved, but uterine discharge continued profuse, and infiltration in pelvis advanced. On 1st. Mar. pus in large quantity appeared in the urine, and catheterisation confirmed the presence of pus in the

bladder. On 3rd. May, as the discharge still continued profuse and pyurea persisted, a careful examination was made under chloroform; and a small sinus was discovered in left lateral fornix communicating with large abscess cavity which lay alongside cervix uteri and upper part of vagina, and extended outwards to pelvic wall. Sinus dilated and cavity drained.

Temperature thereafter almost immediately settled, and pyurea disappeared.

Convalescence uneventful. On dismissal on 1st. July uterus fixed and becoming drawn over to left side. Patient a little lame. She reported herself in June '99. For some months had been troubled a little with dysmenorrhoea, but was now in perfect health. Lameness quite gone.

Temperature: 99^{0} - 103^{0}: at first remitting but later intermitting: normal for first time on 21st. Feb. and thereafter numerous recrudescences, until abscess cavity was freely drained.

Case LV.

Parametritis: Synovitis of shoulder joint:

Mrs. S., aet. 30, III p:

Admitted 1.12.98 on 29' day of illness.

Confined on 1st. Nov. Child still born at term.

Rigor on 3rd. Nov., and at least one daily since then, but latterly less severe.

Pain and stiffness for two weeks previous to admission in finger and wrist joints, and for one week in both shoulder joints.

On admission: T. 101.8°: PR. 92.20.

A small thin woman whose general condition is satisfactory. Pain on movement of shoulder joints and right wrist joint. Slight albuminurea.

No discharge. Involution of uterus almost complete. Slight thickening in right broad ligament.

Joint symptoms soon disappeared with exception of those referable to left shoulder, where the condition advanced to synovitis with effusion, the latter by 4' Jan. being well marked: not much pain: very little redness. Effusion (obtained by hypodermic syringe) serous and apparently sterile.

Gradual absorption and complete disappearance of fluid

before dismissal on 25' Jan. Movements of joint normal.

Rigor occurred on day after admission: frequent sweating for several weeks.

Temperature: remitting and intermitting: remained unsteady until 25' Dec: highest 102.6°.

Case LVI.

Endometritis: Parametritis: Septic Arthritis: Recovery:

Mrs. M., aet. 28, VI p:

Admitted 4.11.98 on 8' day of illness.

Confined on 24' Oct. Labour natural.

Rigor on evening of 28' Oct. (after patient being allowed up) and another during the night. Lochia since then scanty and malodourous. Occasional sickness since 1st. Mov: two slight rigors on 3rd. Nov.

On admission: T. 105.2: PR. 128.40.

A small sparely nourished woman. Face pale with hectic flush on cheeks. Slight albuminurea. Tenderness in hypogastrium.

Lochia purulent. Marked cellular infiltration on left side in floor of pelvis and broad ligament.

Patient on 6' Nov. complained of pain in right knee joint, and in left on 8' Nov. In both cases arthritis with effusion developed within 24 hours. Opalescent fluid aspirated (with hypodermic syringe) from left joint on 9' Nov. yielded a culture of Streptococcus Pyogenes. On 13' Nov. under chloroform both joints opened and drained: fluid sero-purulent. On evening of operation temperature fell to 100°; but thereafter rose, and on evening of 14' Nov. was 104.4°.

Anti-streptococcic serum 20 c.c. administered: followed by steady fall of temperature to normal on evening of 16' Nov: rose next morning to 100°.

Tube removed from right knee joint on 20' Nov., and from left 10 days later: in latter owing to rise of temperature and pain, had to be re-inserted; but was finally removed on 20' Dec: passive movement.

General condition good all along. Lochia ceased within two weeks of admission. Parametritis gradually resolved; and on dismissal on 1st. Mar. 1899, no thickening remained. Movement in knee joints of about half a right angle from the fully extended position: patient able to walk fairly well.

She reported herself in July '99: had enjoyed excellent health in every respect: movements in knee joints much freer, patient being able to bend both to fully a right angle.

Temperature: hectic: before operation as high as 105.6°: fell to normal on 16' Nov. after serum, but recrudesced, 100° - 101°, gradually reaching normal at beginning of Dec.

Case LVII.

Parotid abscess ante-partum: Phlegmasia: Arthritis: Operation: Recovery:

Mrs. M., aet. 28, I p:

Admitted 7.2.99 on 10' day of illness.

Confined on 22nd. Jan. Labour premature in 7' month.

Ten days earlier an inflammatory condition had developed in left parotid region; and on day of confinement an abscess was opened behind ear.

Pain and swelling in left knee joint on 29' Jan: no shivering but considerable sweating. Condition of lochia not noted.

On admission: T. 100.6°: PR. 128.24.

A woman of fair physique, somewhat emaciated, but not much prostrated. Complete facial paralysis on right side: V shaped incision below tragus of right ear: inflammatory thickening in parotid region. Phlegmasia of left leg: thrombosed vein readily palpable in Scarpa's triangle. Tenderness, rigidity and fulness of left knee joint which contained fluid.

Slight albuminurea. Some tenderness in hypogastrium.

Lochia scanty and purulent. Bimanual examination negative.

Milky fluid aspirated (with hypodermic syringe) from joint on 7' Feb. yielded profuse growth of Streptococcus Pyogenes. Under chloroform on 10' Feb. joint was opened and drained: fluid purulent: small part bone bare on articular surface of femur.

Convalescence uneventful. Dismissed 31st. May. Joint quite fixed.

CASES ENDING FATALLY.

Case.	Para.	LABOUR. Period of pregnancy.	LABOUR. Nature.	Injuries during labour.	ILLNESS. Onset.	ILLNESS. Duration.	ILLNESS. Result.	Complications.	Post Mortem appearances.	Bacteriological examination.	Remarks.
I	I	Term	Normal	Rupture ofperineum into rectum. Laceration of cervix uteri.	4' day	18 dys.	Died.	Phlegmasia with superficial abscesses. Pneumonia.	Endometritis: Septic thrombosis ofuterine sinuses and leftovarian vein with enfarcts in lung, and metastases in spleen & kidneys: Thrombosis of femoral and external iliac veins.	B. Coli. Strept. Pyog.	Antistreptococcic serum administered with no appreciable result.
II	I	Term	Normal	Slight Rupture of Perineum	3' day	12 days.	died	Acute Mania Pneumonia.	Endometritis: Septic thrombosis of uterine sinuses and right ovarian vein, with enfarcts in lung.		
III	I	6'mth.	Instrumental	Slight Rupture of Perineum Bilateral laceration of cervix uteri.	4' day.	26 days.	died.	Delirium.	Endometritis: Septic thrombosis of left ovarian vein with metastases in spleen & kidneys: Meningitis: old standing endocarditis: Fibrous adhesions at apex of left lung.		Thrombosed vein was readily detected by examination under chloroform.

Case.	Para.	LABOUR. Period of pregnancy.	LABOUR. Nature.	Injuries during labour.	ILLNESS. Onset.	ILLNESS. Duration.	ILLNESS. Result.	Complications.	Post Mortem appearances.	Bacteriological examination.	Remarks.
IV	II	4'mth.	Complicated by haemorrhage.		14'day.	21 dys.	Died.	Phlegmasia.	Parametritis: Septic thrombosis of left uterine and iliac veins: Thrombosis of femoral vein: Enteritis. Healed tubercle in lungs.	B. Coli.	
V	V	Term	Child still born.		3 days ante-partum.	11 days.	Died		Endometritis: Salpingitis: Peritonitis ; oophontis septic thrombosis of uterine sinuses & of left ovarian vein: Enteritis: Healed tubercle in lungs.	B. Coli. Strept. Py. Alb.	
VI	V	Term	Natural	Slight Rupture of perineum.	9'day.	73 days.	Died	Double Phlegmasia with superficial abcesses: Neuritis: Diarrhoea.	Small localised Parametritic abcess: Thrombosis of left ovarian & femoral veins: Spleen coated with organised lymph: Large White Kidney: Enteritis: Fibrons adhesions over left lung		

	LABOUR.				ILLNESS.						
Case.	Para.	Period of pregnancy.	Nature.	Injuries during labour.	Onset.	Duration.	Result.	Complications.	Post Mortem appearances	Bacteriological examination.	Remarks.
VII	I	Term	Natural		4' day.	14 days.	Died --	Diarrhoea.	Endometritis: Septic thrombosis of uterine sinuses & left uterine veins: Metastases in kidneys: Parametritis: Pelvic peritonitis: Enteritis with extensive ulceration of large intestine: Healed tubercle in lung.	B. Coli. Strept. Pyog. Staph. Py.Alb.	
VIII	VII	Term	Difficult: Complicated by haemorrhage: Instrumental.	Bilateral laceration of cervix uteri.	2' day.	8 days.	Died.		Endometritis: Salpingitis: Pelvic pertonitis: Parametritis: Septic thrombosis of uterine sinuses and left ovarian vein with metastases in spleen & kidneys: Enteritis: Fibrons adhesion at apex of left lung.	B. Coli.	
IX	I	Term	Natural	Rupture of perineum: Extensive bilateral laceration of cervix uteri.	2' day.	22 days.	Died		Endometritis: Septic thrombosis of uterine sinuses: Rupture of abcess in uterine wall into peritoneal cavity: Pelvic pertonitis: Fibrons adhesion at apex of left lung.	Strept Pyog.	Antistreptococcic serum administered with no appreciable result. Symptoms of peritonitis very slightly marked.

		LABOUR.			ILLNESS.						
Case.	Para.	Period of pregnancy.	Nature.	Injuries during labour.	Onset.	Duration.	Result.	Complications.	Post Mortem appearances	Bacteriological examination.	Remarks.
X	V	Term	Natural.		7'day.	40 days.	Died.	Nephritis.	Endometrites: Salpingitis: Pelvic pertonitis with abcess in Douglas' pouch: Parametritis: Large white kidney: Hypertrophy of left ventricle.		Symptoms of pertonitis very little marked. Patient was suffering from chronic nephtritis with secondary cardiac changes
XI	II	Term	Natural.	Bilateral laceration of cervix uteri.	2'day.	28 days.	Died.	Nephritis.	Endometrites: Salpingitis: ovarian abcess: Pelvic and general pertonitis.		Signs of pertonitis almost absent. ovarian condition diagnosed and removal attempted.
XII	II	Term	Instrumental	Rupture of perineum into rectum: Extensive laceration of vagina & cervix uteri	1'day.	6 days.	Died.	Diarrhoea.	Endometrites: Salpingitis; General and pelvic pertonitis: Septic thrombosis of uterine sinuses, with metastases in lungs, liver and kidneys: Enteritis: Healed tubercle in left lung: Renal calculus.	B. Coli. Strept Pyog.	
XIII	I	Term	Instrumental complicated by adherent placenta.	Rupture of perineum into rectum: Extensive laceration of vagina & cervix uteri	2'day.	6 days.	Died.		Endometritis: Salpingitis; General and pelvic pertonitis: Parametritis.		

Case.	Para.	LABOUR. Period of Pregnancy.	Nature.	Injuries during labour.	ILLNESS. Onset.	Duration.	Result.	Complications.	Post Mortem appearances	Bacteriological examination.	Remarks.
XIV	IV	Term.	Natural.		3'day.	37 days.	Died		Large intra-abdominal abscess Pleurisy on right side of chest. Heart displaced upwards.		Died under chloroform, a satisfactory post mortem examination of pelvic organs not made.
XV	I	Term.	Prolonged: Retained placenta: Instrumental	Rupture of perineum: Extensive laceration of vagina and cervix uteri.	1'day.	25 days.	Died.	Pneumonia Nephritis.	Endometritis: Septic thrombosis of uterine sinuses, with enfarets in lung and metastases in spleen and kidneys: Enteritis.	Strept Pyog.	
XVI	X	Term.	Natural Twins delivered.	Slight laceration of perineum	9'day.	14 days.	Died		Endometritis: Septic thrombosis of uterine sinuses: Enterites: Healed tubercle in left lung.		
XVII	VII	8'mth.	Antepartum haemorrhage: Still born child.		1'day.	22 days.	Died	Pneumonia			No post mortem examination allowed. Bi-manual examination shewed a cord like thickening in upper part of right broad ligament. Diagnosis of septic thrombosis of right ovarian vein.

Case.	Para.	LABOUR. Period of pregnancy.	LABOUR. Nature.	Injuries during labour.	ILLNESS. Onset.	ILLNESS. Duration.	ILLNESS. Result.	Complications.	Post Mortem appearances.	Bacteriological examination.	Remarks.
XVIII	V	Term.	Natural.		4'day.	7days.	Died.	Delirium.	Endometritis: Salpingitis: Thrombosis of uterine sinuses with metastases: Enteritis: chiefly affecting digmoid flexure: Meningitis:	B. Coli. Staph. Py. Aur.	Much pain complained of in lower abdomen with considerable distension Diagnosis made of peritonitis.
XIX	VII	6'mth.	Still born child.		6'day.	8 days.	Died.		Endometritis: Double salpingitis: Enfarcts in lung: Enteritis:		
XX	III	Term	Natural		6'day.	13 days.	Died		Endometritis: Metastases in kidneys: Enteritis.	B. Coli.	
XXI	I	Term	Natural		2'day	12 days	Died	Diarrhoea	Endometritis: Enteritis: old tubercle in left lung.		
XXII	I	Term	Natural		2'day	18 days	Died	Pneumonia: Septic arthritis of left knee joint.		B. Coli. Strept. Pyog.	No post mortem examination allowed. Bi-manual examination negative: Lochia purulent. Antistreptococcic serum administered with no result.

Case.	Para	LABOUR		Injuries during labour.	ILLNESS			Complications.	Post Mortem appearances.	Bacteriological examination.	Remarks.
		Period of pregnancy.	Nature		Onset.	Duration.	Result.				
XXIII	III	Term	Natural	Slight rupture of perineum	19'day	14 days	Died	Nephritis: Delirium: Coma.		Strept. Pyog.	No post mortem examination allowed. Bi-manual examination negative. Lochia purulent: Spleen enlarged. Antistreptococcic serum administered without effect.
XXIV	VI	7'mth	Antepartum haemorrhage. Still born child		5'day	14 days	Died				No post mortem examination allowed: Bi-manual examination negative. Purulent lochial discharge. Enlarged spleen. Albuminuria.
XXV	I	Term	Instrumental.	Slight rupture of perineum. Extensive laceration of vagina and cervix uteri.	2'day	18 days	Died	Pneumonia		Strept. Pyog.	Post mortem examination refused. Bi-manual examination negative. Lochial purulent. Antistreptococcic serum administered before admission to hospital
XXVI	II	Term	Protracted Instrumental.	Extensive laceration. of cervix uteri.	4'day	27 days	Died	Pneumonia. Diarrhoea.		Staph. Py. Aur. Staph. Py. Alb.	No post mortem examination allowed. Purulent lochial: Parametritis:

Case	Para	LABOUR. Period of pregnancy.	Nature	Injuries during labour	ILLNESS. Onset	Duration	Result	Complications	Post Mortem appearances	Bacteriological examination	Remarks.
XXVII	I	Term	Natural	Slight laceration of perineum.	4'day	16 days	Died	Pneumonia. Diarrhoea. Delirium.		Strept. Pyog.	No post mortem examination allowed. Lochial purulent: Parametritis: Antistreptococcic serum administered, with slight fall of temperature following injections.
XXVIII	I V	Term	Natural	Bilateral laceration of cervix uteri.	4'day	8 days	Died			Strept. Pyog.	No post mortem examination allowed. Lochial purulent: Parametritis. albuminurea.
XXIX	I	Term	Prolonged. Instrumental.	Large rupture of perineum. Bilateral laceration of cervix uteri.	1'day	8 days	Died	Violent delirium.	Endometritis: Parametritis: Septic thrombosis of uterine sinuses: Meningitis:		
XXX	I	Term.	Natural		2'day	7 days	Died				No post mortem examination allowed. Lochial purulent. Abdomen distended with much tenderness in lower parts. Parametritis.
XXXI	IV	4'mth	Natural		2'week?	?	Died				Large double parametritis: Evacuation of abscess effected per vaginam: Patient died of Phthisis Pulmonalis.

CASES ENDING IN RECOVERY.

Case	Para	LABOUR. Period of pregnancy.	Nature	Injuries during labour.	ILLNESS. Onset	Duration	Result	Complications	Physical examination	Bacteriological examination	Remarks.
XXXII	I	Term	Natural twins delivered.		1'day	2 wks.	Recovery.		Purulent lochial. Tenderness in hypogastrium.		
XXXIII	III	Term	Natural	Slight rupture of perineum: Slight laceration of cervix uteri.	2'day	3 wks.	Recovery.	Diarrhoea.	[illegible] lochia: Tenderness in hypogastrium: Enlarged spleen.		
XXXIV	II	3'mth	Natural		2'day	1 wk	Recovery.		Malodourous lochia: Slight albuminurea:		
XXXV	XII	6'mth.	Accompanied by haemorrhage. Still-born child	Slight laceration of cervix uteri.	2'day	2 wks.	Recovery.		Purulent lochia: Enlarged spleen:		
XXXVI	I	3'mth	Natural		1'day	2 wks.	Recovery.	Slight delirium.	Purulent lochia: Prostration:		
XXXVII	VI	Term	Prolonged: Instrumental: Still-born child.	Slight laceration of perineum	1'day	2-3 wks.	Recovery.		Purulent lochia: Tenderness in hypogastrium:		
XXXVIII	VIII	6'mth	Still-born. twin children.		2'day	1'wk.	Recovery.		Purulent malodourous lochia: Tenderness in hypogastrium:	Large motile bacillus: Not B. Coli:	

Case	Para	LABOUR. Period of Pregnancy.	LABOUR. Nature	Injuries during labour.	ILLNESS. Onset	ILLNESS. Duration	ILLNESS. Result	Complications	Physical examination	Bacteriological examination	Remarks.
XXXIX	I	Term	Natural	Slight lacera: :tion of perineum	5'day	2 wks.	Recov: :ery.		Very putrid lochia: Retained placental tissue in uterus: Enlarged spleen:	Short non-motile bacillus:	
XL	I	Term	Natural		2'day	8-9 wks.	Recov: :ery.	Phlegmasia: Periphle: :bitis with abscess formation:	Purulent lochia: Tenderness in hypo-gastrium:	Strept. Pyog: Staph. Py. Alb:	
XLI	I	6'mth.	Still-born child.		5'day	3'wks.	Recov: :ery.	Mediastinal abscess.	Malodourous lochia: Enlarged spleen:		
XLII	I	Term	Natural		2'day	2-3 wks.	Recov: :ery.	Osteitis of ilium with formation of abscess:	Mass in right iliac fossa unconnected with uterus:		Incision & drainage of abscess: Small part of bone bare in fossa of ilium:
XLIII	I	Term	Natural	Small lacera: :tion of Perineum: Extensive laceration of cervix uteri:	4'day	4-5 wks.	Recov: :ery.	Gluteal abscess.	Parametritis: Tenderness in hypogastrium:	Strept. Pyog:	Administration of antistrepto: :coccic serum followed by no result.
XLIV	IV	Term	Natural		3'day	6-7 wks.	Recov: :ery.	Gluteal abscess:	Purulent lochia: Abdomen dis: tended, with much tender: ness in lower parts: Parametritis: Enlarged & very tender ovary: Albuminurea: Enlarged spleen:	B. Coli: Strept. Py. Aur.	

Case	Para	LABOUR. Period of Pregnancy.	LABOUR. Nature	Injuries during labour	ILLNESS. Onset	ILLNESS. Duration	ILLNESS. Result	Complications	Physical examination	Bacteriological examination	Remarks.
XLV	I	Term	Natural		2'day	3-4 wks.	Recov: :ery.		Purulent lochia: Parametritis: Tenderness in hypogastrium: Enlarged spleen:	Strept. Pyog:	Administration of antistrepto: coccic serum followed by improvement.
XLVI	I	Term	Instru: :mental.		7'day	5-6 wks.	Recov: :ery.		Purulent lochia: Parametritis: Tenderness in hypogastrium:		Parametritis resolved with: :out pus formation.
XLVII	I	Term	Instru: :mental	Slight laceration of perineum:	10'day	5-6 wks.	Recov: :ery.		Purulent lochia: Parametritis:	Strept. Pyog. Staph. Py.Alb.	Parametritis resolved without pus formation.
XLVIII	I	Term	Natural		4'day	4-5 wks.	Recov: :ery.		Purulent lochia: Parametritis: abdomen dis: :tended with tenderness in lower parts. Slight albuminurea.		Incision made per vaginam and parametritic mass explored with blunt instrument: No pus, but great relief obtained from pain.
XLIX	III	3'mth	Natural		1'day	9-10 wks.	Recov: :very.		Purulent lochia: Parametritis:		Evacuation of pelvic abscess by incision per vaginam.
L	IV	Term	Natural		2'day	4-5 wks.	Recov: :ery.		Purulent lochia: Tenderness in hypogastrium. Parametritis: Enlarged spleen . Albuminurea:		Rupture of pelvic abscess [illegible] per vaginam.

Case	Para	LABOUR			ILLNESS.						Remarks.
		Period of Pregnancy.	Nature	Injuries during labour	Onset	Duration	Result	Complications	Physical examination	Bacteriological examination	
LI	I	7'mth	Accompanied by haemorrhage. Followed by convulsions.	Slight rupture of perineum: Large bilateral laceration of cervix uteri.	1'day	8-9 wks	Recovery.	Phlegmasia: Nephritis:	Purulent lochia: Tenderness in hypogastrium: Parametritis.		Rupture of pelvic abscess into rectum.
LII	V	Term	Natural		11'day	8-8 wks.	Recovery.		Parametritis.		Rupture of pelvic abscess into rectum.
LIII	II	Term	Natural		5'day	8-9 wks.	Recovery.		Parametritis: Enlarged spleen.		Rupture of pelvic abscess into bladder
LIV	VIII	Term	Prolonged. Instrumental.	Rupture of perineum into rectum	1'day	4mths	Recovery.	Phlegmasia	Foetid purulent lochia: Parametritis: Slight albuminurea.		Rupture of pelvic abscess into vagina and bladder.
LV	III	Term	Still born child		3'day	8-9 wks	Recovery.	Synovitis of left shoulder and other joints.	Rounded thickening in upper part of right broad ligament. Albuminurea.		Large serous effusion into joint which was gradually absorbed.
LVI	VI	Term	Natural		5'day	5-6 wks	Recovered	Septic arthritis of both knee joints.	Purulent lochia: Tenderness in hypogastrium: Parametritis: Albuminurea.	Strept. Pyog.	Incision and drainage of knee joints: Administration of antistreptococcic serum with doubtful result.
LVII	I	7'mth	Still born child.		7'day	3mths	Recovery	Phlegmasia Septic arthritis of knee joint.	Purulent lochia: Tenderness in hypogastrium.	Strept. Pyog.	Incision and drainage of knee joint.

It will be observed that thirty-one of the above cases ended fatally, while twenty-six recovered. In proceeding with an analysis it is proposed to deal first and most fully with the former.

Concerning the fatal cases the following points are taken up in order:-
Incidence, Nature of labour, Injuries during labour, Post-mortem appearances, Complications, Bacteriological examination.

Incidence:

Primiparae were affected fourteen times.

The illness in four cases followed premature labour, and on two occasions occurred post-abortion.

Nature of labour:

Some departure from the normal was noted on thirteen occasions. Instrumental interference had taken place in eight cases, six being primiparae. Labour thrice was complicated by haemorrhage. Twice the children were still born without other complication.

Injuries during labour:

These occurred in all degrees ranging from slight wounds to/

to the most extensive laceration of the soft parts. By reference to the table it will be seen that traumatism was present in seventeen, and was severe in nine cases. Large ruptures of the perineum were encountered five times, the rectum being thrice involved. The vagina four times, and the cervix uteri six times had sustained serious damage. In connection with vaginal lacerations much undermining and para-colpitis were observed on several occasions. As might have been expected the more severe injuries were found in primiparae or accompanied the use of instruments.

Onset of illness:

The largest number of cases for any one day (8) arose on the second day post-partum. Twenty-one times (67.7%) the illness began from the first to the fourth day inclusive. In five cases the onset was delayed past the seventh day: and once (case XXIII), which case finally proved fatal, symptoms did not appear until the nineteenth day. The history of one case (V) pointed definitely to an infection three days previous to delivery.

Duration of illness:

Nearly half the fatal cases lived for two weeks after the first appearance of symptoms, and a large proportion survived for three weeks or over. The sixth day was the earliest/

earliest period at which death occurred. On two occasions the termination did not take place until the 40th. and 73rd. days respectively. In both of these however the illness was accompanied by chronic nephritis; and a question may be raised as to the possibility of their recovery apart from this complication.

The following is a short numerical statement:-

Died during	1st. week	4 cases.
" "	2nd. "	12 "
" "	3rd. "	5 "
Survived 3 weeks or over		9 "

Post-mortem appearances:

We come now to describe in detail the pelvic lesions discovered in the twenty-one cases in which a post-mortem examination was made.

These chiefly comprise endometritis and salpingitis, peritonitis, oophoritis, septic thrombosis of the uterine sinuses and large veins, and parametritis.

The term endometritis in the present article is meant to express the condition which old writers designated not unfitly diptheritic inflammation of the uterus. In these cases, the endometrium and superficial layers of the muscular coat are found to be in a softened infiltrated state; and in the/

the severer types extensive superficial sloughing may frequently be observed. Ulceration also sometimes occurs, with occasional deposit of that fibrinous pseudo-membranous material, which at one time suggested the relation of the process to diptheria. These conditions, where the disease is less advanced, may be practically confined to the placental site, where indeed they are invariably most apparent in all; and where in cases further advanced the tissue along with thrombi pouting from the uterine sinuses, is often absolutely necrotic and purulent.

Such appearances as those above described were apparent to a greater or lesser degree in all the cases which came to post-mortem, with the exception of three. Of these, (Cases IV, VI, XIV), in one the uterus was not examined, and in another the illness had lasted for 73 days.

In eight cases (40%) one or both Fallopian tubes contained pus; and in six of these peritonitis had ensued. One case shewed evidence, (Case V), of a chronic tubal condition anteceding and perhaps exciting the acute puerperal mischief. Here alone was the tube found thickened to any appreciable degree.

An ovary was affected in two of the cases. In both the ovarian lesion was concurrent with purulent salpingitis and peritonitis. The organ in one, (Case V), was simply enlarged/

enlarged and injected; but the inflammatory lesion had in the other, (Case XI), progressed to suppuration and extensive necrosis.

Peritonitis was proved to exist in nine cases. As mentioned above, it was associated on six occasions with purulent salpingitis; and twice was evidently due to extension from abscess in the uterine wall. The course of infection was not traced in the remaining (XIV) case.

The process was naturally always most acute in the lower regions. In four indeed it was entirely limited to the pelvis, although here being of a very wide-spread nature. In five cases the peritonitis was purulent, pus occurring in three of these as numerous small foci between the adherent peritoneal surfaces; and in two, collecting in considerable amount in Douglas' pouch. Though sometimes present in the peritoneal cavity, fluid was never in large quantity. Extensive fibrinous adhesions were usually in evidence.

Septic thrombosis of the uterine sinuses appeared as softened thrombi in these vessels, or more frequently as small collections of pus running through the muscular wall of the uterus in the vicinity of the placental site. In the large veins also, although actual thrombus was occasionally seen, yet more frequently the vessel was filled with fluid purulent material. This was sometimes very widely distributed, as where we find it, (Case VIII), throughout the

whole length of an ovarian vein, or occupying, (case IV), the uterine and internal and external iliac veins, and the lower part of the inferior vena cava.

Thrombosis of the uterine sinuses per se, is noted in six of the above cases; and had thrice given rise to metastases. The lungs and kidneys were thus affected in all three, and the liver and spleen in two respectively. Of the seven cases which occurred of venous thrombosis, five affected the ovarian and two the uterine veins. Metastases had resulted in five, involving the kidneys in four, the spleen in three, and the lungs in two.

Thus septic thrombosis was found in all thirteen times, and was eight times connected with metastases in the organs.

During the course of the post-mortem examinations parametritis was discovered on seven occasions. The inflammatory mass in more than half of these contained numerous small abscesses. Traumatic injuries of the genitalia four times only coincided with the pelvic cellulitis. In one case a small encapsuled parametritic abscess was present, possibly antecedent in origin to the puerperal condition.

From even a superficial examination of the post-mortem notes it will appear that almost always the pelvic mischief had extended not in one only, but in several directions; so much so that occasionally we find present in one single case most/

most of the lesions described above. The summary below shews their actual concurrence:

Endometritis	2 cases.
Endometritis: Peritonitis:	2 "
Endometritis: Peritonitis: Oophoritis:	1 "
Endometritis: Peritonitis: Parametritis:	2 "
Endometritis: Peritonitis: Oophoritis: Thrombosis:	1 "
Endometritis: Peritonitis: Thrombosis:	2 "
Endometritis: Peritonitis: Thrombosis: Parametritis:	2 "
Endometritis: Thrombosis:	7 "
Endometritis: Thrombosis: Parametritis:	1 "
Intra-abdominal abscess:	1 "

Complications:

A large proportion of the cases which came to post-mortem shewed evidence of inflammatory changes in the intestine, in the presence of areas of congestion in the mucous membrane. These varied both in size and number; and while sometimes but slight and insignificant, at others the injection was of a most intense character and might involve for several inches the whole lumen of the gut. These lesions, although not unfrequently present throughout the length of the intestine, were generally speaking, most apparent/

apparent in the lower parts, and especially affected the caput caecum and ascending colon. While in less advanced cases congestion only was visible, in those more severe small haemorrhages occurred in the submucus layers; and rarely some slight erosion also was detected. Once however (Case VII) the process was associated with great ulceration of the large intestine. Enlargement of the Peyer's patches or solitary follicles was never demonstrable.

Enteritis was altogether noted in twelve of the twenty-one post-mortem examinations. It concurred eight times with septic thrombosis. During life abdominal distension and tenderness were more or less in evidence; so much so that in one case (XVIII) a diagnosis of peritonitis was made. Only the severer cases were associated with diarrhoea: but in every case where diarrhoea had been a prominent symptom, enteritis was discovered post-mortem.

Injection and oedema of the membranes of the brain were proved to exist in three cases. In all these much delirium had occurred.

The other chief complications were as follows in nature and frequency:-

Pneumonia	8 cases.
Nephritis	5 "
Diarrhoea	6 "
Delirium	5 "

Acute Mania	1 Case.
Phlegmasia	3 Cases.
Septic Arthritis	1 "

Confirmatory examination was possible in three of the cases of pneumonia, and in these the complication was due to enfarction. Superficial abscesses in the affected limbs followed in two of the cases of phlegmasia.

Bacteriological examination:

A bacteriological examination was not made in every case, and anaerobic methods were attempted in none. For these reasons it is not desired to lay much stress on this department. The fact however would again appear to be established, that while the Streptococcus Pyogenes is the most common exciting cause of puerperal infection, yet other organisms play an only slightly subordinate part.

A positive result was obtained sixteen times. Streptococcus in pure or mixed culture was found ten times: and it is interesting to find that in like manner Bacillus Coli occurred nine times, thrice where rupture of the perineum into the rectum was present. Staphylococcus Pyogenes aureus and albus were also frequently cultivated.

With/

With regard to the ten fatal cases in which a post-mortem examination was not permitted it may here be further remarked:-

That in four the lochia were purulent; but bimanual examination shewed nothing abnormal, beyond an enlarged and softened uterus.

That in one case, (XVII), complicated by pneumonia, a rounded thickening was detected in the upper border of one of the broad ligaments; due in all probability to a thrombosed ovarian vein.

That one case, (XXV), shewed presumptive evidence of peritonitis.

That parametritis was present in three cases.

We pass now to our analysis of the twenty-six cases which terminated in recovery. As before we shall review what appear to be the chief points of interest, viz: Incidence, Nature of labour, Injuries during labour, Onset of illness, Complications, Result of pelvic examination, Bacteriological examination.

Incidence:

Primiparae were attacked twelve times.

Regarding period of pregnancy, in five cases labour was premature, and thrice the illness followed abortion.

Nature of labour:

Abnormality occurred in ten cases. Labour four times was instrumental, two of the patients being primiparae. In two cases it was complicated by haemorrhage, and in four the children were still born.

Injuries during labour:

Traumatism was present in eight cases, but in five of these was slight. Severe injury had twice followed the use of instruments.

Onset of illness:

In 18 (69.2%) the onset occurred from the first to the fourth day. As with the fatal cases the greatest number for any one day arose on the second day post partum. The illness on two occasions did not begin till after the seventh day.

Results of pelvic examination:

Fully one half of the patients who recovered were suffering from parametritis. This in six cases advanced to suppuration. In five of these spontaneous rupture of abscess occurred, once into bladder, once into bladder and vagina, and thrice into rectum. The abscess in the remaining case/

case was evacuated by incision per vaginam. Once, (Case XLIV), in addition to parametritis, an ovary was enlarged and tender. In another case, (XL), a thickening existed in the upper border of a broad ligament, where the diagnosis of thrombosis of an ovarian vein was open to discussion.

The other cases shewed no symptoms of pelvic mischief, beyond a purulent uterine discharge, and an enlarged and occasionally tender uterus.

Complications:

The following are noted:

Phlegmasia	3 Cases.
Phlegmasia and Periphlebitis	1 "
Nephritis	1 "
Diarrhoea	1 "
Delirium	1 "
Mediastinal abscess	1 "
Gluteal abscess	2 "
Osteitis of ilium	1 "
Synovitis	1 "
Septic Arthritis	2 "

Bacteriological examination:

Nine cases yielded results. Streptococcus occurred

five/

five times in pure and once in mixed culture. Bacillus Coli was detected only once, and that in mixed culture.

A few words now remain to be said regarding some points in diagnosis and on treatment:

Septic thrombosis was sometimes demonstrable directly (Cases III, XVII) where an ovarian vein was affected. Of much more importance is the fact that its existence could be confidently inferred by the persistence, and more especially by the advancement, of general symptoms in the absence of any apparently adequate local condition. Simple endometritis, as evidenced by purulent discharge, with possibly uterine tenderness, gave rise to an illness of a comparatively slight and passing nature. Where in addition parametritis was present, pyrexia might be prolonged and even considerable; but the constitutional disturbance seldom or never assumed that progressively grave character, which indicated the involvment of the venous channels. The presence or absence of rigors came to be considered of but little diagnostic value. They occurred in all classes of cases, and in connection with pyaemia were at times trifling, or altogether wanting.

Even when the disease had become wide-spread, it was occasionally difficult to arrive at a definite diagnosis of peritonitis. Where this was limited to the pelvis, tenderness and/

and distension of the abdomen were not greater than was frequently found with endometritis alone; and once, (case VII), all local signs were entirely absent. When peritonitis had become general, the classical symptoms were more or less in evidence; but in one case particularly, (Case XI), were very slight.

It was not found possible to affirm clinically the presence of purulent salpingitis. Swelling of the tube, as has been shewn above, did not occur: nor did any tenderness sufficiently diagnostic.

Parametritis was always readily detected.

The routine treatment in each case consisted in the administration twice daily of antiseptic intra-uterine douches, and in drainage of the uterus by loosely packed iodiform gauze. Complications were dealt with as they arose. Quinine in large doses (20 qr. every 4 hours) was essayed in a few cases; but, to say nothing of the gastric irritability frequently produced, the results were not encouraging. In some of the earlier cases curettage of the uterus was performed. This procedure however was so frequently followed by rigor and increased pyrexia, that it was entirely discontinued, excepting in those cases where there was retained tissue in the uterus. It is remarkable to find that only two such occurred.

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The treatment by antistreptococcic serum requires special notice. The serum employed was that supplied from the laboratory of the British Institute of Preventive Medicine. It was injected into the subcutaneous tissues of the abdominal wall in doses of 10 - 30 c.c., repeated at intervals of 12 hours, as might be judged necessary. Observations of the temperature and rate of pulse and respiration were made every two hours in a patient under treatment; and in addition also at the time of injection, and then every half hour until two hours had elapsed. Serum was only given where the bacteriological examination had shewn streptococci to be a factor in the case. It is superfluous to point out the absolute futility of its use otherwise.

Nine patients in all received serum treatment; seven being cases of pure streptococcic infection, and two of mixed infections of Streptococcus and Bacillus Coli. In six there was no apparent effect. Of the remaining three:- a slight fall of temperature followed the injections in one, (Case XXVII), which however finally proved fatal: the result in another, (Case LVI), was doubtful: in the third, (Case XLV), distinct improvement ensued. Six of the cases died. A post-serum rash was once (Case XLV) observed; but no other ill effect was seen.

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In conclusion, it seems hopeless to expect any real advance in the treatment of puerperal infections, except in the direction of surgical interference.

This would appear to be more especially indicated where there is reason to believe that involvment of the venous sinuses has taken place. If this were so, nothing whatever could be gained by an expectant policy; but on the contrary, an early operation, before the large veins had become affected, or pyaemia had resulted, would offer the best prospect of success. As to the nature of the proposed procedure, anything short of total extirpation of the uterus would clearly be worse than useless. Where the septic process has invaded the ovarian vein, and this is evidently the most common course, there seems to be no reason why the affected section of the vessel should not be removed during the operation, if this were done by the abdominal method. In a case so far advanced however, the danger would be much greater of septic deposit having already occurred in the organs.

Two facts may be pointed out. Owing to the comparatively protracted nature of many of the cases, time is not wanting for observation and decision as to action: and in the earlier stages the general condition of the patients is not such as to forbid operation.

The/

The whole question is a very difficult one, and the outlook perhaps at the best not very hopeful: but in dealing with conditions, which if left to run their course must inevitably prove fatal, we are surely justified in seizing almost any chance of cure.
