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ON

Puerperal Fever

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Puerperal Fever

There is no disease to which childbed women are subject, that is more likely to prove fatal than Puerperal Fever. Fortunately it is a disease in which the village and country Physician is not often called upon to treat, but to those confined to cities and hospital practice, it is often seen in its most malignant type in the form of an epidemic sweeping off almost every one that is so unfortunate as to meet with a confinement about that time. It was not until about the middle of the Seventeenth Century, that this disease attracted much attention amongst the Medical Profession, Consequently the most vague and contradictory opinions have prevailed as to its nature and treatment, and even now, in this fast age, when doctors at least should agree, upon the nature and treatment of a disease in which nature seems to speak out in unmistakeable language, we find the most opposite opinions

expressed as to the pathology and the best manner of managing it. for while Some seem to think that though they may have bled and purged their patient "in articulo Mortis" if they die it is because they did not push their treatment far enough, others think that the only way to arive at any-thing like Success in the treatment is to use the most potent Stimulants and Cordials. Much of this disagreement depends upon the Seat of the disease and the Stage in which it is seen by the Physician. Consequently while both parties are in Some degree wrong both are in Some degree right. and while one has met with a case of Peritonetis and been Successfull with the depleting plan, another has treated a case of Inflamation and

Suppuration of the veins and absorbents with his Stimulants and Cordials and he too thinks that this is the only Correct Manner of treating a Case of puerperal Fever

In this essay I do not intend to Confine myself to Puerperal Peritonitis but to take the Subject in its broadest Sense I intend to treat of Puerperal fever as it occurs in its different forms and it matters not where the principal Seat of the disease is whether in the Peritoneum uterus ovarian ligaments veins or absorbents, I shall include them all, under the head of puerperal fever "Symptoms" of Puerperal Peritonitis. the most characteristic Symptoms is tenderness over the hypogastrum, increased by the slightest pressure, the patient often not being able to bear the weight of the

lightest Covering: to avoid which She lies with her knees drawn up. The abdomen at first is Soft and placid, but Soon becomes tympanatic. The Countenance has an expression of much anxiety at the Same time exhibiting quite a pallid appearance. Vomiting of a dark or green fluid with a Continual retching is another very prominent Symptom: the disease is generally ushered in by a chill, which frequently lasts for Several hours. After the rigor passes off, the pulse becomes much accelerated, the Countenance Suffused, Respiration quick, with a hot Skin: great thirst with a considerable pain across the forehead & the tongue may be either Covered with a thin white or yellowish film, or it may be red. Towards the latter Stage of the disease, if it is

tending to a fatal termination, it is dark, dry, and frequently cracked; the lochia is either greatly diminished or entirely suppressed, and there is diminution in the secretion of milk. The nervous system is much implicated, delirium being a frequent attendant, with coma, and sometimes convulsions. This variety of puerperal fever is liable to be confounded with intestinal irritation; several after pains or simply suppression of the lochial discharges.

Intestinal irritation may be distinguished from puerperal fever — by the pain being more diffused over the whole abdomen and by its griping character by its not being increased by pressure and neither the lochia nor milk being suppressed. Puerperal peritonetis usually commences before the fourth day after delivery. Intestinal irritation may commence at any time but more frequently not

until about the eighth or ninth. Puerperal peritonitis differs from after pains, by their coming on at intervals, by the discharges being for the most part increased after the pains, by there being no nausea or vomiting, by the pains being relieved by some anodyne or by warm applications. Suppression of the lochia if it occur after first week without any other bad symptoms need never be feared. Puerperal fever depending upon Inflamation and Suppuration of the uterus and its appendages. It is very reasonable to suppose that when one organ is as intimately connected with another as the peritoneum, uterus and its appendages are, that we would scarcely expect one to undergo much inflamation without the others being more or

less implicated, yet that one may be the chief organ affected, and the others only from an extension of the inflammation, we have abundant evidence in almost every autopsical examination in which the patient has died of puerperal fever, and it is as reasonable to suppose that this should be so, as it is that we should find the lungs and pleura extending their inflamation from one to the other. It is nothing more than what we might suppose, that the diagnosis of this form of puerperal fever should be different so far as it relates to the particular organ affected, for inflamation of the uterus and appendages being in a majority of cases complicated with peritonitis to a greater or less extent and vice versa,

it is not without difficulty that we are able to decide as to where the seat of the disease is. In this form of the disease the pain is generally less acute than in peritonitis, and is principally associated with one or the other iliac fossæ, extending to the loins and down the thigh. On pressure, the tenderness will be found to exist principally in the external parts of the hypogastrium. The other symptoms do not differ materially from peritonitis. In inflammation and suppuration of the absorbents and uterine veins, we have another very fatal form of puerperal fever. For though it is a much slower form of inflamation than the last, yet it is a sure harbinger to the patient to prepare for death

for Sooner or later we will find that our means have only been palliative, for though the affection had its origin in the uterus yet it is sure to spread to the heart, as in most other diseases, if their is an organ which is weaker than the others it is sure to become implicated. Every one that has ever seen a case of common phlebetis or inflamation of the absorbents whether from amputation or a simple wound, or it matters not what may have been the cause, need not be told that inflamation and suppuration of the uterine veins and absorbents, is a formidable disease, bidding defiance to nature and art. It is this form of puerperal fever which Doctor Robt. Lee calls low childbed or typhus puerperal fever. To use his own language

"the local Symptoms are so very obscure as to escape detection during life, while the Constitutional Symptoms are so very obscure and resemble in a striking manner the introduction of some Specific poison into the body, and are so violent as to yield to no remedies however early or vigorously employed".

When the disease is in the Muscular and internal Coats of the uterus, it is much more to be dreaded than any other form; for in this, the Patient often dies before much danger is apprehended, at least by her friends and it is too often the case that her doom is sealed before it is thought worth while to call in medical aid.

The diagnosis in this form is equally as difficult as the other; as the most attentive consideration will only lead

to a probability and not to a certainty
as it is not often the case that we are
able to come to any definite conclusion
during life, and when we do it is only to
know that the case is too far spent to be
benefited by medicine.
The most prominent Symtom is exhaustion,
the inflamatory Symtoms passing so
speedily away, in a majority of cases
that they are gone before the physician
is called to see the patient, more
especially if she has been so unfortunate
as to have been attended by an
ignorant old midwife, Another Symtom
of importance is pain and tenderness
over the uterus, rapid and feeble pulse,
the Countenance pallid and
expressive of great anxiety and distress;
the tongue is foul, the lips and teeth
are covered with dark Sordes, the lochial

discharges are for the most part suppressed and very scanty; and offensive. The nervous System Sympathising with this organ. we have delirium and other Symptoms of cerebral disturbance.

Causes = The causes of puerperal fever are often very obscure. It is often referable to injuries inflicted during labour either from instruments or forcibly introducing the hand into the uterus to rectify the position of the Child; exposure to Cold; and various irregularities in diet Soon after delivery. A Medical friend of mine informed me, that he has witnessed three Cases that died in twelve hours after eating a quantity of green Corn, and each one was doing well up to the time of eating it. I have often been surprised that we do not have more Cases occuring among ignorant midwives

and those abominable Quacks called botanic or Eclectic doctors. It is truly astonishing to see what women are forced to undergo, who are so unfortunate as to fall in their hands. I attended last year a very intelligent lady in her second confinement, who was attended in her first by a most notorious Steamer. who was once a professor in that Great Southern Institution of Quackery, the "Macon Botanic College". She assured me that she suffered more from the continual rubbing, and squeezing inflicted by him, than she did from all the pains of parturition. She was in labor about 2½ hours and the consequence was, that for several days her abdomen was so sore that she could scarcely bare it touched, and she said that it was [illegible] from the bruises.

It was a matter of astonishment to her that I should do so little when she seemed to think it so important to do so much.

But to return, the disease frequently occurs in its most malignant form, when none of those causes have existed, and when we are compelled to refer it to some peculiarity in the atmosphere, or to the communication of a contagious miasmata. That it is a disease occurring in the form of an epidemic, and capable of being transmitted from one person to another, character, according to the observations of our best authors is beyond a doubt; and strange as it may seem, it often appears in the form of an epidemic of a contagious character frequently in some large cities and hospitals, while in others where the same cause seems to be equally as exciting, it has never been known to appear

in this form. My own experience in this amounts to nothing; but I might quote a number of authors both for and against its contagious character, but that it does occur in the form of an epidemic capable of being propagated by contagion, few in this day will dare to doubt. Sporadic Cases are met with at all Seasons of the year, and in all ranks of life; and the disease is sometimes as destructive when occurring in this form as it is in hospitals or during an epidemic.

Treatment.

If the disease be a very mild case of inflamation principally situated in the peritoneum, a large dose of Calomel combined with an opiate, say three or four grains of Opium, together with warm applications applied externally to the abdomen, will in a majority of Cases restore the patient

to a comfortable condition. But if the attack be violent, the pulse one hundred and ten or fifteen beats in a minute, whether they have force or not) I know of no disease requiring more decisive and antiphlogistic plan of treatment; and we must not be debarred from using the lancet freely, because the pulse is not full and hard; for in all inflammations of the abdominal viscera, the pulse is small, frequent and wiry: and if one should be governed by their feel, we would not be apt to use the lancet. One decisive bleeding will generally answer; let the patient sit up in bed and bleed from a large orifice until you make a decided impression upon the system. Many physicians recommend local depletion by leeching. but unfortunately for the village or country practitioner

this is a treatment which he is seldom able to employ, as he scarcely ever has the means. I have no doubt but that much good may result from this course of depletion. After bleeding, our next object should be to purge the patient freely; and the best purgative in my estimation is calomel, followed in a few hours by a dose of Senna or castor oil. Some however recommend calomel combined with Gamboge. (Dr J. Fort).

After the bowels have been freely opened, great benefit may be derived from the exhibition of calomel and opium at stated intervals: say three or four grains of the former and a third or half a grain of the latter drug given every two or three hours until either Ptyalism is produced or the abdominal tenderness disappear. The object of the calomel is to arrest the inflamatory

process, and to prevent the effusion of fluid into the peritoneal Cavity. The opium is serviceable as well by quieting the patient and perhaps inducing sleep, as by preventing the Calomel irritating the bowels and causing excessive purging. I could enumerate other remedies which are equally as useful in the treatment of this disease as the foregoing, but I deem it useless, and I hope that those whose privilege it will be to read my criticise, will only consider the source and remember that they too like myself have been an Infant.