

Much more numerous are omissions to notify cases which really are examples of pelvic infection. Many of these are so slight and transient that no one ever thinks of notifying them at all. But where is the line to be drawn? Every gradation exists between the infection that causes no complaint from the patient and the one that kills her. Very few practitioners notify infection following abortion. But if it is notified after a labour at 7 or 8 months, why should notification be omitted after an abortion at 5 or 6 months; and how distinguish between those at 5 or 6 months and those at 2 or 3 months? There is one abortion for every three or four full-time confinements, and many of them are followed by infection. A great many of these abortions are never seen by any medical man. Thus it is clear that infection after abortions cannot be notified to any purpose.

Differences of opinion arise as to the date, the nature, the source, the route, and the site of the infection in particular cases. Thus many argue that an infection which is already in the patient's pelvic organs before labour is not "puerperal." Others hold that "septic" infections are to be notified, but not those which are venereal, tuberculous, or due to bacilli of the colon group. Some again consider that a pelvic infection secondary to, say, appendicitis is not to be notified; for "puerperal" infection must come from without and not from within the body, and must arrive by way of the external genitals and not by the blood stream or across the peritoneal cavity. A patient had a vaginal discharge before labour and a febrile attack with arthritis after it. The case was not notified because (1) she was infected before labour, and (2) because the disease was gonorrhoea. An old appendicitis flared up after a labour and infected the pelvic organs. This was not notified because (1) the infection came from above, and (2) it was a case of appendicitis—not "puerperal fever." A torn perineum was covered by a diphtheritic membrane. The case was not notified because (1) it was an infected torn perineum and not "puerperal," and (2) it was diphtheria.

As to the lapse of time between the labour and the appearance of symptoms some medical men have a time-limit, after which puerperal infection is not "puerperal fever." The limit seems to vary from 10 to 30 days. Thus a stinking placenta was removed 17 days after labour, and the case was not notified because (1) it was too long after labour, and (2) the condition was sapræmia and not "septicæmia, pyæmia, phlegmasia dolens, or puerperal fever, which are the conditions recognised by the Registrar-General."

So there are many answers to the conundrum: When is puerperal fever not puerperal fever? Or, in modern language: When is puerperal pelvic infection not to be notified? Some answers would be: 1. When it is slight. 2. When it follows an abortion. 3. When it begins before labour. 4. When it appears some considerable time after labour. 5. When it is gonorrhoea (or any other definite disease). 6. When it is a torn perineum (or any other definite injury). 7. When it begins with appendicitis (or any other "itis"). In different districts, also, notifications vary with the personal equation of the local medical officer of health. One medical man who had a doubtful case said there would be no trouble with the authorities because the medical officer of health was a gentleman who always took the word of his colleagues. Another said there would be no trouble because he was medical officer of health himself. It is clear that notifying cases

of puerperal pelvic infection is like counting sunken submarines, of which Mr. Balfour said: "We have every gradation from absolute certainty through practical assurance down to faint possibility. Facts like these are not suitable for statistical treatment."

No one who considers the matter seriously thinks that the notification of so-called puerperal fever has ever done any good. Wound infection has never been notified, but it has been reduced far more strikingly than has puerperal infection. Hospitals are now nearly free from pus and quite free from hospital gangrene, and private surgical practice is carried on almost without suppuration. This has been secured simply by the spread of clean surgery. Also infection has been very largely banished from the lying-in hospitals and reduced in private obstetric practice, not by notification, but by the spread of clean midwifery, by the education, in short, of doctors, of midwives, and of the public. Yet considerable time, trouble, and thought, paper, printing, and public money are wasted every year on the compilation and publication of statistics based on these notification figures. It is to be hoped that no one reads them, for the public do not realise that these notifications are not cases, but personal opinions of different men about different cases, and that the results are most deceptive and misleading.

Another bad outcome of the "puerperal fever" fiction is the treatment of cases of puerperal pelvic infection in fever hospitals under the direction of men who are specialists in the treatment of real "infectious" fevers, but who have no special knowledge of the diseases peculiar to women. This anomaly is to blame for many things which are much to be deplored. In Birmingham the proper course has been adopted, for there these cases are treated, largely at the public cost, in a block within the grounds of the Hospital for Women, under the direction of the obstetric specialists who staff the hospital.

It is high time that the use of the term "puerperal fever" was dropped. It has been known for over 60 years that no such disease exists, but the abstract idea connected with the name will persist so long as the name continues to be used. Such fictions die very slowly, and if the harm they do is to be stopped they must be attacked actively and destroyed.

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## THE TREATMENT OF SEPTIC WOUNDS WITH THE SIMPSON LIGHT.

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AFTER using the Simpson light for over seven months I think the following notes on the treatment of septic wounds may be of interest, more especially at the present time.

The following may be regarded as among the distinctive features of Simpson light treatment.

1. The relief of pain. Nearly all the men treated by the Simpson light who before treatment were suffering pain from their wounds have volunteered the statement that since the treatment they have been free from pain, and this statement is frequently made on the day following the first application. Two patients in particular (Cases 3 and 4), who had suffered from sleepless nights owing to pain, have since the commencement of the treatment been entirely relieved from pain.

2. The increase of movement. Several who had suffered from stiffness owing to their wounds have presented themselves a day or two after the first application, and have demonstrated that they have regained increased movement. This statement, of course, does not apply to cases of wounded joints.

3. The relief of swelling. The inflammatory induration surrounding the wounds is greatly diminished, and this probably is the explanation of the relief of pain and stiffness. I have also found that tenderness is relieved and that redness surrounding the wounds frequently disappears soon after the light treatment is commenced.

4. Absorption of scar-tissue. This is shown in a most remarkable manner by the treatment of old scars on the cornea. As such cases do not come within the scope of this paper, I must reserve the notes for another time, but it is very extraordinary to see the change produced by the light in such cases. Not only can one with the naked eye see the scars on the cornea clear up, but there is also the positive evidence of increase of visual acuity resulting. This discovery of the definite absorption of fibrous tissue and of inflammatory exudation should, I think, open up a field for research which may throw much light on the beneficial action of this agent in the many apparently diverse conditions which have already been described in THE LANCET.

5. After the first or second treatment there is, as a rule, marked alteration in the appearance of the wounds. Unhealthy granulation tissue becomes a better colour and more even in surface, and the epithelium begins to grow in from the edges. In Case 1 there was a marked growth of the epithelium from both edges of the wound on the second day after the first application of the light.

6. The discharge from the wounds almost immediately becomes much diminished. This is a very marked feature.

Most of the cases treated have been in hospital for a considerable time before treatment was started, and healing had become arrested; or they were cases which had healed and the wounds had broken down again, after which progress became arrested. It should be noted that all those cases were treated in my own house, the installation being there, and only such as were able to get there—i.e., walking cases—could be treated. Over 40 in all were treated, and the following cases may be taken as typical examples. The dose given was two-and-a-half to three minutes at each sitting, and there were usually two sittings per week. When the patients were discharged from hospital the scars were very good and supple.

CASE 1.—Driver ——. Wound on the ulnar side of the elbow-joint, received in the autumn of 1914. This healed, but broke down again when the patient returned to the front in February, 1915. He was sent to me in July with a report that the wound had not made any progress since he was admitted to hospital over a month before. The wound was about three inches in length and one inch broad, the granulation tissue was brown and lumpy, the edges were not undermined, and there were some pain and stiffness. On the day after his first treatment the patient told me that the pain had ceased and demonstrated increase of movement. Two days after the first treatment the granulation tissue looked a healthy red colour, and the epithelium was growing in from the edges. He had three applications of light, and was discharged from hospital healed on the ninth day after the first treatment, with a good firm scar.

CASE 2.—Private ——. Wounds received on March 11th, 1915, on the lower third of the leg. Two shrapnel wounds and one incision. A small piece of fibula had been removed. The surgeon reported that the wounds had been *in statu quo* for

many weeks, and could not be induced to heal. There was no pain or tenderness, the granulation tissue had an unhealthy appearance, and there was some induration round the wounds but no redness. First treatment with light on July 11th. Twelve applications in all. Discharged healed on Sept. 24th. Healing was retarded in this case by an overdose of the light on July 21st. One of the wounds which had been healed broke down again, and swelling, redness, and pain also resulted. In consequence treatment had to be suspended for a fortnight, but after this the wounds healed more rapidly.

CASE 3.—Private ——. Wounded on May 21st, 1915; admitted to Royal Victoria Hospital, Folkestone, on May 26th. Sent for treatment with Simpson light on July 11th. The patient had a wound about two inches below the knee-joint. There was a large cavity in the tibia, about the size of a hen's egg, with some swelling and inflammation of the soft parts. The whole of the base of the wound was covered with necrosed tissue of the colour of wash-leather. The skin surrounding the wound was very red and ulcerated in places. There was extreme tenderness and the pain frequently kept the patient awake at night. There was very profuse discharge. There was also much stiffness of the knee-joint. This case was sent by the surgeon with the report that progress was very slow. On July 19th he reported that the pain had entirely gone, that the movement of the knee had greatly increased, and that there was much less tenderness. The surroundings of the wound were looking much more healthy; the swelling and inflammation were gradually subsiding. The discharge was much less, and also changing in character, being much less purulent. On July 31st practically all the skin surrounding the cavity had healed, the inflammation and redness were practically gone, there had been no pain since the second application of light, and the cavity was rapidly filling up. There was very little discharge. By August 14th the cavity was less than half the size, and was entirely lined with healthy granulation tissue. The skin surrounding the wound was almost practically white, and there was no swelling or tenderness. There were still, however, small spicules of bone coming away from time to time from the base of the cavity. The patient was sent to a convalescent home on Sept. 27th, as beds were urgently required. At that time the cavity was about the size of a blackbird's egg, epithelium was growing in from the edges, and apparently only a small surface about the size of a sixpenny-piece at the base of the cavity was unhealed. Treatment in this case was done twice a week.

CASE 4.—Private ——. Wounded on Nov. 7th, 1915. The patient had a bullet wound in the lower third of the thigh. The bullet entered on the outer side, coming out at the middle line behind. This wound had entirely healed and broken down again at the point of exit. The patient was sent for treatment on Jan. 22nd, 1916. He had severe eczema, spreading from the wound behind six inches up and to the outer and inner sides of the thigh. The whole surface was weeping, and there were many pustules. He complained of severe pain, which he said kept him awake at night. On the 25th there was very obvious improvement. The wound was healing, the pustules had entirely disappeared, and the whole of the eczematous skin was dry, with the exception of an area of about the size of a half-crown piece on the outer side. He volunteered the statement as he entered the room that he had had no pain since the last treatment, and had slept well. On the 29th the eczema had entirely healed, and the wound was all but healed. He was discharged on Feb. 3rd entirely healed.

I am able to confirm the favourable results reported by Dr. W. D. Harmer and Dr. E. P. Cumberbatch. I have seen great improvement following treatment with the Simpson light in three cases of lupus, one case in which tuberculous ulceration of the hand and arm of 18 years' standing was entirely healed. But I have also seen two cases of advanced Graves's disease in which there was very marked improvement. In both cases the thyroid became smaller, and the signs and symptoms decreased. Dr. Harmer and Dr. Cumberbatch report only negative results in the treatment of this disease.

Folkestone.