

Essay on the puerperal fever / by Thomas Denman.

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From the Author,

E S S A Y

ON THE

PUERPERAL FEVER,

B Y

THOMAS DENMAN, M. D.

PHYSICIAN MAN-MIDWIFE TO THE
MIDDLESEX-HOSPITAL,
AND TEACHER OF MIDWIFERY, IN LONDON.

THE SECOND EDITION.

L O N D O N :

PRINTED BY J. COOPER, FOR J. WALTER, CHARING-CROSS,

MDCCLXXIII.

M. Drayton

15. given me October 31. Sunday dinner - by the Duke

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T O

DR. WILLIAM HUNTER,
PHYSICIAN,
TO HER MAJESTY.

SIR,

IT was not intended to have given a second edition of this Essay, till it appeared as a part of a larger work, which it requires much time to compleat. But the frequency and fatality of the Fever, which is the subject of it, in this city, for some years past, seems to demand the earliest communication of such observations as may have occurred to every practitioner.

Together with the pleasure I receive from the hope of doing service, I feel myself happy in every opportunity of assuring you, that I am, with unaffected regard,

Sir,

London,
February, 11, 1773.

Your obliged and
most humble Servant,

THO. DENMAN.

TO
DR. WILLIAM HUNTER,
PHYSICIAN,
TO HER MAJESTY.

E R R A T U M.

Page 31, Line 13. *for Aleneter read Alexeter.*

THOMAS

E S S A Y

ON THE

PUERPERAL FEVER.

THE frequency of the Puerperal Fever and the great danger which attends it, render it an object deserving of the most serious consideration. The disease itself hath indeed been described by the most early writers, with accuracy sufficient to characterise it, but the methods proposed for the cure of it have been less satisfactory. Evident disadvantage hath arisen from its being described under such various appellations and from their attributing it to such various causes. It has been represented by some writers as entirely owing its

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existence

existence to the milk, or to a suppression of the lochia, while others have described it as the miliary fever. Some again have termed it an inflammation of the Uterus, while others have confidently asserted, that it was wholly confined to the bowels, and that the Uterus was not concerned. With such different ideas of the causes and seat of the disease, we may conclude that the treatment must have been various, and often hurtful. Undoubtedly there is great difficulty in forming a just opinion of a very complicated disease, but in proportion to the difficulty our distinctions should be accurate, that we may be enabled to do good, or at least may avoid doing mischief.

There are some causes which predispose to this disease, and there are many which accidentally give rise to it. 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 construction of the Uterus and Placenta, and the Passions, though necessary and perfectly adapted to the rank in
which

which Providence hath placed mankind, become permanent causes of much pain, and eventually produce great inconveniencies and often danger. For these reasons, women are also subject to such a number of complaints in every period of pregnancy, from which all other creatures are exempt. Some of these complaints are dangerous in their own nature and others indicate a disposition to diseases not formed in the constitution till after delivery. The inflammatory appearance constantly observed in the blood of pregnant women, may be also esteemed a mark of particular disposition to fever. Some habits are naturally liable to diseases of the bowels, proceeding from an excess in the quantity, or an exaltation of the quality of the bile. Such will derive a new and temporary cause of them from the disturbed secretion of the viscera, by the pressure of the enlarging Uterus. Perhaps likewise from 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 the intestines, and from a very slight obstruction, cause a local plethora.

Imprudent management during the time of labor, particularly rough 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 occasioning a fever, under any circumstances, will at this time be followed by worse consequences, 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 in the time of pregnancy, by an uncommon degree of fever and unusual uterine pains, and as the causes of it may be often removed or avoided, during the time of labor and after delivery, it may be expected, that this part of our subject should be more minutely examined. It is not necessary that a woman should be confined to any particular regimen if none but common consequences attend her pregnancy. General observation must convince us, that nature will either regularly accomplish her purpose, or that lesser inconveniencies will be overcome without assistance. But when diseases

eases arise, it may be proper to distinguish them, into those which precede and those which follow quickening; for there is an essential difference between them. Those of the first months may be ascribed to the admission of a new stimulus into the habit; those of the latter may be attributed to the enlargement of the 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 and by procuring stools regularly, all the complaints in early pregnancy will be relieved. At all events they commonly disappear at the time of quickening. But in the latter months greater attention ought to be paid even 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 effects will appear afterwards. And though it is not possible to remove the cause of complaints which come on towards the end of gestation, the same treatment, with quiet, will often prevent bad consequences. Women are at that time persuaded by their friends to use more than ordinary exercise,

ercise, even of the violent kinds. But the impropriety of it is proved both by reason and experience, as it can possibly answer no other purpose than that of bringing on a premature labor.

It is natural for women to have slow and painful labors, which they will generally bear without danger. It is an inconvenience to which they are liable from their erect position. On this account it was necessary that the pelvis should be smaller in proportion to the head of the foetus, than in any other creature. The remedy provided for this inconvenience is, the incomplete ossification of the head of the human foetus, a peculiarity not to be found in other animals. Hence it is 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 must pass. Yet this advantage, is often not to be obtained, but by the force of long continued pains. Instead therefore of hurrying and deranging the order of a labor, by any means whatever, which is always improper and sometimes dangerous, under the false and ill-judged notion
of

of freeing the woman from her misery, we should consider that the business is intended to proceed slowly, and should be left entirely to Nature without interruption. When there are deviations from the regular course of labors, the usefulness of Midwifry, as well as the skill of the practitioner will be shewn, in deciding which of these require the assistance of art, and in choosing the safest and best means of relieving them.

There is not throughout Nature an operation more wonderful than the act of parturition. There is no reason to be surpris'd at the bad consequences which sometimes follow an alteration so violent, though that violence be natural. Judging from speculative principles, they might be expected to occur more frequently; and though they are often occasioned by mismanagement, under the best circumstances and with the greatest caution, 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. 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 this time. The necessity of such a regimen has been founded on the opinion, that they should be treated like persons emaciated or sunk with long illnesses, or worn out with fatigue. But we should certainly have greater success, as well as act with greater propriety, if we were to guard against the disposition to fever. However, from a general view of the recovery of women from the dangers of childbed, under widely different management, there seems to be no occasion for a very strict regimen; and no alteration should be made without paying particular attention to their former manner of living. The neglecting to procure stools soon after delivery may also occasion this disease; but in my own practice, I have seen more frequent instances of it from early sitting up after delivery, than from all other accidental causes united. Perhaps women are not so often subject to this fever, after laborious births, because of the great care with which they are then managed; whereas, after easy ones, they are more unguarded.

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The time when the Puerperal Fever comes on is uncertain. There are not wanting instances where it has been evidently formed before delivery and at every intermediate time, till five or six weeks afterwards. But the most frequent time of its appearing is on the third or fourth day after the birth of the child, 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. Before the shivering fit, the patients have often complained of wandering pains in the abdomen, which very soon after become fixed in the hypogastric region, where a swelling, with exquisite tenderness, insues. As the disease advances, the whole abdomen becomes affected and tumefied, sometimes nearly to its size before delivery, the woman herself being sensible of its progress. She also feels great pain in the back, hips and groins, and sometimes in one or both legs, which swell, appear inflamed and are exquisitely painful. She can scarcely lie in any other position than on her back, and the seat of the pain seems to be changed when she turns on
either

either side. There is usually a vomiting of green or yellow bitter matter, or a nausea or loathing of the stomach, with a disagreeable taste in the mouth. An instantaneous change both in the quantity and appearance of the lochia generally takes place; and sometimes, but rarely, they are almost wholly suppressed. There is a sense of throbbing pain and uneasy heat throughout the parts concerned in parturition. The milk, if secreted, soon disappears or is diminished, and the taste of it is much altered. The urine is voided often, with pain and in small quantities, and is remarkably turbid. A tenesmus or frequent stools come on, as if all the parts contained in the pelvis were at once affected with the disease. The tongue becomes dry, sometimes remains moist, and is covered with a thick brown fur, but in some dangerous cases it has been very little changed. The patient is immediately seized with the strongest apprehension of her danger, and labours under vast anxiety, her countenance bearing indubitable marks of great suffering both in body and mind,

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The progress of the disease is sometimes extremely rapid. Instances have occurred, where women have died even 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, from the imperceptible but insidious progress of the disease. In other cases the shivering fit is succeeded with less violent symptoms, but the tenderness and swelling of the abdomen, joined with a fever, are to be esteemed the pathognomonic signs of this disease. It is necessary to enumerate all the symptoms which have been commonly observed, though not in any individual patient, yet cases will occur in practice in which there will be great variation, depending upon the degree of the disease, the constitution of the patient and the period after delivery when this 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, and yet sometimes is exceedingly feeble. The latter is

to be reckoned among the most dangerous signs, as it proves that there is a great degree of disease and that the powers of nature are unable to struggle 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 till those of putridity appear. The teeth very soon collect a brown adhesive fordes; all kinds of food are nauseated, except such as are agreeable from their coldness or sharpness. A Singultus attends, every return of which affects the abdomen. Petechiæ or vibices are often found in unwholesome situations, and in some constitutions of the air, at a very early period of the disorder, and there will frequently be miliary eruptions; but the latter seem rather the consequence of the method of treatment, than of this disease, because they do not afford that relief, which usually follows their appearance in true eruptive fevers.

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The looseness, in some cases, takes place immediately upon the accession, in others, three or four days after, and in some, not till the last stage of the disease; but it seldom fails to attend, nor can it ever be removed without the greatest danger, as well as difficulty, before the disease is terminated. The stools often come away involuntarily, being always preceded by an increase of pain, and the evacuation constantly gives a momentary relief. They are very fetid, of a green or dark brown color and working like yeast, and it is remarkable, that after the long continuance of the looseness, when the patient has taken little nourishment, large and hard lumps of excrement will be sometimes discharged, which one might suspect to have been lying in the bowels a long time before delivery.

There is a peculiarity in this fever, which I believe has never yet been observed. It is an erysipelatose appearance, of a dusky red color, on the knuckles, wrists, elbows, knees or ankles, 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

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 favorable event will often be vain; and the impending danger may usually be foretold by a return of the rigors. A looseness immediately upon the attack, always lessens the disease and sometimes proves critical, as does likewise a spontaneous vomiting. The profuse sweat which follows the shivering fit is often completely critical. In some there will be a translocation of the disease to the extremities, where the part affected will become inflamed, and a large abscess be formed. Fresh eruptions of the lochia are always a favorable sign. In the advanced state, those who have escaped seem to have owed their safety to a constitution happily strong enough to support the long continuance of the looseness, by which the morbid matter was gradually drained away. A subsiding of the belly after loose stools, with a moist skin, is a fortunate alteration for the patient, but the same

same circumstance without evacuations, threatens the utmost danger.

The swelling and tenderness of the abdomen, joined with a fever, were mentioned as the pathognomonic symptoms of this disease. But as these parts are affected by the great distension of the abdomen during pregnancy, by after-pains, by flatulence and by spasms, we might be 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, or inadequate to the cure of it. But with attention, this fever may be readily distinguished from all other diseases. After-pains bear the greatest resemblance to those pains of the abdomen which attend it; but the intervals of perfect freedom from pain, which are never observed in this fever, and the regularity with which in After-pains all other circumstances proceed, will be evident and sufficient distinctions.

About

About the time when this fever most frequently appears, 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 humors from one to the other, abundantly demonstrates. But though this disease hath been often attributed to the milk, probably the supposition is groundless. If that secretion is allowed to pursue its natural course, all the inconveniencies thence arising, will be of little consequence. But those who are not able to give suck, and those for whom suckling is improper, are liable to various complaints from which nurses are free. In such cases I have found no method of so effectually providing against the ill consequences likely to ensue, as the procuring stools, when the first attempt is made to repel the milk. Should abscesses be formed in the breasts, they are always much lamented, but there is great reason to conclude, that they prevent more grievous and dangerous complaints. At another period of life, when the seeds of cancerous diseases exist

exist in the constitution, their fixing upon the Uterus or Breasts, seems to be merely accidental.

A disease in which the dangerous symptoms come on with such rapidity, and in which the event is so often fatal, cannot fail to alarm every man solicitous for the welfare of his Patients. And surely in circumstances so peculiarly distressing, humanity will urge us to exert our abilities with attention 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. The apparent necessity of removing the rigor, has induced some to give very warm and active cordials for this purpose. But as the hot fit which succeeds, will in some measure depend upon the means used for this purpose, it does not seem proper to give spirituous liquors, unless they are well diluted.

Bleeding has been advised in the beginning of all violent diseases, with the intention of alleviating their symptoms, or of rendering

the operation of the medicines which were afterwards to be administered 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 unusual fears and apprehensions with respect to it. It is perhaps impossible to form a rule of practice so general, as to preclude the necessity of leaving much to opinion; for the treatment of patients, differing in constitution, though labouring under the same disease, must vary, or the worst consequences will inevitably follow. I had very early my doubts regarding the propriety of bleeding in general, in this disease, and I am still of opinion that it is not the most natural, safe or effectual remedy in this case. I mean that spontaneous hemorrhages are seldom critical in this disease, that women in childbed bear bleeding worse than in other circumstances, and that we shall be very often disappointed in our expectations, if we rely upon it. It is likewise worthy of observation, that those women who have lost much blood at the time of delivery, are more liable
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to this disease than others and that it is much more fatal to them. The consequences also of erring by the too free use of the lancet are commonly worse and more irremediable, than those which arise from the opposite caution.

In general however, it will be found necessary to take away some blood in the beginning, and we must be guided as to the quantity, by the strength of the patient and by the violence of the symptoms. If much benefit has been derived from the first operation, and the circumstances of the case should require it, we shall be justified in repeating it, but with circumspection; for we shall commonly find that subsequent bleedings are either useless or prejudicial, if the first has failed to give perceptible relief. It was also observed that this evacuation should take place in the beginning, because after the fever has continued a very few days, the putrid symptoms advance very rapidly, and the continuance of the fever depends upon causes which cannot possibly be removed by bleeding.

But though women who have had large uterine discharges at the time of delivery are particularly liable to this disease, and though it is seldom removed by spontaneous hemorrhages, yet these sometimes prove perfectly critical. The following very extraordinary case which was communicated to me by a gentleman of distinguished abilities, who is in extensive practice in the country, is an instance of this kind.

“ I was called in the middle of the night
 “ to go about ten miles to a woman, whose
 “ Placenta had been retained many hours af-
 “ ter the birth of the child. The want of
 “ proper courage to withstand sollicitation,
 “ and the distance from me, were my reasons
 “ for undertaking to separate it. The Pla-
 “ centa adhered very strongly, but a separa-
 “ tion 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
 “ the night. From this she was relieved the
 “ next morning, by so large a discharge of
 “ blood

“ blood from the Uterus, that I was sent for
 “ on that account. There was no swelling
 “ of the abdomen but great tendernefs, much
 “ pain in the head, constant thirst, a little de-
 “ lirium, and ſhe had no ſtools. An increaſe
 “ of fever every evening and the ſame pro-
 “ fuſe diſcharge every forenoon continued
 “ for ten days. She took occaſionally teſta-
 “ ceous powders with rhubarb, ſaline mix-
 “ tures, tincture of roſes, infuſion of Peru-
 “ vian 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 the fever. Yet I
 had ſufficient reaſon in all theſe caſes to pre-
 ſume that the diſeaſe had not only originated
 in the Uterus, but was confined there, with-
 out extending to any of the abdominal viſcera.

When the attack is ſevere, a vomiting of
 bilious matter attends it; there are looſe ſtools,
 and the diſeaſe in its commencement, is not un-
 like a moderate degree of the Cholera Mor-

bus. It has been an almost universal practice, in other diseases; to second these evident intentions of nature, at least not to retard them, but in this, different measures have been pursued. It has been objected, that a woman lately delivered, has suffered too much from the labor itself, to bear with safety, a manner of proceeding found useful in other fevers with the same indications. It may also be conjectured, that the vomiting and uneasiness of the stomach ought to be ascribed to uterine irritation, and that they are hysteric symptoms in the common acceptation of the term. But if we consider the appearance of the matter discharged, the great relief which the patient immediately receives from the evacuation, and the advantages which are found to result from it in the course of the disease, it would not be easy to fix upon circumstances which more strongly indicate the necessity of vomiting. And though it has been generally allowed that the vomiting of porraceous matter, when an hysteric symptom, does not require evacuations, as it is probable, that the porraceous matter, in the case alledged, is the materia morbi

morbi which occasions the spasms, the discharge should not be stopped while it is preternatural.

But however defective this reasoning may be, experience will support me in asserting, that when such complaints of the stomach accompany the beginning of this disease, we shall lose an opportunity of doing much service, if we omit to give a vomit.

Within these few years, a method of treating fevers in general, founded wholly on experience, has been established. Instead of supposing a fever to be an effort of nature to assimilate or to reject from the constitution some offending matter, and therefore in one sense a salutary process, which could not be interrupted or disturbed without disadvantage or danger; it has been the practice to endeavour to suppress it in the first instance, or in any of the subsequent stages, by evacuations. And if this method be instituted with prudence, paying no regard to critical days, which in this climate can seldom be observed, it will be recommended by superior success.

In the fever now under consideration, extreme caution, for reasons which were before assigned, has been judged necessary. Many years ago, after repeated disappointments in treating this disease in the usual way, I tried the following method and very soon became sensible that it deserved the preference

℞ Tartar. Emetic. gr. ij,
 Ocul. Cancror. pp. ℥ij.
 intimè misceantur.

Of a powder thus prepared I have given from two to six grains, repeating it as circumstances required,

If the first dose should produce no sensible operation, for on that only we ought to rely, an increased quantity must be given at the end of two hours, and we must proceed in that manner.

But if the first dose should bring on a vomiting, purging, or profuse sweat, we must wait for the effect of these operations, before we repeat the powder. But if any alarming symptoms should then remain, we need not hesitate to give the same quantity as was first used,

used, though this is seldom necessary, if the first dose has operated properly. We are not to expect that a disease which exhibits such marks of danger, should instantly cease; even if a great part of what caused it, be removed.

We must likewise 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 commonly with increased violence.

It must also be observed, that as the certainty of the cure depends upon a due repetition of the medicine, the method of giving it at stated hours, without regard to the effect, is not eligible.

If a sickness or loathing at the stomach, attended at first, this medicine seldom fails to occasion vomiting, and the patient with a countenance strongly expressive of the benefit she has received, will attest the propriety of our proceeding. And experience in general, so far from giving room to apprehend any bad consequences from vomiting, at a very early period
after

after delivery, authorises us to conclude, that many desirable purposes, besides that of cleansing the stomach, are answered by it.

It scarce ever happens that this medicine fails to procure stools. These are always very fetid, and as was before observed, in the loose ones, lumps of hardened fæces are intermixed. Their appearance should in some measure guide us with respect to the continuance of the evacuation, in proportion to which, the abdomen subsides and all the other symptoms become favourable. The urine is voided soon after in larger quantities, a moisture of the skin or a profuse sweat succeeds, and the lochia which were before brown, pale and fetid, become fresh and increase. But we are to remember that a greater or less quantity of the lochia is never to be regarded as an original disease, independently of other appearances, because they vary in every constitution.

We must at the same time avail ourselves of every means by which the immediate ease of the sick may be procured. Emollient clysters in cases attended with violent pain, are at all times proper and necessary. Fomentations,
vapor

vapor-bathing or the warm bath, may sometimes be used with advantage; but I think that a folded flannel well sprinkled with brandy is one of the best applications to the abdomen. Plentiful dilution being necessary, the patient should be well supplied with proper drinks, in small quantities often repeated. The most palatable and generally the best, are chicken water and 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 soldier in the guards, whom I attended, July 1, 1767, in a safe but tedious labor. She was of a very strong, masculine 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 first attack of the disorder, became nearly as big as she had been before delivery. On the 3d day of July, I gave her four grains of the antimonial powder, before mentioned, and finding no sensible effect,

fect, 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, her abdomen had 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 a necessity of repeating the powder, and she recovered perfectly without taking any other medicine, except some saline draughts and afterwards the decoction of the bark twice every day.

The event of this case and of some others which occurred to me about the same time, was very flattering. I presumed that I had discovered a method of treating this dreadful disease, which would seldom fail to answer my expectations. But further experience hath convinced me that only very strong constitutions will bear, and that only violent degrees of the disease require it. I am however persuaded that if under such circumstances we have,
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the opportunity of putting this method in practice, soon after the accession of the disease, we shall very often succeed with it. And it were above all things to be wished that physicians had the early care of the patient. For the dissections of those who have died, prove that terrible effects are produced by this disease, in various parts, with amazing celerity. In about forty women whom I have had an opportunity of inspecting, all or some of the following appearances have been observed. The Uterus or its appendages were in a state of inflammation and sometimes mortified. The Os Uteri, and that part of the Uterus to which the Placenta had adhered, had generally a morbid appearance. Small abscesses were formed in the substance of the Uterus or in the cellular membrane which connects it to the adjacent 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 peritonæal coat, and adhered in many places and much inflated. Inflammatory exudation, and Serum extravasated in the cavity of the abdomen, have been found
in

in various quantities; but these were in a less degree when the patient had labored under a long continued purging. Large flakes of coagulable lymph, were found in the cavity of the abdomen, which have been often mistaken for dissolved portions of Omentum. It must indeed be acknowledged, that the information, acquired in this search, has not been equal to the care or to the assiduity with which it has been made. What we have been able to learn, chiefly proving, that when the disease has continued for many days, it must generally be beyond the reach of medicines; and that, if the patient should fortunately recover, her recovery will depend upon circumstances which the physician can with difficulty command.

In the less violent degrees of disease and in the more delicate constitutions, it will not be necessary, or safe, to give such active medicines. In such cases after bleeding, if thought advisable, and giving a dose of Ipecacoanha wine, or washing the stomach with an infusion of chamomile flowers, or of green tea, more lenient medicines must be prescribed. But they must be such as will produce a certain and speedy

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speedy effect; because if we do not procure stools, we can do very little service, and if these are neglected, the disease will be making its insidious progress. An emollient clyster should be first administered to remove any hardened fæces, from the lower part of the intestinal canal. We may then give the antimonial powder in small quantities, the saline draughts with rhubarb, or the following draught every third or fourth hour.

℞ Sal. Rupellens.
 Mann. Opt. a ʒij.
 Aqu. Aleneter. Sim. ʒij.
 Spir. Lavend. c. gut. xx.

Or two ounces of purging salts may be dissolved in a pint of thin gruel, and one or two large spoonfulls may be given every hour, till proper evacuations are obtained. After the operation, we shall not only find it necessary to give opiates, but be sensible of great advantage from their use. And I have often found this simple method, namely, the procuring four or five stools every day and giving an opiate every evening, produce the most happy effects.

Nor

Nor do I ever hesitate to give an opiate at any period of this disease, after evacuations, 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.

But if it should happen that a spontaneous purging, or even involuntary stools should attend the commencement of the disease, the same intention of cure is to be pursued. It has been the custom in such cases, by powerful astringent and cordial medicines, to endeavour to suppress the purging as detrimental to the regular course of the uterine discharges, and in other respects. But it is fortunate for the patient that these attempts are commonly fruitless, for were they to succeed, the event would generally be fatal. We are always to bear in mind, that whenever a purging comes on, it is to be esteemed an effort of nature to carry off the cause of this disease, though sometimes an unavailing effort; and the establishment of this principle, the truth of which will be fully confirmed

confirmed by observation, will lead us to avoid numberless errors in the treatment of this fever.

But it is not possible for me to express my opinion of this matter so clearly as by relating the history 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 labor. She was of a very full habit, and this was her first child. About four hours after delivery, she was seized with a purging, and the stools, which were of a brown colour, and exceedingly offensive, soon afterwards came away involuntarily. I saw her early the following morning, November 22d. She had much pain in the abdomen, which was tumefied; her skin was hot, her pulse quick, and she was very thirsty. I drew off her urine with the catheter, applied a flannel well sprinkled with brandy to the lower part of the abdomen, and ordered the following draught.

D

R. Man:

℞ Mannæ opt.
 Sal Rupellens. a ʒvj
 Aq. Alexet. sim. ʒiifs M.
 F. Haustus statim fumendus.

She had profuse evacuations by stool all day, and in the evening an opiate was directed. On the 23d I found that the purging continued as before, and there was very little alteration in the other symptoms. The purging draught was repeated in the morning, and the opiate at bed-time. On the 24th I was informed that she had got some refreshing sleep in the night. The pain in the bowels and feverish symptoms were somewhat abated, but the stools came away involuntarily, and were very fetid. The same purging draught was repeated, and in the evening she took the opiate. On the 25th the stools came away involuntarily, but were less frequent; the abdomen was soft, the tumefaction was subsided, and the tenderness almost gone; all the feverish symptoms were much abated. I omitted both the draughts. On the 27th the purging ceased, and she recovered perfectly without taking any more medicines. I was under the necessity of drawing off her urine twice every day till the

the

the eleventh after delivery. 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 extensive practice hath convinced me that the purging which attends this disease, is not only salutary, but very often critical; nor would it be difficult for me to recollect numerous instances where fatal consequences have suddenly followed imprudent attempts to stop this discharge.

In the advanced stages of the disease, it becomes more complicated, and is infinitely more dangerous; and there is a necessity of being very circumspect even in our endeavours to give relief. Bleeding will very seldom be proper at this time, and if directed, will generally hasten the fate of the patient; for we shall constantly find that the strength of the patient will be reduced by it in an infinitely greater degree than the disease will be abated; it must therefore be entirely omitted, or prescribed with the greatest caution. But if there be no looseness, and stools have been procured sparingly, through the course of the disease, we must pursue the general method of

cure, allowing for the reduced strength of the sick. Emollient, or gently purgative clysters will now be proper, and laxative medicines of the kind before mentioned; remembering, that opiates must afterwards be given to procure a respite.

In the last stage, when the stools are very frequent or involuntary, and all appearances forebode the utmost danger, our intention must be to preserve the strength by moderating, and not suppressing the discharge. Clysters of chicken water, or of flour and water boiled to a proper consistence, and frequently repeated, then become a very important part of the cure, as they wash off the offending matter, which stimulates the bowels to frequent evacuations, and act as a fomentation. But if great care is not taken in the exhibition of them, the patient will suffer intolerable pain on account of the tenderness of the Uterus, which I suppose is the part principally affected, or at least, where the disease most commonly originates.

The following draught has been given every six hours with advantage.

R. Confec,

PUERPERAL FEVER 37

℞ Confect. Damocrat. ʒfs.
 Aqu. Cinnamom. Sim. ʒifs.
 Pulv. Rad. Ipecac. gr. ij. M.

Or Philonium Londinense, or any other medicine of the cordial and sedative kind which is approved may be given; though I have generally preferred either the crude Opium or the simple tincture of it.

The white decoction with a large proportion of gum Arabic, with the addition of brandy, or the common emulsion with 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 cordial must be given in the interval between the draughts. I have often also at this time, recommended camphor, in different forms, but have generally been obliged to discontinue the use of it, because it was so disgusting to the palate, and so offensive to the stomach. On the whole, the food and medicines are to be made more or less astringent or cordial, as the case may require, but we are to persist in the use of clysters,

Under

Under the worst circumstances, we ought never to desist from using our endeavours, to extricate the sick, from the imminent danger they are in; for they will sometimes recover, very unexpectedly. On such occasions I have been induced to try clysters, of different kinds, anodyne, emollient and astringent, particularly strong decoctions of the Peruvian bark, but have not observed any extraordinary benefit to arise from them.

Nor has the use of the Peruvian bark, though given in different stages of this disease, answered the intention, as a febrifuge. Yet in a few cases, where the intermissions of fever were clear, it has succeeded. As a supporter of the strength, it has likewise been found, of less service than might have been expected, because of the disturbed state of the stomach and bowels, which it tends to increase. But instead of this medicine, I have often given the powder of Columbo Root, to the quantity of ten grains, every four hours, in a lightly aromatic draught, or a strong infusion of camomile flowers and cloves; and sometimes the following mixture,
with

with advantage, especially when the hiccup has been troublesome.

℞ Spir. Vitriol. Dulc. ʒij.
 Aqu. Alexeter. Simp.
 M. pp. Sim. a ʒiiij.
 Sacchar. pur. q. s. F. Mistura.
 Cujus sumat ægra, Cochlearia tria, secunda, vel tertia,
 quaque hora.

When the pain which accompanies this disease, is confined and as it were concentrated to one part of the abdomen, scarifications or leeches, applied to that part, will sometimes do service. In the same situations, blistering plaisters, have been used with advantage. But when the disease is more diffused, they have been found less serviceable, though no bad consequences have ever been observed to follow their application.

I have seldom attempted to inject medicines of any kind into the Vagina and Uterus; though from a consideration of the state of these parts, and of the fetid humors discharged from them, it is reasonable to expect, that emollient or gently detergent injections might be useful. However if these are advised, there
 should

should be great caution both in the composing and administering them.

These are all the observations, I have made on the Puerperal Fever in its simple state. When it is combined with a Phrensy, a Peripneumony, or any other disease of a dangerous kind, a different method of treatment may be necessary, according to the nature of the disease with which it is combined. Our principal attention must then be directed to the more urgent disorder. But though I have not wanted opportunities of making observations, on the Puerperal Fever thus circumstanced, the relation of them can, at present, be of little use; and they are likely to give less satisfaction, because my attempts have, on such occasions, been too often unsuccessful.

F I N I S.