

analogous to the following, which we quote from Dr. Lee's table:—"A woman, the third day after delivery, complains of great uterine pain increased by pressure; dyspnoea, and pain in the left side of the thorax; she died in five days." On examination there were found the "pleura and substance of lungs on right side inflamed; the left inferior lobe coated with lymph; two quarts of serum in the peritoneal sac; small intestines covered with lymph; uterus imbedded in lymph; uterine appendages inflamed; uterine veins healthy." What was the disease here? If *uterine inflammation* whence the pleurisy? or how is it that pleurisy is met with in about one sixth of the whole number of cases of puerperal fever?

If, as in rheumatism, and as in this fever, various parts are simultaneously affected, how can the disease be called local?

But if Dr. Lee replies that the distant effects are secondary, and to be attributed to phlebitis, how is it that in a certain number of cases neither veins nor absorbents are affected? or, if low fever, and pleurisy, and diffused abscesses, are admitted to arise from poisonous secretions poured into the blood by inflamed veins, why deny that they may be produced by the absorption of other poisonous matters, from other sources when the veins cannot be found diseased?

But it may be said, perhaps, that this "uterine inflammation, in puerperal women," is not a *common* inflammation, attended with common symptoms, but that it partakes of an *erysipelatous* nature. Now Dr. Lee touches on this point, but so vaguely and indeterminately, that it appears as if his own mind were not made up on the subject. However, if he does grant that it is an *erysipelatous* inflammation, he abandons his whole question; for an *erysipelas* may readily be proved not to be a mere local inflammation, but a constitutional disease; a fever with local symptoms.

Closely connected with this is the subject of *contagion*, on which Dr. Lee's opinions show an equal want of decision and clearness, as if he were struggling between truth and error. He says that, "the disease has generally arisen like inflammation of the bowels and lungs, and other viscera, without any assignable cause." But yet he acknowledges, "that the facts he has observed have led him to adopt the opinion that the disease is sometimes communicable by contagion, and sometimes has a connection with *erysipelas*"—although on the contrary he adds that this evidence "has not been of so decisive a character as to dispel every doubt of its *contagious* or *non-contagious* nature, and to prove that it is a specific inflammation."

Now, if he grants the contagiousness of the disease under any circumstances, he again completely overthrows his own arguments. For a fever to be contagious, something must be communicable; that this something does not produce a mere local disease alone, all experience shows.

A practitioner goes from a post-mortem examination to attend a midwifery case. The female dies of puerperal fever. Her infant dies of *erysipelas*. Her nurse has fever with sore throat or *erysipelas*. The surgeon, who examines her body, pricks his finger, and is seized in twenty-four hours with shiverings, and an *erysipelatous* inflammation of the parietes of the chest. Are these local inflammations?

A man loses his leg in St. George's Hospital; he has *erysipelas* of the stump, lingers yellow and hectic for some days, and after death an abscess is found in his liver. The patient in the next bed has shiverings and sickness, and some hours afterwards *erysipelas* of the head appears. Are these cases of local inflammation? If so, why do such symptoms occur more frequently in the hospital than out of it? Or, supposing that these cases are attributed to phlebitis, the ground is only shifted, without improving the argument. For it might be asked what is the most frequent cause of phlebitis? is it not as often a secondary affection as a primary? is it not notoriously caused by animal poisons introduced into the blood?

But we need not pursue the argument farther. The readers of the *Provincial Medical Journal* have already been provided by Mr. Storrs and Mr. Fisher with an overwhelming mass of evidence, which shows that this scourge of the lying-in chamber is something more than uterine inflammation.

We must now take our leave of Dr. Lee's work. We have freely, and, as we believe, successfully opposed his sentiments on one particular point, in which we think he deviates widely from sound pathology. We hope we have done so as fellow labourers in a good cause; not less courteously, and amicably, than candidly. In the second edition of these lectures, which we expect ere long, we should be delighted to find him no longer adhering to opinions, which are not consistent with the Author's character as a sound and zealous pathologist.

SYDENHAM SOCIETY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

"A Constant Reader and General Practitioner," who writes in your *Journal* of the 3rd instant, declares the Sydenham Society to be a failure, because it has not, in its very cradle, followed the useful plan proposed in your correspondent's letter, but is about to publish a Latin book.

Now, Sir, if we are to have the works of Sydenham, and I know not of any better wherewithal to begin the labours of the Society, let us have them, at all events, in the language in which they were written. The amount of classic learning which is circulating among us cannot afford that we should sacrifice the scholarship of our father of modern physic even to the great goddess of the nineteenth century—utility.

I am, Sir, with much respect,

Your obedient servant,

A MEMBER OF "THE SYDENHAM."

April 4, 1844.

TO CORRESPONDENTS.

Communications have been received from Senex—Mr. C. J. Hawkins—Mr. Wardleworth—Dr. Wallis—Mr. M. Hall—Dr. Toogood—Dr. Watmough.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester.