

**A dissertation on the puerperal fever : delivered at a public examination for the degree of bachelor of medicine, before the Reverend Joseph Willard, S.T.D. president, the medical professors, and the governors of the University at Cambridge, in America / by Peter de Sales la Terriere, from Canada.**

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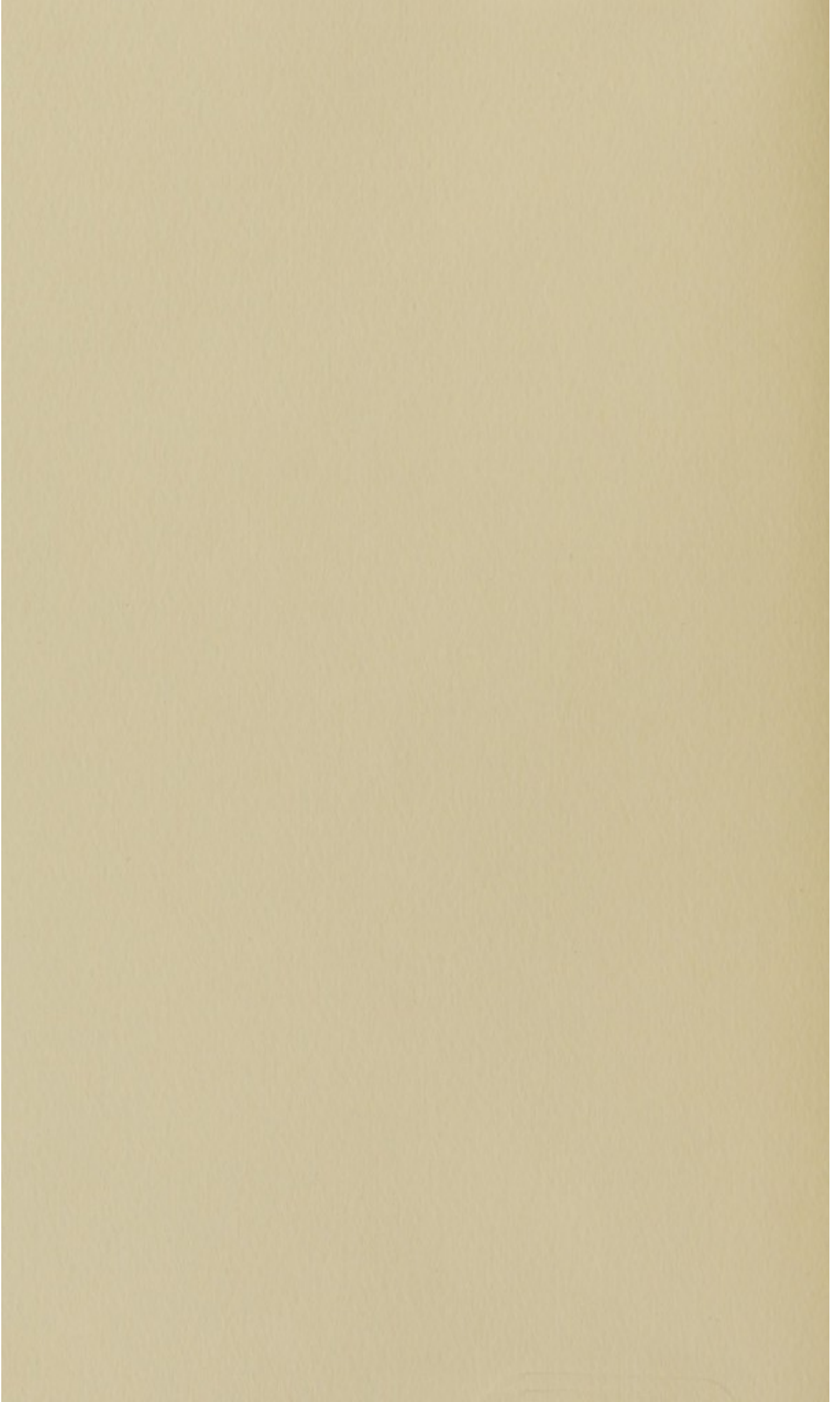
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*Med. Bac.*

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A  
DISSERTATION

ON THE

PUERPERAL FEVER,

DELIVERED

At a Public Examination for the DEGREE of  
BACHELOR IN MEDICINE,

*17549*

BEFORE THE REVEREND

JOSEPH WILLARD, S.T.D. President,

The MEDICAL PROFESSORS,

AND

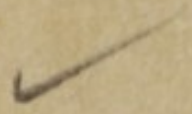
The GOVERNORS

Of the UNIVERSITY at CAMBRIDGE,  
IN AMERICA.

BY

PETER DE SALES LA TERRIERE,

From CANADA.



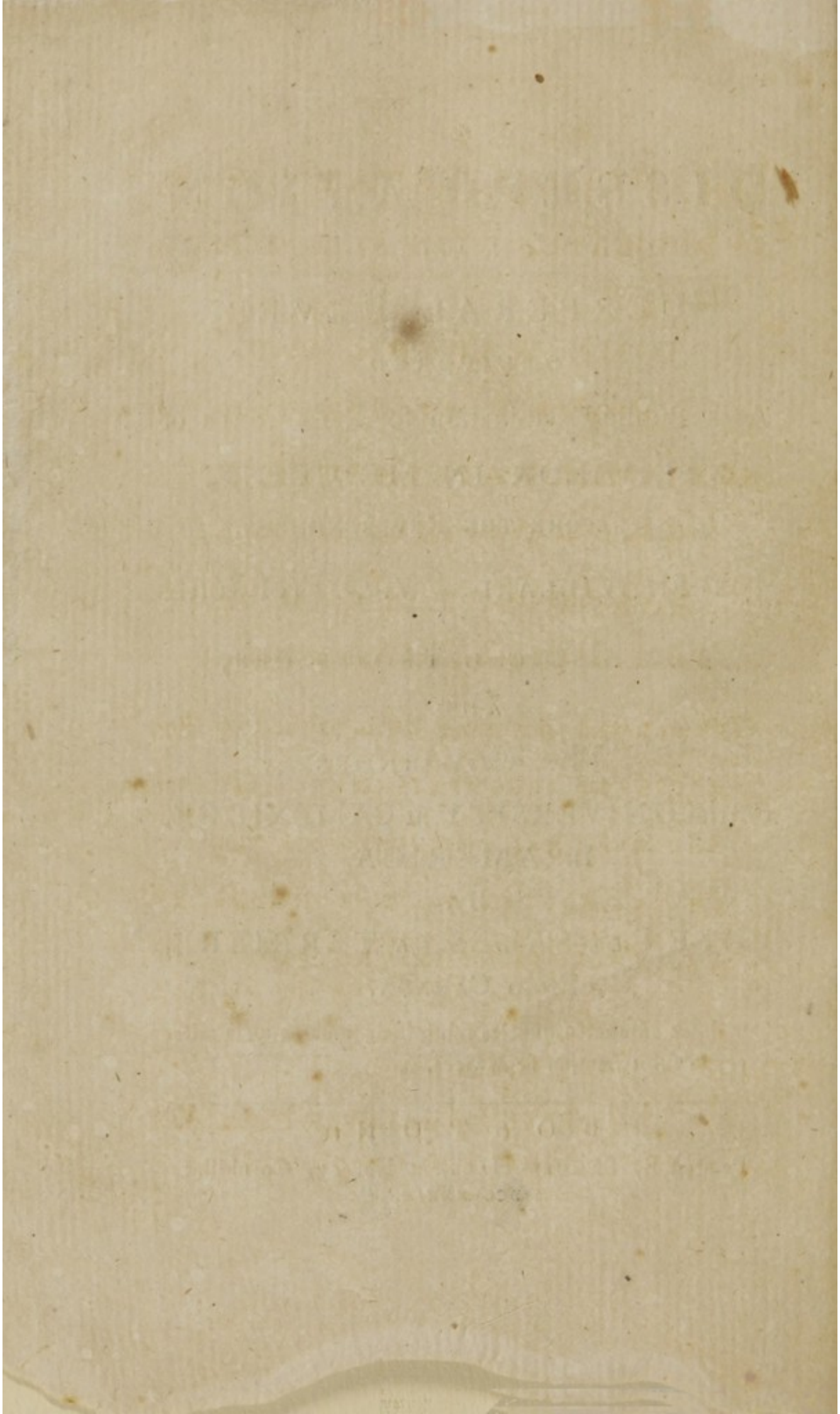
Cor dolet admonitu quoties reminiscor amaras quas mis-  
randa subit fœmina sæpa vices.

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B O S T O N :

Printed by SAMUEL HALL, at No. 53, Cornhill.

MDCCLXXXIX.



THIS DISSERTATION  
IS DEDICATED, WITH ALL RESPECT,  
TO  
JOHN WARREN, *M. D.*

Professor of Anatomy and Surgery ;

BENJAMIN WATERHOUSE, *M. D.*

Professor of the Theory and Practice of Physic ;

AARON DEXTER, *M. D.*

Professor of Chemistry, and Materia Medica ;

GENTLEMEN not more distinguished by their  
LITERARY ACCOMPLISHMENTS, and their  
PROFESSIONAL ABILITIES, than respected  
for their ATTENTION TO STUDENTS, and  
their TALENTS FOR INSTRUCTION ;

By their

Humble Servant,

PETER DE SALES LA TERRIERE.



THE HISTORY OF THE

ROYAL SOCIETY OF GREAT BRITAIN

AND OF THE

ROYAL SOCIETY OF IRELAND

FROM THE YEAR 1660 TO 1700

BY

JOHN HANCOCK

ESQ.

OF THE

ROYAL SOCIETY OF GREAT BRITAIN

AND OF THE

ROYAL SOCIETY OF IRELAND

IN TWO VOLUMES

LONDON

PRINTED BY R. CLAY AND COMPANY

ST. MARTIN'S LANE

1840



17549

**I**T is not without diffidence that I appear before this HONOURABLE and REVEREND ASSEMBLY, in conformity to the laudable custom established in the Univerfity.

To produce a differtation in a language I have never professedly ftudied, before I entered thefe walls, is not fo eafy a task as fome perhaps may imagine : but relying on that candor which diftinguifhes a polite education, I am emboldened to offer you this fpecimen of my ftudies, hoping that every deficiency of language will be excufed.

I fhall fay a few words for the information of thofe who may wonder to fee a perfon of my age engaging in the ftudy of Phyfic. The occafion of it is this ;—Canada, like moft provinces at a great diftance from the mother country, has become very deficient in medical knowledge. Not only the moft approved Englifh authors are unknown to moft of us, but even the late French writers on phyfic and furgery are fcarcely feen among us.

Ignorance and quackery having, from thefe and fome other caufes, fpread among us, to the great detriment of the lives of his Britannic Majefty's fubjects, it excited the attention of the legiflature, and particularly of the humane *Lord Dorchefter*, who, touched with a tender feeling for the fufferings of others, iffued an Ordonnance, obliging  
every

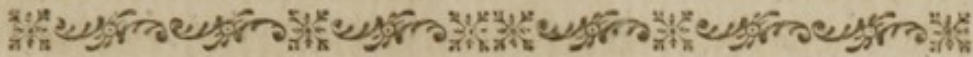
every practitioner to undergo an examination before a committee of physicians and members of the legislative council.

The result of this plan was,—A certain number having been examined, were approved, and permitted to go on in practice : a number were rejected as unqualified, and prohibited practising ; and some were passed conditionally, that is, they were recommended to pass some time at any university, where medicine was taught with regularity, according to the most improved British systems.

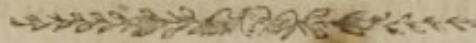
Finding myself included among the last, I took from the register's office what concerned myself only, and set off for the University of Cambridge, which had been strongly recommended to me as a medical school, where I could obtain every thing the ordonnance required of me.

Although I had formed an high idea of the University of Cambridge, and of the medical lectures in particular, yet I am happy in declaring that they far exceed my most sanguine expectations, and I shall account those circumstances, which I once was ready to conceive as grievances, among the most fortunate events of my life, inasmuch as they have made me acquainted with a set of truly learned men, whose urbanity, as well as abilities, I shall never cease to revere.





A  
 DISSERTATION  
 ON THE  
 PUERPERAL FEVER.



**T**HE puerperal fever is a disorder peculiar to women in child-bed ; and although it is probable it hath happened in all ages of the world, its cause is still involved in much obscurity, and its mode of treatment left, in a great measure, undecided.

The numbers cut off by this disease, in Canada, have moved my compassion, and excited me to enquire into its nature, and to try to ascertain the proper method of cure ; but alas ! I find even the most celebrated English physicians, who have written on the subject, differing in judgment with each other, and the same appearances after death explained in a different, and sometimes opposite manner.

Some practitioners doubt, whether it be a primary or a secondary disease. Some consider it as arising from an inflammation of the *uterus* ; others suppose it to be occasioned  
 by

by an obstruction of the secretion of the milk, while many others imagine it arises from a suppression of the *lochia* merely.

It commonly begins, like other fevers, with rigour on the 1st, 2d, and 3d day after delivery, which is followed by great pain and soreness over the whole hypogastric region; there is a sense of heat and throbbing about the region of the *uterus*. There is much thirst, pain in the head, chiefly in the parts about the eye-brows, a flushing in the face, anxiety, a hot, dry skin, quick and weak pulse, though sometimes it will resist the finger strongly, accompanied with other signs of inflammation; a shortness in breathing, high coloured urine, and a suppression of the *lochia*.

A change in the quality of the *lochia* takes place, together with a tenesmus. Sometimes the patient vomits, from the beginning, a matter resembling what is discharged in the *cholera morbus*.

When the fever has continued a few days, the symptoms of inflammation usually subside, and the disease takes a putrid form; a bilious or putrid diarrhoea supervenes, the stools become involuntary, and the patient dies.

Although this disorder begins sometimes like a regular fever, and at others shows symptoms of genuine inflammation; yet it seems to differ from both, and exhibits those symptoms of irritation, with sudden depression of strength, quick and low pulse, dizziness, glazy eyes, and that species of delirium which denote a diminished energy of the brain; the symptoms are such as commonly arise when the mucous  
 membrane

membrane of the throat, intestines, bladder or uterus are inflamed, which the skilful practitioner knows to be very different from the symptoms that arise when a thick, muscular part is inflamed. I cannot express my meaning better than by saying, that it is that kind of inflammation in which blood-letting is contra-indicated, and in which tonics are chiefly to be relied on.

The puerperal fever may be distinguished from the military, by the rigour being more violent, and without interruption: and the eruptions, which are critical in the military fever, procure no mitigation in the puerperal.

Physicians have differed nearly as much in their judgement respecting the method of cure, as in the nature of the disease. *Dr. Denman* supposes it to arise from a redundancy or preternatural acrimony of the bile, the secretion of which is irregular during pregnancy. *Dr. Manning* is of the same opinion, only he lays much stress on unwholesome air and bad diet.

*Dr. Hulme* differs from both these respectable physicians, says it is owing to an inflammation of the omentum and intestines, and maintains his argument by a variety of dissections; and the celebrated *Dr. John Hunter* is so far of this opinion, that he thinks it is possible even for men to have a disorder like it, and says that he has known similar appearances in the omentum and intestines of men, whose abdomens have been distended by dropsy.

*Dr. Hulme* readily admits, that unwholesome air, and bad diet, may powerfully operate in causing the disease. With this idea, *Dr. Hulme* proceeds to the cure by

emollient injections, and, if the abatement of pain is not soon procured, he recommends sal catharticus amarus, oleum ricini, and, in the intermediate spaces, the saline draughts of *Riverius*. The complication of inflammatory and putrid symptoms often puzzles the practitioner, who hesitates in doubt, whether he should bleed or not; nay more, whether he should adopt an antiphlogistic course of remedies, or give the bark.

The equivocal appearances of the vomiting and purging, whether they be symptomatical or critical, is another cause of perplexity in the physician; for what are the salutary efforts of nature, and what the ragings of a destructive disorder, he is unable to determine; and this disease is too acute to allow him time to hesitate long.

As many women who die of a puerperal fever are afflicted with a diarrhœa, some have supposed this symptom as the most alarming, and have accordingly bent all their attention to restrain it; and yet the experienced physician knows that numbers of women have recovered, apparently, through the intervention of this symptom. Some instances have occurred of hæmorrhage carrying off the disease, and this has been thought sufficient to justify venesection; but *Dr. Denman* thinks we are warranted, by experience, to reject the practice as very hazardous, if not fatal; and when we consider the situation of child-bed women, we should be apt, reasoning *a priori*, to conclude, that venesection was unnecessary.

Whether there may not occur cases in the coldest seasons, in such a climate as Canada, where bleeding would be beneficial, future experience must determine.

As Dr. Denman and Dr. Manning suppose that acrid bile chiefly, foments this disease, they begin with emetics, and then have recourse to purgatives ; and they assert they have found this practice beneficial. *Dr. Denman* uses the following formula.

R. Tart. emetic gr. - - 1  
 Ocul. cancror. p. scrup. 1 Intime misceantur.

The dose is 6 gr. of this powder ; and if the first does not produce any sensible operation, he repeats it, in an increased quantity, every two hours. He gives the saline draughts, which not only keep up the evacuation from the intestines, but likewise promote the salutary discharges of urine and perspiration.

When a diarrhœa continues to such an alarming degree as to threaten a fatal termination, he orders injections of chicken water, but to be conducted with great care, on account of the extreme sensibility of the parts contained in the pelvis. He then administers the following draught :

R. Pulv. ipecac. - - - gr. 1  
 Confect. democrat. scrup. 1.  
 Aq. alexit. simp. vel. aq. cinam. simp. unc. 1 m.

*Dr. Hulme*, supposing that the proximate cause of the puerperal fever is an inflammation of the omentum and intestines, says, that the predisponent cause is the pressure of the gravid uterus against these parts. But *Mr. White*, another eminent English practitioner, asks, if this were the case, whether the disorder, would not take place before delivery, and be mitigated immediately after that period ?

Seeing the puerperal fever is a disease, more frequent  
 and



and more fatal, in large cities and in hospitals, than in the country, and in private practice, some have supposed, that it is a disorder very similar to the *cinanche maligna*, or ulcerated sore throat? Allowing for the different seat of the disorder, they ask, are not the symptoms very similar? and may it not be supposed that it is an inflammation of the mucous membrane of the uterus and parts adjacent? and do not the equivocal symptoms before mentioned, in some measure, confirm this idea?

It may not be improper to observe, that although *Dr. Hulme* supposes this disorder to arise from inflammation, yet he says that bleeding is to be used with great caution.

From the beginning of the year 1768 to 1770, the puerperal fever prevailed much in and about London. *Dr. Leak* published the observations he made in that interval. It seemed to be occasioned, he said, by catching cold, or by errors in diet, but oftener by anxiety of mind. He says the depression of strength was so sudden and so great, that few of the patients could turn in bed without assistance, even so early as the first or second day of the attack. The lochia, he observes, were not, from first to last, obstructed, nor deficient in quantity, neither did the quality of the discharge seem to be altered from its natural state; and what is remarkable, a considerable pressure above the pubes did not occasion pain, while the same degree of pressure between the stomach and umbilical region produced a pain almost intolerable; and in them that died, he says the omentum was found suppurated; he therefore concludes, with *Dr. Hulme*, that an inflammation of that part and of the intestines, is the proximate cause of the disorder

der we are now treating of. In consequence of this idea, he advises venesection, and recommends it from his own experience. But from the uniformity of the symptoms, in the many cases he relates, it has been supposed that it was a disease *sui generis*, then epidemic.

Dr. Kirkland, who has written on this disease, recommends the peruvian bark, and, if the diarrhœa should become very alarming, he does not hesitate to add small doses of laudanum to the bark. He warmly recommends, after Mr. White, the columbo root, as an admirable remedy to remove the irritability of the intestinal canal.

Thus much have I been able to gather from authors, and from the lectures given in this university, respecting the nature and cure of this destructive disease; and have now to add a few observations I have made in my own practice in Canada.

Is it not reasonable to suppose, that, in different climates, the puerperal fever wears a different aspect? In our cold climate, there most commonly prevails that state of the arterial system, which is known by the name of *dia-thesis phlogistica*; and I have generally found, that puerperal patients bear bleeding better than we are led to suppose, from reading these English authors.

Dr. Leak's description of the disease comes the nearest to what I have observed in Canada of any of the English authors.

*Dr. Tissot's* history of the disease agrees with most of the cases I have met with, and his mode of treatment seems  
well

well adapted to our climate. I have found very beneficial effects from emetics and ecoprotics, and sometimes cathartics ; and in many instances I have taken away 2 oz. of blood with evident advantage ; but in most cases, I am rather deterred from using venesection at all.

The best way of preventing this disease is to obviate coſtiveness in the laſt months of pregnancy, to keep the woman, after delivery, perfectly eaſy in mind, as well as in body.

Her food ſhould be light, and in ſmall quantities ; her chamber ſhould be properly aired, and every attention ſhould be paid to cleanlineſs.

However ignorant we may be of the nature of the puerperal fever, of this we are certain, that the female ſyſtem is in ſuch a ſtate, on delivery, that errors in either of theſe reſpects are apt to produce the diſeaſe ; too much heat will cauſe it full as often as too much cold.

That *particular ſtate or predispoſition* of their bodies, muſt be inquired into, before we can thoroughly underſtand this diſorder.

And indeed, from a view of the whole matter, I am induced to form the following opinion : That upon the nature of this predispoſition, the diſeaſe depends ; or, in other words, that the diſorder, uſually known by the name of the puerperal fever, or that fever to which lying-in women are more peculiarly incident, aſſumes its form principally from circumſtances pre-exiſting in the ſyſtem. The circumſtance of parturition, I would conſider only as an *exciting cauſe*.

In

In this view of the matter, let us examine in what form it may be expected to make it's appearance.

The state of pregnancy may be considered as having certain effects on the viscera of the abdomen in particular, and on the whole system in general. The pressure of the gravid uterus is the principal agent in producing them.

The evident consequences of this pressure are, 1. retention of fæcal matter in the intestines, and perhaps in the bladder; 2. diminished excretion of the bile, or difficult entrance into the duodenum; 3. an obstruction to the free course of the chyle; and 4. impeded circulation in the abdominal viscera. The last of these may perhaps be considered as the only one in which the viscera in particular are immediately interested.

The circumstances affecting the system in general, are,—Distension of the fibres of the uterus, which, from an extensive sympathy of parts with this organ, must necessarily increase the irritability of the nervous system:—From an accumulation of putrid matter in the intestines, an absorption of putrescent juices:—The collection of bile in the receptacles of the liver, which, by stagnating, will be exposed to the absorption of it's thinner and most diluting parts, and which will be the means of inducing constipation:—Debility through the want of a nutritious, cooling fluid in the blood.

A combination of these causes with certain peculiarities of the habit may heighthen the predisposition.

The causes dependent on parturition itself are,

1. Irritation

1. Irritation upon the uterus.
2. Accelerated circulation, and increased heat.
3. Sanguineous evacuation.
4. Suspension of the requisite discharges.

The first of these may very readily be conceived as exciting disease, by means of the sympathy of parts with the uterus; and it will conspire with the already increased irritability.

The second by giving activity to the retained stagnant fluids, as the bile or thinner parts of the fæces.

The third, by increasing the absorption of those fluids, the vessels of the receptacles being rendered more bibulous by the depletion. And

The last, by augmenting the quantity of colluvies, and by an application of putrid matter to the orifices of the uterine vessels, in addition to that contained in other parts.

That these may operate differently in different cases of predisposition, seems agreeable to the dictates of reason and common sense. The *degrees of violence* in the attack are allowed to depend much on constitution and on predisposing causes; and why may not the *nature* of the symptoms be dependant on them also? If it is granted that they may, are we not then justified in concluding, that the forms of this disease may be various in different cases, according to the predisposition of the habit? and may not the jarring opinions, and dissentient theories which the ingenious of our profession have advanced, be readily reconciled by these considerations?

Of the two leading theories that have been advocated by physicians, the one makes it an inflammatory, the other a putrid affection. Probably, in most cases, it is primarily inflammatory, and finally putrid; but may it not easily be conceived, that a puerperal fever which, in a plethoric habit, where the vessels being turgid are less disposed to absorption, would in its origin be highly inflammatory, might in a thinner habit, where the irritability is great, assume from the very beginning, a putrid type?

I have been informed of an instance, in this Commonwealth, of two ingenious practitioners of eminence widely differing in sentiment on this disease, tenaciously supporting their opinions upon fact and experience, and yet supporting them in direct opposition to each other. Might not both of them be in the right, and even the method of cure adopted by each of them be perfectly justifiable, though the one recommended an antiseptic, and the other an antiphlogistic course? They both practised according to the obvious symptoms of the malady; the one, under appearances actually putrid, prescribed antiseptics; the other, under those that were inflammatory, prescribed antiphlogistics.

The many causes of absorption indeed should render us cautious of phlebotomy; but I conceive, it may sometimes be indicated.

It may, perhaps, be objected to what I have advanced, that if my theory is right, there is nothing specific in the puerperal fever.—

To this I answer—That from the irritable state of the  
C
uterus

uterus in particular ; from its vicinity to the sources of absorption ; and other peculiarities in it's situation immediately after parturition, I conceive such a variety in the character of the disease to be established, as may so far render it a disease *sui generis*, as to require a treatment very different from that of either the *synocha*, *typhus* or *synochus* ; and, if I dared, I would venture to give it a name that should designate it as a *puerperal variety of the genus synochus*.

Dr. Hulme's dissections have proved that in many cases of what is called the puerperal fever, an inflammation of the omentum and intestines was the *proximate cause*. This might have been combined with a diathesis phlogistica ; and from some of the *remote causes* above mentioned, they assumed this form. It is to be presumed, however, that Dr. Hulme did not mean to consider it as a simple enteritis ; but as a disease, the character of which depended on the connexion of the parts which were the seat of it, with the uterus ; thus constituting a distinct species in a manner similar to that which I have adopted above.

As to any inflammation of the uterus which may take place in consequence of parturition, I have neglected to speak of it as connected with this disorder, for this is another disease, and it is that which has been considered by Dr. Cullen under the name of a hysteritis.

I shall pay due attention to this subject, as cases occur, and hope, some time or other, to lay before you some farther observations, in addition to this imperfect sketch.



ERRATUM, in the title page. For *sæpa* read *sæpè*.

The first part of the paper is devoted to a general  
discussion of the subject. It is shown that the  
theory of the subject is very simple and that  
it can be applied to a wide range of cases.  
The second part of the paper is devoted to a  
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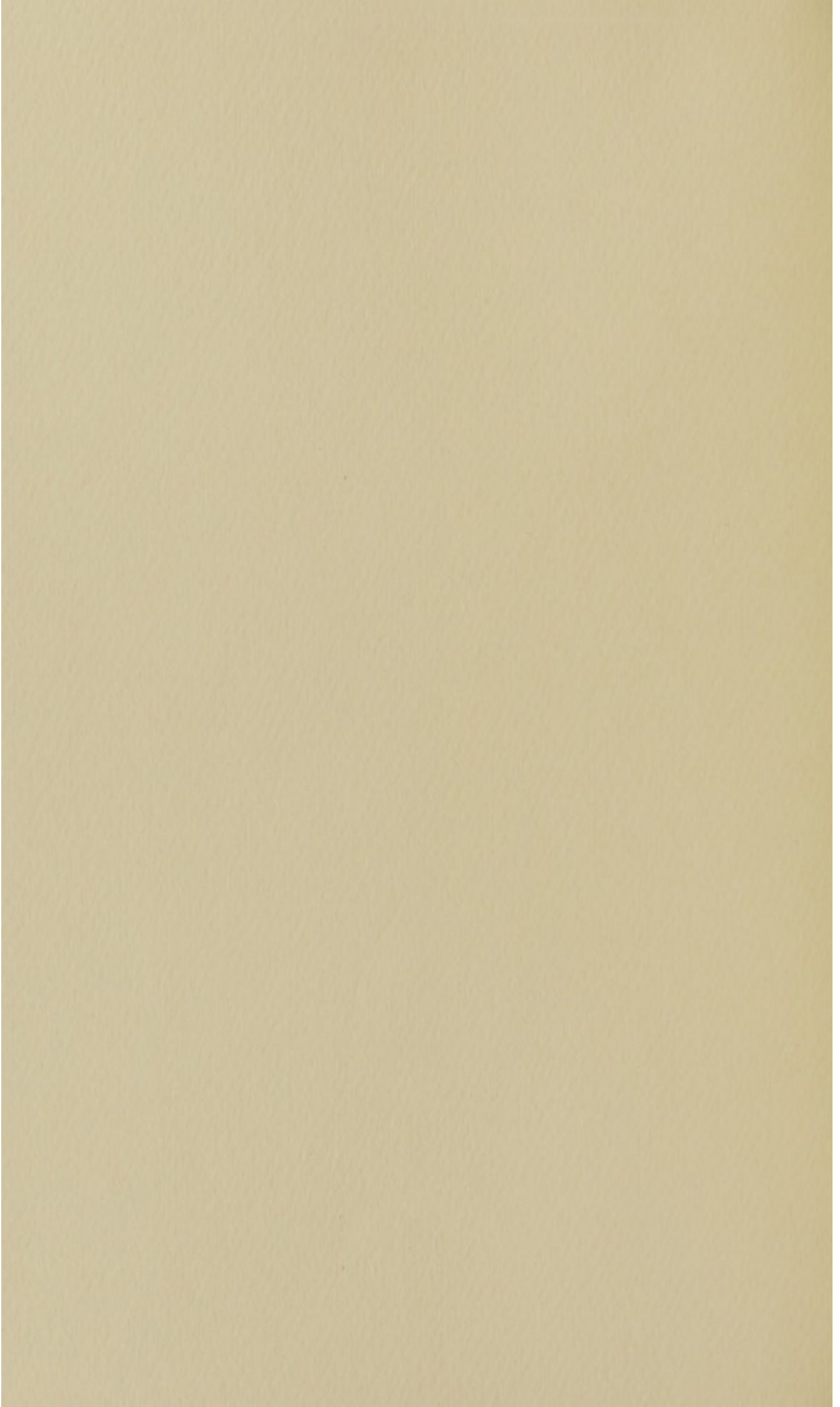
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