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CASE OF PUERPERAL FEVER.

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MRS. K. was confined for the third time, Nov. 5th. Labor natural; duration, about six hours. She gave birth to a female child, weighing 9 pounds. Nov. 8th, at 11 o'clock, A.M., I saw the patient. Her tongue and pulse were natural, and, except a slight soreness of the left nipple, she appeared perfectly comfortable. As she had had no operation of the bowels since confinement, I ordered half an ounce of castor oil to be taken. At 2 o'clock, P.M., of the same day, she was taken with a violent "chill," lasting for half an hour, followed by febrile reaction, with severe pain in hypogastric region and in back. Warm applications and hot teas were given by the nurse. I did not see the patient till the following day,

Nov. 9th, 1 o'clock, P.M., when the following symptoms were noted:—Countenance pallid and anxious. Severe headache. Tongue covered with a thick white coat. Skin hot and dry. Pulse 116, and small. Had not slept any during last twenty-four hours. No drowsiness now. She complained of a sense of "soreness of flesh." There was extreme tenderness in hypogastric and left iliac regions. Abdomen tympanitic. Limbs drawn up. Decubitus, dorsal. She had just had a large discharge from the bowels. Hop fomentations were directed to be applied to abdomen; the room to be kept dark and quiet. A pill, containing one grain of opium and two grains of calomel, to be given every three hours.

10th, 9 o'clock, A.M.—Headache still severe. Tongue red at tip and edges. Had been delirious during night. Pulse 110. Tenderness and pain in abdomen had extended to right iliac region, but were less in degree. There was also some tenderness in left hypochondriac region. Some nausea. She perspired freely during night, but had not slept. Applied cold to head. Gave a

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powder of one grain of opium and one grain of sulphate of quinia every three hours.

3½ o'clock, P.M.—Dr. Bickford, of Charlestown, was called in consultation. Symptoms were same as in morning, except the pulse, which was 100. The powders had produced some nausea and vomiting. The hop fomentations to the abdomen were continued, and a pill, containing one grain of opium and two grains of sulphate of quinia, given every three hours.

11th, 8 o'clock, A.M.—Pulse 90. She had not slept during the night, but was drowsy this morning. Pain and tenderness less in abdomen. Less tympanites. Tongue dry and red in centre, and at tip and edges. The treatment continued. Ordered her clothes, which were wet with perspiration, to be changed with as little disturbance to patient as possible.

12th, 8½ o'clock, A.M.—Pulse 85. Stupor. No pain in abdomen, but some tenderness on pressure. There had been great heat at times during the night, followed by copious perspiration towards morning. Ordered the following: *R* Opii, gr. ss., sulph. quinia, gr. ij., made into a pill, every three hours.

13th, 8 o'clock, A.M.—Pulse 70. Less stupor than yesterday. Has had no sleep. She took a little gruel this morning.

14th, 9 o'clock, A.M.—Pulse 62, small. Tongue red and dry. Abdomen but slightly tympanitic. Had slept at short intervals during the night.

15th, 9 o'clock, A.M.—Pulse 68. She is very weak. Gave a pill containing two grains of sulphate of quinia every two hours.

16th, 8 o'clock, A.M.—Pulse 60. There is less tenderness in abdomen. No headache. Sweats profusely. Directed that her clothes should be changed daily. Discontinued the hop fomentations. Her limbs had been cold during night. Ordered beef-tea and chicken-broth in small quantities at a time, and often repeated.

17th, 10 o'clock, A.M. Pulse 62. Left limb had been cold much of the time during the night. Directed wine whey to be given freely.

19th, 10 o'clock, A.M.—Pulse 80, small and weak. Stupor. She had a dejection last night, since which she has complained of some pain and tenderness in abdomen. Was chilly yesterday afternoon. Gave a tablespoonful of brandy every three hours. Pills as before.

20th, 8 o'clock, A.M.—Dr. Bickford again saw the patient with me. Pulse 75. Had a small dejection last night. Less pain than yesterday, and no stupor. Slight soreness about bowels. Same treatment to be continued.

21st, 8 o'clock, A.M.—Pulse 64. No dejection. Less perspiration. Has taken more broth than before, and ate some milk toast.

22d.—Pulse 68. Temperature has been natural. Gave one grain of sulphate of quinia, in pill, every two hours. Tablespoon-

ful of brandy every four hours. She continued to improve steadily under this treatment, and on the 24th inst. she sat up twenty minutes, and ate some chicken. Appetite returning. The brandy was omitted, and the pills continued less frequently.

26th.—Pulse 70. Appetite good. Ordered an injection of thin gruel. Diet—beef-steak, chicken and milk toast.

30th.—She complained of a disagreeable, foetid discharge from vagina, for which I ordered injections of warm water.

Dec. 7th.—She has dismissed her nurse, and is now taking care of her child. Has a good appetite, and is fast gaining her strength.

December 20th, 1861.

ON THE DIVERSITY OF INFECTIVE MATTER, AND THE DIVISION OF SYPHILITIC FORMS OF DISEASE FOUNDED THEREON.

[Concluded from page 428.]

ACCORDING to the representation of the dualists,* the hereditarily-called syphilitic and venereal ulcers, together with the combined forms of their sequelæ, divide into two *original and therefore really separable* groups, which, in spite of their partial and apparent resemblance, are yet *entirely* distinct in their origin, course and termination; namely, into the group of soft, contagious ulcers—"chancroid," and that of the hard, infectious ulcers—chancre.

The *soft, contagious* ulcer ("chancroid") has its seat in the skin or mucous membrane, is single or multiple, often very numerous, arises most frequently from venereal contact by the transfer of pus from similar ulcers within the interval of a few (1, 2, 4) days, and leads to manifest destruction of tissues, according to individual constitution, anatomical seat and external influences, sometimes even to inflammation of the most nearly connected lymph-glands and its consequences (suppuration, &c.), *never, however, to any other affection of other and remoter organs and systems*. Should pus form in the inflamed tissues, it may be inoculated, and thus produce a soft, contagious ulcer, resembling that from which it originated. There are never developed, however, any such sequelæ as to indicate a general affection of the system, *as poisoning or infection of the same*, but in the worst cases even, the contagion is confined within the anatomical limits of the nearest lymph-glands. The pus can, indeed, be transferred to various parts of the skin in succession, but always reproduces there *similar, local* processes, affecting generally, but not always, the neighboring glands, and the whole course of the chancroid exhibits, therefore, only purely local affections, produced each time by the fresh transfer of the contagious matter, always *contagious* and never infectious forms. There

* I follow, in this sketch of the leading views of the dualists, information which I have obtained both from what has appeared in print, and from correspondence and conversation with them.