

patients look exactly as if they were suffering from typhoid fever, though the twitching of the muscles and picking at the bedclothes which often accompany the latter disease are seldom seen in puerperal sepsis. The tongue is dry, however, and cracked, and the patient is usually very thirsty.

A not uncommon sign is profuse and debilitating sweating. This is useful, in that it means that some of the toxins are being eliminated by the skin, but it is often very depressing to the patient, and is generally, by the way, an indication for stimulant of some kind.

One sign there is in puerperal sepsis which cannot well be described, but is of considerable value to the surgeon, and that is a peculiar sweet odour of the breath. This is quite unmistakable, and, in my own experience, is almost always associated with a fatal termination to the illness, unless it is due to absorption from a large abscess, in which case evacuation of the pus may cure the patient.

The mental state may be altered in puerperal fever in one of three ways. There may be more or less violent delirium associated with the pyrexia, and ceasing when the temperature falls. This does not call for any comment, as it is simply a manifestation of the fever itself. There may be, however, a definite alteration in the patient's temperament, and she may become either furiously maniacal or melancholic. Of the two types, the outlook, mentally, in mania is better than in melancholia, and some of the melancholic patients become permanently insane. Either form is usually associated with marked aversion to the child and often to the husband also.

As a rule, patients suffering from puerperal fever do not feel very ill, and there is seldom much pain, either generalised or confined to the abdomen. There is often considerable distension of the latter, apart from any sign of peritonitis.

Provided that the mouth and tongue are clean, and this usually can be attained by careful nursing, the appetite is often remarkably good and the digestive powers much better than we should expect. It is not an uncommon thing to find a patient with a temperature rising daily to 104 or so enjoying and digesting fish and chicken.

The respirations are frequently quickened in puerperal fever, apart from any gross disease of the lungs, but true pneumonia sometimes occurs from the detachment of microbes from the wound. These are carried by the blood stream to the lungs, and the resulting inflammation is almost always fatal.

The Disinfection of Houses.*

WHAT IS NOT DONE.

By MISS MARIE T. PHELAN,
Visiting Tuberculous Nurse.

It was my great privilege to be associated as visiting nurse with one of our most active and intelligent health officers. Dr. George W. Goler is well known not only in the work for the prevention of tuberculosis, but in all philanthropic and public health organisations. As health officer of the City of Rochester, he has laboured incessantly for the past 10 or 12 years for the prevention of tuberculosis. Although honoured and recognised as an authority on public health questions outside his own community, he is handicapped in his work at home by the indifference of his associates in the medical profession, and the antagonism of politicians.

Tuberculosis was made a reportable disease in Rochester in 1900—that is, physicians were supposed to report all cases coming under their observation. About 25 per cent. of the cases known to exist in the city are reported, or, in the words of the health officer, "no more cases are reported than we have deaths."

It is absolutely essential that the location and distribution of these cases be known to the Health Department if proper measures are to be taken to disinfect the premises from which these patients have moved, or where they have died.

No provision whatever is made by the city for cleaning and disinfection, although Dr. Goler has asked for years for force to do so. I include cleaning, for I do not think that gaseous disinfection is enough to render some of the homes I have visited free from danger.

In 1904, largely through Dr. Goler's efforts and the philanthropy of one of our public-spirited citizens, one visiting tuberculosis nurse was appointed to work in connection with the Health Department. As we had no tuberculosis clinic until last January, we relied on the physicians to put us in touch with the patients who needed our advice and care. The medical profession was apathetic. Very few cases were reported unless the patient desired to go to the city sanatorium. Often I have been sent to a patient, who had been reported as in the incipient stage, and found he had been under a doctor's care for many months. Sometimes several physicians had treated him. When he was beyond help, we were called in to instruct, and do what we could to protect the family and make the

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