ART. I.—Practical Observations on the Prevention and Cure of Puerperal Inflammations. By Robert Johns, A.B., M.B., T.C.D.; Licentiate of the King and Queen's College of Physicians, Ireland; Licentiate and Fellow of the Royal College of Surgeons in Ireland; Member of Council of the Surgical Society of Ireland; Member of the Royal Zoological Society of Ireland; Ex-Assistant Master of the Dublin Lying-in Hospital; Late Consulting Accoucheur to St. Peter's Parochial Dispensary; Honorary Member and Honorary Vice-President of the Dublin Obstetrical Society; Chairman of the Midwifery Court, and Examiner in Diseases of Women and Children, Royal College of Surgeons in Ireland; Consulting Accoucheur to the Coombe and Maternity Hospitals, &c., &c., &c.

A very common and anxious inquiry now-a-days, outside the profession, is:—What is the reason of the great mortality in childbed? Death, when then occurring, is regarded with greater horror and alarm than at any other time; and such is only reasonable, for, as a lady not long since remarked to me:—“It is not natural for woman
to die in the performance of the most important function of her sex;" in confirmation of which we are told "she shall be saved in childbearing," to which end her beautiful and perfect conformation, together with other circumstances attendant thereon, tend very much, for truly she is "fearfully and wonderfully made."

For some years, my attention having been drawn to this fact, I have been induced to investigate the cause or causes of such a contingency; and to discover, if possible, how far it is in our power, if not to prevent its occurrence, at least to lessen its frequency and mortality. In this I think I have been successful; at all events, the result of such inquiry has been highly satisfactory to myself, and I trust it shall be viewed in a similar light by my professional brethren.

It is a well-established fact that, comparatively speaking, very few females die when absolutely in labour, but that the fatal issue arrives at a more distant period, and is generally the result of some form of abdominal or pelvic inflammation. Denman says—"Puerperal fever occasions the death of much the greater part of women who die in childbed." Dr. John Clarke has stated:—"That of all women who die in consequence of child-bearing, by far the greater number are cut off by disease after delivery, very few, with good management, dying during the act of labour." Professor Simpson states that:—"Nearly 3,000 mothers die in childbed every year in England and Wales, and the great majority of these deaths are produced by puerperal fever." And we have a still further confirmation of these statements, if such was required, in the almost daily published recommendations of ventilation, deodorization, and such like, as preventives of the disease; indeed, very lately, to this end, the most startling proposition, of "washing over the interior os the womb, immediately after delivery, with a solution of nitrate of silver," has been made by some visionary—for surely we cannot otherwise designate him.

Of all the diseases to which the human female is liable, I know of none which is more insidious in its invasion, more rapid in its course, more proclivous to a fatal termination, and, failing in the latter, more prone to lay the foundation of some form of secondary inflammation—as phlegmasia dolens, and such like painful, dangerous, and often fatal complaints—than puerperal fever. Denman describes it as "A disease in which the symptoms come on with violence, proceed with rapidity, and of which the event is very often fatal."

From an experience of many years I can fearlessly assert that, in