

On the Connection between Puerperal Peritonitis and Erysipelas.
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THE connection between erysipelas and puerperal fever has recently given rise to a good deal of discussion. That such relationship sometimes exists, I believe can be proved. I shall relate a few circumstances which have fallen under my notice, which in my opinion fully establish this.

In the year 1850, Dr. W., of N. B., was called to see Mrs. A., aged about 60, who had been scratched on the back of the hand by a pet cat. The hand had become very much swollen, quite red and painful, and she had headache, pain in the back, nausea, and fever. The Dr. prescribed what he supposed the case required. On his next visit he found the symptoms all aggravated. The swelling had now extended up the entire arm, and had assumed a decided erysipelatous character. In the course of a few days, suppuration ensued on the back of the hand and fingers. There were also several small ulcers on the forearm. The Dr. dressed these daily. One day, while thus engaged, he was called in haste to attend Mrs. McC. in confinement. Three days after labour she was seized with puerperal fever, of which she died on the sixth day after confinement. In the course of four weeks, he attended seven cases of labour; the mother in every case died with the same disease, and the infants perished with general cutaneous erysipelas.

After attending the last of these unfortunate cases, the Dr. himself was taken with erysipelas in his right hand, commencing in the little finger, and extending over the entire arm, and down the right side to the subaxillary region, where a large abscess formed, which discharged for some days, and finally healed. After much suffering, the Dr. regained his usual health. Who can doubt, for a moment, but all this suffering and death proceeded from the hand of Mrs. A.?

About four years since, Dr. C., of P., was called upon to bleed Mrs. G. In two days after, on removing the bandage from the arm, a circumscribed redness of about an inch in diameter presented itself, around the wound in the vein. By the next morning it had extended over the entire arm. It was very much swollen and quite painful, having all the characteristics of erysipelas. Notwithstanding the most judicious treatment, the arm became gangrenous, and the patient died in consequence. During the sickness of this lady, Dr. C.'s wife had an abortion, he attended her. Some three days after confinement she took puerperal fever, and died in a few days. He subsequently attended some thirteen cases of labour, in most of which fatal puerperal fever supervened; and many of the infants died with general cutaneous erysipelas. A lady, by the name of Mrs. H., while engaged in making a shroud for one of the individuals who had died with the disease, pricked her finger with a needle; after some five or six hours she washed the babe of this individual, who had also died. In six days the wound in the finger became puerperal, swollen, and red, and in a few days the whole arm was involved in erysipelatous inflammation, and she nearly lost her life in consequence.

I think we may reasonably infer from these circumstances, that there is a very intimate connection between erysipelas and puerperal fever; that they are both propagated by contagion, and that the two are capable of reciprocating.

cally producing each other. We also know that sometimes the two diseases prevail, as concomitant epidemics, beginning at the same time, or nearly so, keeping pace with each other, and terminating simultaneously. Dr. Gordon, of Aberdeen, long since observed these facts. And what practical lesson shall we draw from them? Whenever a physician is attending upon a case of erysipelas or puerperal fever, in the language of Dr. Watson, "he should use the most diligent ablutions; he should even wash his hands with some disinfecting fluid—a weak solution of chlorine; he should avoid going in the same dress to any other of his midwifery patients; in short, he should take all those precautions which, when the danger is understood, common sense will suggest, against his clothes or his body becoming a vehicle of contagion and death between him and his patients. * * * * *Should these precautions all prove insufficient, the practitioner is bound, in honour and conscience, to abandon, for a season, his vocation.*"