

Essay on the puerperal fever / by Thomas Denman.

Contributors

Denman, Thomas, 1733-1815.
Bath Medical Library
University of Bristol. Library

Publication/Creation

London : printed for J. Johnson, 1785.

Persistent URL

<https://wellcomecollection.org/works/qdx5d3bd>

Provider

Special Collections of the University of Bristol Library

License and attribution

This material has been provided by This material has been provided by University of Bristol Library. The original may be consulted at University of Bristol Library. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AN

618.72

E S S A Y

SEE SLIP

ON THE

PUERPERAL FEVER.

By THOMAS DENMAN, M.D.

LICENTIATE IN MIDWIFERY,
OF THE COLLEGE OF PHYSICIANS;
AND TEACHER OF MIDWIFERY IN LONDON.

The THIRD EDITION.

L O N D O N :

Printed for J. JOHNSON, No. 72, St. Paul's Church-Yard.

MDCCLXXXV.

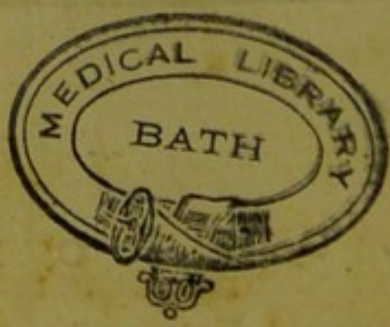
UNIVERSITY
OF BRISTOL

2

PURPERAL FEVER.

By THOMAS DE VANE, M.D.
LECTURER IN MIDWIFERY,
OF THE COLLEGE OF PHYSICIANS;
AND TUTOR OF MIDWIFERY IN LONDON.

IN THE THIRD EDITION.



UNIVERSITY
OF BRISTOL

T O

Doct^r C. H. P A R R Y,

P H Y S I C I A N A T B A T H.

DEAR SIR,

THE two former impressions of this Essay were dedicated to Dr. *William Hunter*, and the Dedication was intended as a mark of the unaffected and disinterested regard I had, for the many excellent qualities which distinguished his character. From my first acquaintance with you, having entertained the highest opinion of your abilities, and having for many years been convinced of your integrity and benevolence, I cherish with great pleasure the idea of the eminent rank you will one day hold in the profession. I am happy in giving you this token of my affection and esteem, and in the opportunity it affords me of assuring you that I am,

DEAR SIR,

Your faithful Friend,

and most humble Servant,

London,
June 27, 1785.

THOMAS DENMAN.

E S S A Y
ON THE
PUERPERAL FEVER.

THIS disease, which is now generally known by the name of the Puerperal Fever, is deserving of the most serious consideration, as it occasions the death of much the greater part of those women who die in childbed. It has been described by the ancient as well as modern writers, with perspicuity sufficient to distinguish it; but the methods proposed for the cure have been less satisfactory. Evident disadvantage hath arisen from its being attributed to a variety of causes, and from its being described under such various appellations. It has been represented by some writers, as entirely owing its existence to the undue secretion or subsequent deposition of the milk, and therefore de-

B . nominated,

nominated, the Milk Fever; by others, to a sup-
 pression of the *Lochia*, and called by that name;
 while others have described it as the Miliary Fever.
 Some again have considered this disease not as a Fe-
 ver, but as an inflammation or ulceration of the
Uterus, while others have contended that the in-
 flammation was wholly confined to the *Omentum*,
 the *Peritonæum*, or the Intestines, and that the
Uterus was not in anywise concerned. A contra-
 riety of opinion, of more importance, was pro-
 duced by the interpretation of the word *Erysipelas*,
 which was probably used by the ancients, without
 any intention to denote a specific kind of inflam-
 mation; yet the early use of this term, was of
 sufficient consequence, to bind those, who made
 nicer distinctions in Nosology, to a particular
 mode of practice, according to the nomenclature.
 With such different notions regarding this disease,
 we might expect that the treatment would be dif-
 ferent, and as it was contradictory, we may con-
 clude that it must often have been hurtful. There
 is undoubtedly much difficulty in forming a just
 idea of a very complicated disease, and in propor-
 tion to the difficulty, every attempt to make accu-
 rate distinctions, is deserving of commendation.
 But however symptoms may vary from affections
 of particular parts, or in particular constitutions,
 there is but one essential nature of the disease. If

we have then a true notion of the disease, we have less reason to be solicitous about the cause, or the determination of the part originally or principally affected, as a similar treatment may be enjoined with equal propriety, for an inflammation of the *Uterus*, *Omentum*, *Peritonæum*, or Intestines, or perhaps any of the contents of the *Abdomen*.

The knowledge of the causes of this disease, whether occasional or immediate, will be of service rather in enabling us to prevent it, than in leading us to the cure when it is formed; for if a patient be brought into a certain state, the peculiar cause of that state, will not demand any material difference in the treatment directed for her relief. There is but too much reason to lament that inconsiderate proceeding and the want of common care, frequently give rise to the Puerperal Fever. But independently of the changes occasioned in the constitution by particular modes of living, women, with a view to parturition, will not bear a comparison with other creatures*. The erect position of the body, the different structure of the *Uterus* and *Placenta*, and the Passions, though necessary, and perfectly adapted to the rank in which Providence

* *Mulieribus præ cæteris animalibus hæc contingunt, et præsertim delicatis, vitamque umbratilem et mollem degere assuetis; ut et iis quæ teneræ valetudinis sunt et facile in morbos labuntur.* HARV. *Exercitat. de Partu.*

hath placed mankind, become permanent causes of much pain, and eventually produce inconveniencies, and sometimes danger. For these reasons, women are also subject to such a number of complaints during pregnancy, from which all other creatures are exempt. Some of these complaints are dangerous in their own nature*, and others indicate or produce a disposition to diseases, not formed in the constitution till after delivery. The inflammatory appearance so often observed in the blood of pregnant women, may perhaps be justly esteemed a mark of a state particularly disposed to fever. Some habits are naturally liable to diseases of the bowels, proceeding from an excess in the quantity or an alteration in the quality of the bile, and such will derive a new and temporary cause of them, from irritation, and from the disturbed secretions of the *Viscera*, by the pressure of the enlarging *Uterus*. Nor is it improbable but that by the sudden removal of this pressure at the time of delivery, a greater proportion of fluids than circulate even in a natural state, may rush upon some particular part, and from a very slight obstruction cause a local plethora. Imprudent management at the time of labour, especially rude treatment of the *Os Uteri*, and a violent or hasty separation of the *Placenta*, will often give rise to this disease. In short, every cause capable of pro-

* The retroversion of the *Uterus* for example.

ducing a fever under any circumstances, will at this time be followed by worse effects; and any disturbance raised in the constitution, will affect parts already in a very irritable state, from the violence which they have so lately undergone.

But as this disease may be sometimes foreseen during pregnancy, from an unusual degree of feverish disposition and pain in the *Abdomen* or region of the *Uterus*, and as the causes may sometimes be removed or avoided at that time, during labour, or after delivery, a more attentive examination of this part of our subject may be necessary and useful.

Though it should be allowed that there is a great change in the economy of the constitution during pregnancy, it does not appear necessary that women should be confined to any particular regimen, when they are pregnant. General observation must convince us that nature will either regularly accomplish her purpose, or that lesser inconveniencies will be endured without injury, or overcome without medicinal assistance. But when diseases arise, it may be proper to distinguish them, into those which precede, and those which follow the circumstance of *Quickening*; for between these, there is an essential difference. Those of the first months, are generally to be ascribed to the admission of a new cause of irritation into the habit,

habit, or to the suppression of the **menstruous** discharge; those of the latter, chiefly to the pressure of the enlarged *uterus*. By abstinence from, or by the sparing use of animal food, by taking away small quantities of blood at proper intervals, by moderate exercise in the open air, and by procuring the regular course of the bowels, the complaints in early pregnancy will be relieved; at all events they are abated, and often wholly disappear, about the time of quickening. But in the latter months, greater attention ought to be paid to the same symptoms; for if a woman is not free from disease at the time of parturition, the process will be disturbed, or dangerous consequences will afterwards follow. The impossibility of removing the cause of these complaints which occur towards the end of gestation, must appear very evidently, yet the same treatment with quiet and occasional indulgence in a recumbent position, will generally prevent any bad effects. Women are at this time persuaded by their friends to use more than ordinary exercise, even of the violent kinds; but the impropriety of it is proved both by reason and experience, as it cannot answer any other purpose than that of bringing on premature labour.

It is natural for women, especially with their first children, to have slow and painful labours, which

which they will generally bear with resolution, and if not mismanaged, without danger. It is an inconvenience to which they seem to be originally liable from their erect position, and may be esteemed as an allay to the advantages thence resulting. On this and perhaps other accounts, it was necessary that the *pelvis* should be smaller, in proportion to the head of the *fœtus*, than in any other creature. The remedy provided for this inconvenience is, the incomplete ossification of the head of the human *fœtus*, a construction not found, or in a less degree, in other animals. Hence it becomes capable of admitting great alteration, both in shape and dimensions, by which it is accommodated to the form and size of the *pelvis* through which it is to pass; yet these advantages are frequently not obtained, without the force of long continued pains. Instead therefore of hurrying and deranging the order of a labour, which is always improper, and sometimes dangerous, under the false and ill-judged notion of freeing the woman from her misery, we should consider that the business was intended to proceed slowly, and should be left entirely to the action of the *uterus*, and the efforts of the constitution*.

* *Increpandæ sunt obstetrices, præsertim juniores temerariæ; quæ, cum parturientes præ dolore ejulare opemque efflagitare audiunt, ne imperitæ vel parum fatagentes videantur, manus oleis oblinendo, locaque muliebria distendendo, mirè*
tumul-

When there are deviations from the regular course of labours, the usefulness of midwifery, as well as the skill and judgement of the practitioner, will be shewn, in deciding which of these require the assistance of art, and in choosing the safest and the best means of giving relief.

There is not throughout nature, an operation more wonderful than the act of parturition, and there is little reason to be surpris'd at the bad consequences which sometimes follow an alteration so important, though that alteration be natural. Judging from speculative principles, they might be expected to occur more frequently, and though they are often occasioned by bad management, under the most promising circumstances, and with the greatest care, they cannot always be avoided.

When a woman is delivered, it seems necessary to make a moderate and uniform compression upon the *abdomen*, but binding it tight is certainly improper. The abuse of bandage in general has in-

tumultuantur; porrectisque potionibus medicatis, facultatem expultricem irritant; atque moræ debitæ impatientes, dum accelerare ac facilitare partum cupiunt, eundem retardant potius et pervertunt, efficiuntque non naturalem et difficilem.—Melius profecto cum pauperculis res agitur, iisque quæ furtim gravidæ factæ clanculum pariunt, nullius obstetricis advocata opera: quanto enim diutius partum retinent et morantur, tanto facilius et felicius rem expediunt.

HARV. *Exercitatio de Partu.*

duced

duced me to forbid it altogether till the seventh or eighth day after delivery. In almost every respect, the regimen which has been enjoined to women in childbed, contributes to increase the disposition to inflammation which they have at that time. The necessity of such a regimen has been founded on the opinion, that they should be treated like persons emaciated with long illness or worn out with fatigue. But we should act with greater propriety, and have a greater probability of insuring their recovery, if we were to guard against that disposition to inflammation, which the previous state and recent tumult may reasonably be supposed to have given. However from a general view of the recovery of women, under widely different treatment, there seems to be no occasion for a very strict regimen, and no great alteration ought to be made without due regard to former habits of living. The neglect of procuring stools soon after delivery, and with regularity afterwards, especially with those women who do not give suck, may occasion this disease; but I have known more frequent instances of it from early sitting up, and premature endeavours to appear well, than from all other accidental causes united. Perhaps women are not so often attacked with this fever, after difficult labours, because of the particular

C

care

care with which they are then managed, whereas after easy ones they are more unguarded.

The time when women are chiefly subject to the Puerperal Fever, is uncertain. There are not wanting instances in which it has been evidently formed before delivery, or during labour, or at any intermediate time till five or six weeks afterward; and the sooner the patient is attacked, if in an equal degree, the greater is the attendant danger. But the most frequent time of its appearing is on the third or fourth day after delivery, when the patient is seized with a shivering fit, from the violence and duration of which we may generally estimate the danger of the succeeding disease. In some cases however there has been no cold or shivering fit, or none which was observable. Before the shivering fit, the patients have been much debilitated, and complained of wandering pains in the *abdomen*, which very soon became fixed in the hypogastric region, where a swelling or fulness with exquisite tenderness ensues. As the disease advances the whole *abdomen* becomes affected and tumefied, nearly to its size before delivery, the woman herself being sensible of and describing its progress. She also feels great pain in the back, hips, and sometimes in one or both legs, which swell and become extremely painful. She can scarcely lie in any other position than on her back, or on one side, with

with her body incurvated, and the seat of the pain seems to be changed when she alters her position. There is usually either a vomiting of green or yellow bitter matter, or a nausea and loathing of the stomach, with an offensive taste in the mouth. An instantaneous change both in the quantity and appearance of the *lochia* takes place, and sometimes, though rarely, they are wholly suppressed. The milk if secreted recedes, or is diminished, and the taste with the appearance are much altered. The urine is voided often, with pain, and in small quantities, and is remarkably turbid. A tenesmus or frequent stools come on, and from the general disturbance it is manifest that all the contents of the *pelvis*, are at once affected by the disease. The tongue becomes dry, sometimes remains moist and is covered with a thick brown fur, but as the disease advances its appearance varies, and in some dangerous cases it has been little changed. The patient immediately entertains the strongest apprehensions of her danger, and usually labours under vast anxiety, her countenance bearing indubitable marks of great suffering both in body and mind.

The progress of this disease is sometimes extremely rapid, especially in hot seasons and climates. Instances have occurred in which women have died within twenty-four hours of the first attack; and I have seen a few who never grew

warm after the *rigor*. In some, death has followed quite unexpectedly, either from inattention, or from the scarcely perceptible, but insidious progress of the disease, the indications not being at all proportionate to the danger. In other cases the shivering fit is succeeded by heat, thirst, and other symptoms, according to the course observed in other fevers; but the pain in the *abdomen* joined with these, is to be esteemed the pathognomonic or chief sign of this disease. It is necessary to enumerate all the symptoms which commonly attend this fever, though not in any individual patient, yet cases will occur in practice, in which there will be much variation, depending on the degree of disease, the part affected, the constitution of the patient, and the period after delivery when the fever makes its appearance.

The pulse has almost invariably an unusual quickness from the beginning. It has often that strength and vibration observed in disorders of the most inflammatory kind, in robust constitutions, and yet is sometimes exceedingly feeble and quick, beyond what might be expected from the concurring circumstances. The latter is to be reckoned among the most dangerous signs, proving perhaps, that there is a great degree of disease, and that the powers of the constitution are unable to struggle

with

with it. There is however much variation in the subsequent stages, but there is scarce a worse omen than a very weak and accelerated pulse, even though the other symptoms may seem to be abated.

The signs of inflammation continue for a few days, when those of putridity appear, sooner perhaps in this, than in most other diseases, which are originally of the truly inflammatory kind. The teeth very early collect a brown adhesive *sordes*, and all kinds of food and drink are nauseated, except such as are agreeable from their coldness or sharpness. A singultus attends, every return of which affects the *abdomen* in the most painful manner. *Petechiæ* or *vibices* are often found in unwholesome situations and in some constitutions of the air, at a very early period of the disease, and there are frequently miliary eruptions; but the latter seem rather a consequence of the method of treatment than of the disease, for they do not afford that relief which often follows their appearance in true eruptive fevers.

The bowels are in general very much disturbed, and in some cases a looseness takes place immediately upon the accession, in others three or four days after, or not till the last stage of the disease; but it very seldom fails to attend, nor can it be removed without the greatest difficulty as well as danger before the disease is terminated. The
 stools

stools often come away involuntarily, being always preceded by an increase of pain, and every evacuation gives momentary relief. They are uncommonly fetid, of a green or dark brown colour, and working like yeast. It is also remarkable that after the long continuance of the looseness, when the patient has taken little or no solid nourishment, large and hard lumps of excrement will be sometimes discharged, which one might suspect to have been confined in the bowels for a long time before delivery.

There is a peculiarity in this fever which I believe has not hitherto been observed or mentioned. It is an erysipelatose tumour of a dusky red colour, on the knuckles, wrists, elbows, knees, or ancles, about the size of a shilling, and sometimes larger. This is always a mortal sign, and on the inspection of those who have died with this appearance upon them, the disease hath been found to have affected principally the *uterus* or its appendages.

When this fever commences soon after delivery, and continues its progress with violence for a few days, our hopes of a favourable event will often be disappointed, and the impending danger may usually be foretold by the uninterrupted progress of the symptoms and by returns of the *rigor*. A looseness immediately succeeding the attack, though in one sense it may indicate the degree of disease,
always

always contributes to its abatement, and sometimes proves critical; as does likewise a spontaneous vomiting, sometimes even towards the last stage, when all hopes of recovery were abandoned. The profuse sweat which follows the shivering fit has often been completely critical. In some there has been a translation of the disease to the extremities, where the part has inflamed, and a large abscess has been formed; a similar abscess has also in some cases been formed on one side of the *abdomen*, which has been healed by the most simple treatment. Fresh eruptions of the *lochia* are always a favourable symptom, and are to be reckoned among the most certain signs of amendment. A subsidence of the *abdomen*, after copious stools, and with a moist skin, is a fortunate alteration for the patient; but that circumstance, without evacuations, and a dry skin threatens the utmost danger. In the most severe degrees of this disease, which have resisted all the means of relief in the early stage, those who have escaped, seem to have owed their safety to the vomiting before-mentioned, or to a constitution happily strong enough to bear the long continuance of the looseness, by which the effects of the disease were gradually drained away.

The swelling and tenderness of the *abdomen*, joined with a fever, were mentioned as the pathogno-

thogno-

thognomonic symptoms of this disease. But as these parts are often affected by the greatness of the distension during pregnancy, by afterpains, by flatulence, and by spasms, as well as inflammation, we may be alarmed without reason, and mistaken in giving the name of a disease which does not exist, to complaints of infinitely less consequence. On this principle, we may account for the slight manner in which some have mentioned the Puerperal Fever, while others have recommended methods of treatment foreign to its nature and inadequate to its cure. But with attention, this fever may be readily distinguished from all other complaints, to which it bears any resemblance. Afterpains approach nearest to those pains of the *abdomen* which attend it, but the intervals of perfect freedom from pain, which are never observed in this fever, though there will be considerable exacerbations, and the regularity with which, in afterpains, all other circumstances proceed, will be evident and sufficient distinctions.

About the time when this fever most frequently appears, especially in its worst form, a disturbance is raised in the constitution by the secretion of the milk. The consent between the *uterus* and breasts is of so intimate a nature, that it is scarcely possible for them to be affected separately, as the transition of the humours from one to the other
abun-

abundantly demonstrates. But though this disease hath been very often imputed to the milk, the supposition is probably groundless; for if that secretion is not interrupted in its natural course, the inconveniencies arising from it, though they may be troublesome, will not be attended with any danger. But those who are unwilling or unable to give suck, or to whom suckling may on some other account be improper, are liable to various complaints from which nurses are free. In such cases, I have found no method of preventing so effectually the ill consequences likely to ensue, as by procuring stools before the secretion is completed, and for some days afterward with regularity. Should inflammations come on, and abscesses be formed in the breasts, they are always much lamented, and considered as proofs of mismanagement; but there is great reason to conclude that they often prevent more grievous and dangerous complaints, and that they could by no care have been obviated. It is remarkable that not one instance has been observed, of any woman, who had an abscess in the breast, being attacked with this fever. At another period of life, when the disposition to cancerous diseases exists in the constitution, their fixing upon the *uterus* or breasts seems to be merely accidental.

A disease in which the symptoms come on with violence, proceed with rapidity, and of which the event has so often been fatal, cannot fail to alarm every man solicitous for the welfare of his patients, or who has a due regard for his own character; and under circumstances so peculiarly distressing as are those of women in childbed, humanity would urge us to exert our abilities for their relief with zeal and tenderness.

We should in the first place endeavour to shorten the *rigor*, by hot applications to the extremities, and by giving warm diluents in small quantities often repeated. A conviction of the necessity of speedily removing the *rigor*, has induced some to give very active cordials for this purpose; but as the hot fit which succeeds will in some measure depend upon the means used, it does not seem proper to give spirituous liquors unless they are well diluted.

Bleeding has been advised in the beginning of violent diseases, with the intention of suppressing the disease, of alleviating the symptoms, or of rendering the operation of the medicines which were afterward to be given, more safe and effectual. For the cure of the fever now under consideration, some have placed their whole confidence in the early and free use of this remedy, while others have expressed more than ordinary fears
and

and apprehensions with respect to it*. Perhaps it may be impossible to form a rule of practice so general as to preclude the necessity of leaving much to discretion; for the treatment of patients differing in constitution, though labouring under the same disease, must vary, or the worst consequences will inevitably follow.

In the early part of my own practice, I had much doubt of the propriety of bleeding indiscriminately for the cure of this disease, and I was long of opinion that it was not the most natural, safe, or effectual remedy. I considered that spontaneous hemorrhages were seldom critical in this disease, I suspected that women in childbed sustained bleeding worse, than in almost any other situation; and from some defect in the remedy, or some error in the application, I often found myself disappointed in my hopes and expectations when I relied upon it. It seemed also an observation of importance that those women who had lost much blood at the time of delivery,

* Equidem de sanguinis missione multum controvertitur; nonnulli enim venam pluries tundendam esse arbitrantur, dum cæteri vel minimam sanguinis detractionem averfantur.— And afterward—Hæc (praxis) enim docet phlebotomiam, haud nisi casu urgentiori et summa cantela esse celebrandam, pro rerum conditione. Cæterum multa de hac re lepide et dilucidè tradita, prostant apud scriptores, quæ tamen inter praxim implicatissima deprehenduntur.

LIEUTAUD. *Synops. Univ. Pra. Med.*

were more liable to this disease, and that it was more commonly fatal to them. The consequences also of erring by the too free use of the lancet seemed more to be dreaded because they were harder to be repaired, than those which might arise from an opposite conduct.

But I am now convinced by manifold experience that my reasoning was fallacious and my fears groundless, and that what I had considered as proofs of the insufficiency or impropriety of bleeding, ought in reality to be attributed to the neglect of performing it in an effectual manner, at the very beginning of the disease. In short, if the first stage be suffered to pass unheeded, the opportunity will be lost, and the Physician afterwards called in, however great his talents may be, will too often have the mortification of being a spectator of mischief which he cannot then remedy, and of an event which he can only deplore.

It is in general absolutely necessary to bleed freely in the beginning of the Puerperal Fever, and we may then avail ourselves of the advantage which this operation affords, with equal safety and propriety as in any other inflammatory disease, under other circumstances. With respect to the quantity of blood drawn, we are to be guided by the constitution of the patient and the violence of the symptoms. If benefit should be derived from the first operation,
and

and the violence of the disease should require it, we shall be justified in repeating it at short intervals; not with a view of moderating or retarding the progress of the inflammation, but if possible of wholly suppressing it; for when the fever has remained for a very few days, the putrid symptoms advance very rapidly, and its continuance depends upon causes which cannot be removed by bleeding. When the attack is violent and the constitution feeble, it may be more safe and sometimes more expeditiously serviceable to draw blood by scarification or cupping, or by the application of eight or ten leeches to that part of the *abdomen* which appears to be principally affected.

But though women who have had profuse uterine hemorrhages at the time of delivery are particularly liable to the Puerperal Fever, for this or some contingent reason; and though it is seldom removed by spontaneous hemorrhages, yet these are sometimes critical. The following case which was communicated to me by Dr. Joseph Denman, of whom as he is endeared to me by sentiments of esteem and regard more closely than by fraternal affection, I might be allowed to speak in terms of high approbation, is an example of this kind.

“ I was called in the middle of the night to go ten miles to a woman whose *placenta* had been retained many hours after the birth of the child.

The

The want of courage to withstand solicitation and the distance from me, were my reasons for undertaking to separate it. The *placenta* adhered strongly, but the separation was made very gently and without any considerable hemorrhage. On the third day, the patient was seized with a shivering and fever, which continued all night. From this she was relieved by so large a discharge of blood from the *uterus*, that I was again sent for on that account. There was no swelling of the *abdomen* but great tenderness, much pain in the head, constant thirst, a little delirium, and she had no stools. An increase of fever every evening, and the same profuse discharge every forenoon continued for ten days. She took occasionally Testaceous Powders with Rhubarb, Saline Mixtures, Tincture of Roses, Infusion of Bark, and some doses of Opium. She at length recovered."

The hemorrhages seem in this case to have been absolutely critical, and my own practice hath supplied me with instances of a similar kind in different stages of this fever, and many more have proved the great advantage of sanguineous lochial discharges. Yet in these cases I had sufficient reason to presume, that the disease had not only originated in the *uterus*, but was confined there, without extending to the abdominal *viscera*.

When

When the attack of this fever is violent, a vomiting of bilious matter attends, there is often a multiplicity of stools, and the commencement is sometimes not unlike a moderate degree of the *Cholera Morbus*. It has been an almost universal rule in practice, in other diseases, to forward these evident intentions of nature, at least not to obstruct or suppress them, but in this, different measures have been pursued. It has been objected that a woman lately delivered, has suffered too much from her labour to bear with safety a method of proceeding found useful in other fevers, with the same indications; or that the parts affected would be too much agitated by the operation of an emetic. It hath also been conjectured that the vomiting and uneasiness of the stomach ought to be ascribed to uterine irritation alone, and were hysteric symptoms in the common acceptation of the word, and therefore not likely to be relieved by encouragement. But if we consider the appearance of the matter discharged, the great relief which the patient immediately receives from the evacuations, and the advantages which are found to result from it in the course of the disease, it seems impossible to fix upon circumstances which more strongly indicate the necessity of giving an emetic. Consent has been given to an opinion that the vomiting of porraceous matter when an hysteric symptom

does

does not require evacuations; yet even in such cases it may be suspected that the porraceous matter by its irritation upon the stomach, is the *materia morbi* which occasions or increases the spasms, and that the discharge should not be stopped while it is preternatural. It would be difficult to imagine a situation in which medicines of any kind were likely to do much service, when the stomach is oppressed with vitiated humours.

But however unsatisfactory these reasons may be, experience will support me in asserting, that when such complaints accompany the beginning of this disease, or occur during its progress, we shall lose an opportunity of doing much service if we are deterred from giving a vomit; and that the operation is not only perfectly free from danger, but probably answers other good purposes besides that of cleansing the stomach. It is nevertheless to be observed that an emetic is, in this case, advised chiefly for the relief of a symptom, without any expectation of thereby curing the disease. Yet there are advocates so strenuous for the use of emetics, as to recommend the repetition of them every day, and who have asserted that they are the most powerful medicines for the absolute cure of the Puerperal Fever; but of the merits of this practice having little experience, I am not competent to judge.

I may

I may in this place be permitted to make a digression for the purpose of observing, that it appears from the records of medicine, that two different opinions were very early entertained respecting the treatment of Fevers in general. The first and most prevalent of these was, that every fever was a process established by the powers of the constitution, for the purpose of altering and assimilating, or of separating and rejecting some offending matter; or changing one state of the body into another, better fitted for the performance of its functions. The process was defined by the term generally, though not properly translated, Fermentation, by which the ancients understood the different states of bodies whilst they were in the act of changing into some new form or state, or the process by which they were changed. As this process in fevers was expected to be ultimately salutary, it could not, according to this opinion, be disturbed without mischief, unless on account of irregularity, or some extraordinary deviation from its usual course, it might be judged necessary to moderate it when too violent, or to encourage it when too remiss. The second opinion was, that in a fever excited by any cause, the body was in a state adverse to its wellbeing, and perhaps inconsistent with life; and that the fever ought therefore to be subdued by the expeditious use of all such means as were likely to remove the cause, or to appease the

action of the powers of the constitution, or by weakening the powers themselves, to reduce the body into such a state, that it should be unable to continue or maintain what might be called the feverish process.

The marks of these opinions may be readily discovered to pervade every system of Fevers, and every method of treatment which has been offered to our consideration, or recommended for our guide, even down to the present time. There is no doubt but that the knowledge of both these opinions, will occasionally be found of much use in practice, if we are not led to extremes. But the knowledge of a disease or of a method of treatment, is of infinitely less value than the faculty of applying it, and constitutes in fact a small share of the excellence of a physician. He, by discovering the part principally affected, and by weighing its importance to the constitution; the nature of the disease, its present state and probable consequences; and by taking into consideration all the collateral circumstances, will clear his mind from perplexity and error, and form a rule for his own conduct beyond the influence or power of any doctrine.

But in the treatment of the Puerperal Fever the difficulty has been much increased on account of the very great caution which, for reasons before assigned, was judged necessary. It was also said that by regulating the puerperal discharges, all the diseases incident to that state were to be prevented

or most naturally cured, and all evacuations by which these were likely to be interrupted or suppressed were forbid. In short, there was a suspicion of something sacred or mysterious, with which we were not authorized to interfere; and neither common sense or observation had sufficient efficacy to control those impressions which originated in speculation and prejudice, and which are now fully proved to have been without foundation.

Many years ago, after much embarrassment and repeated disappointments in the treatment of this fever, I gave the powder which was recommended by, and has acquired much reputation under the sanction of the late Dr. *James*; and sometimes the following medicine, and I was soon sensible of its good effects.

R. Tartar Emetic. gr. ij.

Ocul. Cancror. pp. Ḑ ij. *intimè misceantur.*

Of a powder thus prepared, after bleeding and the exhibition of a clyster, if necessary, I have given from three to ten grains, repeating it as circumstances require.

Should the first dose produce no sensible evacuations, for on these only we are to rely, an increased quantity must be given at the end of two hours, and we must proceed in that manner, till the end we wish, be obtained.

But if the first dose should occasion a vomiting, purging, or profuse sweat, we must wait for the good

effect of these operations; and we shall then be able to judge of the propriety of repeating the powder.

But when the evacuations are concluded, if any alarming symptoms should remain, we need not hesitate to give the powder in the same quantity as was first used, though an equal quantity is not often necessary, if the first dose has operated properly. We cannot reasonably expect that a disease, which exhibits such evident marks of danger, should instantly cease, even if the principal part of the cause should be removed. Yet we must be careful not to rely so far upon an abatement of the symptoms, as wholly to desist from pursuing the method which produced the abatement; for no disease is more liable to returns, which are generally more violent than the first attack, and with accumulated danger. It must also be observed, that as the certainty of the cure often depends upon the due repetition of the powder, the custom of giving it at stated hours is never eligible, and sometimes improper.

If a sickness, loathing of the stomach, or offensive taste in the mouth attended the commencement of the disease, this medicine seldom fails to occasion vomiting, and the patient with a countenance strongly expressive of the benefit she has received, will attest the advantage of the method pursued. Nor does the medicine often fail to procure

cure

cure copious stools, which are uncommonly fetid, and as was before observed, in the loose ones, lumps of hardened *faeces* are intermixed. Their appearance should in some measure guide us with respect to the continuance of the evacuations, in proportion to which the *abdomen* subsides, and the other symptoms become more favourable. The urine is soon voided with more ease, and in larger quantities, a moisture of the skin or profuse sweat succeeds, and the *lochia* which were before brown or pale, fetid, and in small quantities, become fresh and increase. But we are to remember that the small quantity of the *lochia* is never to be esteemed as indicative of disease, independently of other appearances, because with respect to quantity they vary in every constitution.

At the same time that we avail ourselves of the advantage to be obtained by bleeding and the Antimonial Powder, we must not neglect the use of those means which contribute to procure immediate ease or relief to the patient. Emollient clysters in cases attended with violent pain, especially if preceded or accompanied with costiveness, are necessary and proper. Clysters have also been esteemed of more importance than merely as the readiest means of promoting stools, or as a temporary fomentation to the bowels; for some Physicians of great experience, have thought they were able to
 remove

remove a great part of the cause, or to prevent the continuance of the disease, by directing them to be administered so frequently, that they were at length returned without any mixture of *faeces*. Fomentations, or vapour-bathing, or even the warm bath, may sometimes be used with advantage, but I think a folded warm flannel, well sprinkled with brandy, and occasionally renewed, is one of the best and most comfortable applications. When the pain is confined to one part of the *abdomen*, a blistering plaister applied directly to the part, may always be recommended with safety, and will sometimes do much service. Plentiful dilution being absolutely necessary, the patient should be carefully supplied with proper drink, in small quantities often repeated. The most palatable and generally the best, is chicken water, or very weak beef tea; or if objections are made to these, barley water, thin gruel, milk and water, whey, and tea of almost any kind, may be drank at pleasure.

In this manner I treated the wife of a foldier in the guards, whom I attended July 1, 1767, in a safe, but tedious labour. She was of a very strong habit of body, and upwards of thirty years of age. About thirty-six hours after the birth of the child, she was seized with a violent shivering, followed with severe pains in the *abdomen* and loins, and within a few hours from the attack of the disorder, became
 nearly

nearly as big as she had been before delivery. On the 3d I gave her four grains of the antimonial powder before mentioned, and finding no sensible effect, I repeated it in the same quantity after two hours. She puked twice, and had seventeen stools, like yeast in appearance, within six hours after the repetition of the powder. When the operation of the medicine ceased, the *abdomen* was almost wholly subsided, and the tenderness and fever were much abated. As she was much fatigued, I gave her a cordial draught, with a few drops of *laudanum*. She had some quiet sleep in the night, and sweated profusely. There did not appear any necessity of repeating the powder, and she recovered perfectly, without taking any other medicine except some saline draughts, and afterwards the decoction of *bark* twice every day.

The event of this case, and of some others which occurred to me about the same time, were very flattering. I presumed that I had at length discovered a method of treating this fever, and a medicine which would seldom fail to answer the most sanguine expectations. But further experience has convinced me, that without previous, and perhaps repeated bleeding, this medicine will often fail to subdue the fever, and that it is not unfrequently uncertain in its operation. I am however yet persuaded that if we have an opportunity of giving it soon after the ac-
cession

cession of the disease, it will often do the most essential service. And it were above all things to be wished that physicians had the *early* care of patients in this disease, for the dissections of those who have died, have proved that very terrible mischief is produced in various parts with amazing celerity. In a very great number of patients whom I have had an opportunity of examining, all or some of the following appearances were observed. The *uterus*, or its appendages, were in a state of inflammation, or sometimes one or both of the *ovaria* of a livid colour, as if mortified. The general substance of the *uterus* was loose and spongy, and it was less contracted than it ought to have been since the time of delivery. The *os uteri*, and that part of the *uterus* to which the *placenta* adhered were discoloured and had a sloughy appearance. Small abscesses were sometimes found in the substance of the *uterus*, or in the cellular membrane which connects it to the neighbouring parts. The bladder was inflamed. The *omentum* was very thin, irregularly spread and in a state of inflammation. The intestines were inflamed chiefly in the peritoneal coat, adhering to each other, and much inflated. Inflammatory exudation, and serum extravasated in the cavity of the *abdomen*, have been found in various quantities; but these were in a less degree, when the patient had laboured under a long continued purging. In the
cavity

cavity of the *abdomen* were likewise found large flakes of coagulable lymph, which have been often mistaken for curdled milk, or for dissolved portions of the *omentum*. It must indeed be acknowledged that the information acquired in this search, has not afforded any practical advantage, equal to the care or assiduity with which it has been made. What we have been able to learn has chiefly proved, that various parts are affected in different subjects; that when the disease has continued with violence for a few days, its effects will generally be beyond the reach of medicine; and that if the patient should fortunately recover, her recovery will depend upon circumstances which the Physician cannot without great uncertainty and difficulty command.

In the less violent degrees of disease and more delicate constitutions, it will be necessary to pursue the same intentions, though with less activity. In such cases, after bleeding, which can scarcely ever be omitted with impunity, and giving a proper dose of Ipecacoanha, or washing the stomach with an infusion of Chamomile Flowers, more lenient medicines must be prescribed. But they must be such as will produce a certain and speedy effect, for if stools are not procured, we shall neglect the means and lose the opportunity of doing the most effectual service; and without them the relief ob-

tained will not be permanent. An emollient clyster may be first injected to remove any hardened *faeces* from the lower part of the *rectum*, and then the Saline Draughts with a due proportion of the *Sal Rupellens*: or *Polychrest*: or with Rhubarb; or the following Draught may be given every third or fourth hour.

R. *Sal. Rupellens.*

Mannæ opt. a ʒ ii.

Infus. Sennæ com, Aq. Alex. simp. a ʒ i.

Tinct. Cardamom. gut. xxx. M.

Or two ounces of *Sal. Cathartic. Amar.* may be dissolved in a pint of thin gruel, and one or two large spoonfuls given every hour till due evacuations are obtained.

In every case of disease which requires speedy and repeated evacuations for its relief, particularly if attended with violent pain, it is necessary to give a respite to the constitution, by which it may be enabled to exert its own powers, or recover from the fatigue of the operations themselves. For this purpose opiates are wisely prescribed when the operations are concluded. But opiates being given for the purpose of easing pain, or of quieting some agitation, if they are not given in a sufficient quantity to produce the intended effects, are useless; for it is by their effects we are to judge of the propriety

priety or advantage of their use. In some cases also which were accompanied with violent pain at the commencement, it has been found necessary to give a large dose of *Tinctura Thebaica*, immediately after the first bleeding, without waiting for any other evacuations. Nor is there ever occasion to hesitate upon the use or repetition of an opiate at any period of this disease, when the violence of the pain requires it; for though the pain may originally be a consequence of the disease, it becomes after a certain time a powerful cause of its continuance and increase.

Under some circumstances, there may be a doubt whether the patient does really labour under the Puerperal Fever, the degree and kind of pain not being greater or very different from that which proceeds from other causes, and the feverish symptoms appearing to be trifling and symptomatic. In this state of suspense, it is worth our trouble to consider the inconveniencies which may attend our acting upon either of the principles, of which there is a chance of our forming an erroneous opinion. Should there be inflammation, and we attribute the indisposition to other causes, very bad consequences are to be apprehended. But if we conclude that there is inflammation when it does not exist, and act accordingly, no other harm will follow our error, than that of producing

ducing a short and temporary weakness, of no importance to the safety of the patient.

In the inferior degrees of this disease, after bleeding once, we shall find the simple method of exhibiting an opening draught for the purpose of procuring four or five stools every day, and an opiate every evening, produce the most happy effects. But it is not possible for me to express my sentiments of the advantage which may be procured by daily purging, so clearly as by the relation of the following case which was lately under my care.

The wife of an eminent tradesman was brought to bed of a living child after a very tedious and difficult labour. She was of a corpulent but relaxed habit, and this was her first child. About four hours after her delivery she was seized with a purging, and the stools, which were of a dark colour and exceedingly offensive, soon afterwards came away involuntarily. I saw her early the following morning, November 22d. She had constant but not exquisite pain in the *abdomen*, which was tumefied, her skin was hot, her pulse quick, and she was thirsty. Having voided no urine, I introduced the catheter, applied a flannel well sprinkled with brandy to the lower part of the *abdomen*, and ordered an opening draught of the kind beforementioned. She had proper evacua-
tions

tions by stools all day, and in the evening took an opiate. On the 23d I found that the purging continued, and there was little alteration in the other symptoms. The opening draught was repeated in the morning, and the opiate at bed-time. On the 24th I was informed she had got some refreshing sleep in the night. The pain in the bowels and feverish symptoms were abated, but the stools, which were yet very fetid, came away involuntarily. Both the draughts were repeated as on the preceding day. On the 25th, though the stools continued to come away without her consent, the *abdomen* was subsided and the tenderness almost gone. On the 27th the purging ceased, and she recovered without the repetition of the medicines. I was under the necessity of drawing off her urine twice every day till the eleventh after her delivery, when she was able to void it without any assistance. But it is not to a single case that I should have occasion to appeal in a matter of so much consequence. A long and successful practice hath convinced me that the purging which often attends this disease, is not only salutary, but frequently critical, and instead of being suppressed that it ought to be encouraged. Nor would it be difficult for me to recollect many cases in which fatal consequences have speedily followed imprudent attempts to stop the evacuations.

As the disease passes into its more advanced stages it becomes more complicated and dangerous, and there is a necessity of being very circumspect in our endeavours to give relief. Bleeding, unless by scarification, or the application of leeches to the *abdomen*, will very seldom be proper at this time, and if directed or repeated by the encouragement which the appearance of the blood may afford, will generally hasten the fate of the patient, by reducing the strength in a much greater degree, than it can abate the disease. It must therefore be omitted or prescribed with the greatest caution. But if the stomach or bowels are much disturbed, and an emetic was not given in the beginning, one may be then directed with safety and advantage. Or if there be no looseness, and stools have been procured sparingly through the course of the disease, the general method of cure must be pursued, allowing for the reduced strength of the patient. The frequent injection of gently purgative or emollient clysters, will be extremely proper, and laxative medicines of the kind beforementioned, not omitting to give opiates to procure temporary ease.

But when the stools are very frequent or involuntary, and all appearances threaten danger, we must be cautious that our attempts to cure the disease, are consistent with the state of the patient,
 though

though something must be hazarded for her relief. Clysters of chicken water, or flour and water boiled to a proper consistence, or of a decoction of Linseed, often repeated, then constitute a very important part of the cure, by washing off some part of the offending matter which stimulates the bowels to frequent evacuations, and by acting as a fomentation. But if great care be not taken in their administration, the patient will suffer intolerable pain on account of the tenderness of the *uterus*, which I suppose to be the part principally affected, at least in which the disease most commonly originates.

At this time it will also be useful to give very small doses of Ipecacoanha mixed with the opiate as a diaphoretic, or *Dover's* Powder, either in some cooling vehicle, as the Saline draughts, or with cordials, as the situation of the patient may require. But if the stomach or bowels should be much disturbed in the advanced stage, or if any new cause of disturbance should occur, the Ipecacoanha may even then be given in such a quantity that it may act as an emetic. The white decoction with a large proportion of Gum Arabic, or the common emulsion with dulcified Spirit of Nitre, make at this time a proper and agreeable drink. If the strength of the patient should sink, and great faintness come on, a necessary quantity of
some

some cordial must be given in the interval between the draughts. I have also often in this stage given Camphor in substance, in Julep, or in the form of Emulsion, but have generally been obliged to discontinue its use, because it soon became disgusting to the palate, and offensive to the stomach; nor have I ever found that advantage from the use of Camphor which some have taught us to expect in this disease, though in many instances the Camphor Julep has appeared to be an agreeable cordial and to moderate pain.

Under the most deplorable circumstances, we ought never to desist from using our endeavours with assiduity, to relieve and extricate the sick from the imminent danger they are in, both from principles of humanity and prudence; for they will sometimes recover very unexpectedly, when every prognostic is against them. Something always remains to be done which may be of use or contribute to their comfort; either with the view of obviating troublesome or painful symptoms, or of supporting their strength; or of promoting some obstructed secretion, especially by regulating the state of the bowels. On such occasions I have among other things been induced to try clysters of various kinds, emollient, anodyne, and antiputrescent, particularly strong decoctions of Peruvian Bark; but the event obliges me to acknowledge, that I have not
 observed

observed much advantage from them, beyond what may be derived from the domestic ones which are in common use.

Nor has the Bark, though given in different stages of the disease, with remissions tolerably distinct, answered the intention as a febrifuge; though in a few cases, in which the intermissions were complete, it has succeeded. As a supporter of the general strength of the constitution, the Bark has been likewise found of less service than might have been expected, because of the disturbed and very irritable state of the bowels, which it tends to increase. Instead of this medicine, the Columba Root, in powder or infusion, has been given every fourth or sixth hour; or the common bitter infusion prepared with cold water, and joined with some aromatic; or a strong infusion of chamomile flowers, with the addition of a few cloves; and sometimes the following medicine, especially when the hiccup has been troublesome.

R. Spir. Vitriol. dulc. ℥ ij.
 Aqu. Puræ, vel Menth. v. simp. ℥ viij.
 Sacchar. pur. q. s. fiat Mistura cujus sumat
 ægra uncias duas, tertia vel quarta qua-
 que hora.

In other cases *Æther* or *Hoffman's Mineral Anodyne* Liquor have been given, but they have often

proved less agreeable to the stomach, and I believe not more efficacious than the dulcified Spirit of Nitre, which I have substituted for them, and given with great freedom and advantage. It was before observed, that the hiccup was frequently an indication of a collection of offensive humours in the stomach, and has generally preceded the spontaneous vomiting, which in the worst state has sometimes proved critical; though the same symptom is also not seldom a proof of the dangerous tendency of the disease, and a sign of the utmost danger.

In the course of the disease, when the *abdomen* has been much distended, notwithstanding the evacuations, I have recommended the application of the *Cataplasma e Cymino* moistened with brandy; and sometimes directed clysters composed of the *Electarium e Baccis Lauri* in simple Peppermint water, and wish I was justified in speaking highly in their praise; but they are among the things which have occurred to me when I have scarcely known what to propose.

I have rarely attempted to inject medicines of any kind into the *vagina* or *uterus*, though from a consideration of the probable state of the parts, and of the fetid humours discharged; it is reasonable to think that emollient or gently detergent injections might sometimes be useful. But the helpless state
of

of the patient is such as to render the operation itself very troublesome; and if they are advised, great caution will be necessary both in their composition and administration.

These are all the observations I have made, and the opinions I have entertained on the Puerperal Fever in its simple state, that is, considering it as a disease, originally, of the truly inflammatory kind, affecting one or more of the parts contained in the *abdomen*, but speedily assuming a putrid form with more or less virulence, according to the degree, and treatment during the inflammatory state. But when putrid diseases are epidemic, the Puerperal Fever may, at the commencement, partake of the reigning disease, (varying only in the affection of the parts concerned in parturition) as the histories of the Plague, in this and other countries, have sufficiently proved. This disease may also be combined with a Phrensy or Peripneumony with symptoms multiplied and varying according to the combinations. Then our principal attention must of course be paid to the most urgent disease or symptom; but the event of such cases must be more dangerous, on account of the number and importance of the parts concerned.

of the patient is such as to render the operation
 very dangerous, and if this and several
 great caution will be necessary both in the opera-
 tion and administration.

There are all the operations of the mind, and
 the operations of the body, which are
 never in health, that is, in a state of
 disease, originally, of the body, and
 affecting one or more of the parts of the
 system, but the operation of a word, or
 more or less violence, according to the
 treatment during the inflammation, that is,
 when purid discharges, or the
 fever, at the commencement, parts of the
 reigning disease, (varying only in the
 the parts concerned in particular, as the
 of the lungs, in this and other countries, have
 been proved. This disease may also be
 kind with a fever, or fever, or
 systems multiplied, and varying according
 conditions. Then an physical system, and
 of course be paid to the most general
 system, but the even of the disease, and
 more dangerous, of account of the nature and
 importance of the parts concerned.