Pneumonia may also develop after a woman has been delivered when she is in the puerperium. In these cases the woman is attacked when she is already in a weakened condition, and when her natural powers of resistance are much lower than normal; as a result the pneumonia begins very severely, and runs a much more virulent course, the prognosis for the patient is extremely bad; she is very likely to die during the first four our five days of the disease, or if she does recover it will be after a very much prolonged attack. Pneumonia is a particularly dangerous disease when complicated by pregnancy or the puerperium, and has a very high death-rate. The cases which develop pneumonia in pregnancy, and where labour occurs during the disease, seem to be more hopeful than those developing it during the puerperium. This is due to the fact that when the pneumonia occurs during pregnancy about half the course of the fever is over before labour comes on; and so the woman has the full powers of resistance at the beginning of the disease, while in the puerperium she is attacked when her powers of resistance are already very low, and so the disease is never strongly resisted.

Scarlatina was at one time considered a very common and dangerous complication of either pregnancy or labour. It was thought that during the puerperium a woman was particularly susceptible to infection by scarlatina, but in reality scarlatina is, if anything, less common than many of the other acute infectious diseases, and there is no more tendency for a woman to develop it during her pregnancy or her confinement than during any other periods of her life. The reason why scarlatina was particularly dreaded was that it was very often confounded with puerperal sepsis, and as this is a very serious and fatal complication, many of the cases of puerperal fever, which were called scarlatina, died, and gave the idea that scarlatina had a much greater mortality amongst pregnant women than under other conditions, and also made the occurrence of scarlatina during confinement appear much more common than it really was.

One of the chief causes for this mistake in diagnosis is the occurence of a rash in puerperal sepsis, which closely resembles the rash of scarlatina, and also appears like the latter very soon after the patient first shows signs of sickening; and, further, in many severe cases of sepsis, there are very slight indications of infection of the uterus.

Scarlatina occuring during pregnancy is very likely to bring on labour, as in the case of pneumonia from the high temperature; and the action of the poisons of the disease, circulating in the blood, but the labour is not, influenced in any way, and there are no special fears of complications. When the patient has entered the puerperium she is less able to resist the disease, and so it tends to be more severe. The temperature rises high and continues longer at a high level before commencing to come down, and then will take a couple of days longer to reach the normal line. Delirium occurs as a rule, and continues during the height of the fever, and so makes the management of the case more troublesome. On account of the lowered condition of a woman during the puerperium, she is more easily infected by scarlatina, or any other infectious disease, and therefore it is of great importance to guard against bringing the infection of any disease in the way of a woman during her confinement, and that a person, who is attending, or who is is in contact with people suffering from infectious diseases, should avoid either attending or visiting a woman during her confinement. It is particularly important to distinguish between scarlatina and puerperal sepsis, the seriousness of the two conditions is incomparable, and the early recognition and treatment of sepsis is of the greatest importance in the prognosis of the case. As I pointed out the two conditions used to be frequently confounded, and even after the difference between them was pointed out, there was a great tendency to call puerperal fever scarlatina merely on account of the similarity of the rash, in the absence of gross signs of uterine infection. The diagnosis between the two is not difficult, beyond the rash and the occurrence of headache the symptoms are not alike. In scarlatina there is a sore throat and often vomiting, and the rise of temperature is preceded by a sense of chilliness. In puerperal sepsis the rise of temperature is generally preceded by a distinct rigor which may be repeated, and the uterine discharges will very often, at any rate, early, show some alteration suggestive of uterine infection. The subsequent course of the two infections is different. In scarlatina the temperature keeps about the same level for several days, and after the rash has faded the face remains flushed; while in sepsis the temperature is irregular with marked remissions, and the high rises are often preceded by rigors. The face becomes pale, and generally very soon develops a yellowish tinge, and there is a typically anxious and drawn expression of countenance.

(*To be concluded.*)

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