Thesis

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Puerperal fever

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# On the Febrile Puerperal Diseases.

I propose in this thesis to give a review of several un-doubted puerperal cases terminating fatally which have occurred in my practice. The observations extend over two or three years and in every case the Conclusions have been confirmed by brother practitioners. It may be premised that these diseases arise from different Causes. First, the state of the patient's health at the period of parturition (including the immediately preceding state); Second the attention to Cleanliness; Third, the state of the surroundings, such as have the tendency to originate

some form of Typhoid Fever.
Fourth, the direct contagion from the medical attendant or nurse including the possibility of conveying the contagion by friendly calling, and Fifth, the result of operative delivery.

I shall consider the diseases in the order into which I have arranged the subject viz.

First. Those which arise from the state of the patient before the parturient period. It is well known that a patient suffering from an exhausting disease certain to terminate in death at an early period, succumbs soon after confinement. Various examples may be given but the most common among

under the observations of a general practitioner, are Cases of Phthisis in any of its forms; those that occur in the course of the acute fevers. In the latter case I apprehend the Confinement must be due to the increased activity of all the organs, including the uterus. Now and then we observe the foetus thrown off as an incubus (whether dead or alive) for the apparent purpose of lightening the strain on the overtaxed functions and giving the constitution fair play in its endeavour to regain its normal state: at times producing a live child at others getting rid of a foetus

destroyed by the virulence of the disease. Many instances of these forms fall under observation notedly the case of abortion during the occurence of Small pox, the premature Confinements during Enteric Fever. In some of these Cases, especially in those instanced in Small pox & Enteric Fever, the Causes of death may be attributed to the violence of the preceding Constitutional affections. In the case of Phthisis the patient seems to be mercifully spared to produce a successor to a doomed life. Occasionally I find on questioning a patient or her friends that there is

a history of some painful affection of some part of the womb, placenta or membranes, as evidenced by intense pain located in one particular part with febrile symptoms. These symptoms point to a possible inflammatory affection of one of the Constituent parts of Uterus, placenta, membrane or sometimes an ovary; and the absorption of the effete products of the inflammatory action. Often there is a white offensive vaginal discharge. In these Cases the naked state of an imperfectly contracted uterus may act an inimicable part by absorbing deleterious matter. There are, however,

Cases where one is lead to believe that at the period of Confinement grave Symptoms will be developed, but these symptoms never present themselves: Such a Case occurred lately in my practice where a patient was attended from 26 Novr till 7 Decr with Erysipelas of the head and face and tho' she was Confined within 6 weeks of the attack there were no bad Symptoms.

Second In Considering the second Cause of these fevers very little need be said. It is acknowledged on all hands that Cleanliness of the person and the surrounding

are essential to the well being of the patient: and on the contrary inattention to the patient's cleanliness begets decomposition of the discharges and the subsequent absorption of the putrid products. Fever or febrile attacks supervene frequently ushered in with distinct rigors – these rigors always the precursors of mischief going on in the system fearful & dangerous for the patient.

Third, The state of the surroundings will naturally occur to one who considers the origin of these fevers, for one cannot always point to a predisposing cause, neglect or direct contagion as the cause. The fact of a

Certain type of Epidemic raging in a town or near the patient's residence may account for the mischief. Examples of such are found in the different forms which are presented to obstetricians in different recorded epidemics - at one time putting on the character of Erysipelas at others showing an apparently Scarlatinal nature: in some cases the sthenic inflammation predominates but in the great majority of cases the asthenic or so called typhoid type prevails. Then our increased knowledge of Enteric Fever and its origin must be brought to bear on some of the protracted cases

of febrile attacks supervening upon Childbirth. I believe that in a great many cases we must look for this as the primary source of those cases which do not show febrile symptoms within two or three days. It does not necessarily follow that the fever should present the protracted character of Enteric, but there are, if carefully looked after, a group of symptoms, insiduous in their nature, with complications analogous to those occurring during the first fortnight or so of the recognised Enteric and these are suspicious enough to make the attendant careful.

Fourth. The question of direct

infection or contagion, however, must by far transcend in importance the preceding for on the correct settlement of this depends the life and welfare of thousands of poor women and oft times the success of an Accoucheur in general practice. It is (beg) re-cognised that the general practitioner should take every precaution to avoid carrying the infection or contagion of the Epidemics, such as chiefly paying the first visits to lying-in-women, careful washing & bathing and disinfecting the person after attendance on contagious or infectious disease and change of clothing in the

event of being called upon to attend a confinement after having gone through the days visiting list. These, the chief precautions, are necessitated from the tenacity with which puerperal poison clings to a certain practitioner and to no other of his fellow practitioners in the neighbourhood. If we consider that in attending to a general practice we are called upon to see a case of Scarlet Fever in one house - in another, perhaps the next call, Enteric or Typhus engages our attention - that we touch each certainly to ascertain the state of the pulse at other times we are

in close proximity to them
in ascertaining the temperature
perhaps we have bent over them
while auscultating or percussed
to ascertain the state of the
thoracic or abdominal viscera
we must come into contact
directly in some and in others
we receive a something (?) poison
exhaled from the skin. Perhaps
some little Epithelial scale
imperceptibly wafted attaches
itself to the attendant person
to be as quickly transferred
to a subject favorable for its
reception and there developed
into one of the most virulent
of diseases baffling knowledge of
its origin and the skill of the
most practised. The aim of

this paper is chiefly to consider from a few cases which have recently occurred in my practice and with which I had some connection, in some cases trifling but in all fatal. Perhaps I can do no greater service to the Etiology of the disease than by stating the facts as they arose. Towards the end of the year after hard work and constant exposure during the severe weather and attendance on the general contagious fevers and Erysipelas - I contracted Erysipelas. If I date from 28th Decr when I first felt something was wrong I think I go to the origin. On that day I attended two

cases of confinement - one early in the morning - the other at mid-day. In the first case the child was born when I got there so that there was nothing to do but remove the placenta which was (~~detatched~~) detached - in the other at midday I ruptured the membranes and the labour was soon completed so soon that I was not in the house more than half an hour. I thereafter proceeded to the usual routine of visits. During the day, however, I shivered and by the evening I was so exhausted that I could not proceed with the usual dispensing. For two or three days I suffered, apparently, from a

severe cold. Both these patients
were in apparently good health
the one attended in the morning
did well - that attended at
midday was never after seen
by me. On the 30th Dec. she
developed symptoms of
Puerperal Fever, chiefly the
peritoneal form I since ascertained
and was attended during her
illness till her death by a
neighbouring practitioner who
kindly looked after my
practice while I was ill. She
died on the 9th day after confine-
ment, and connected with
this case must be noted
also that her husband
after her death had a slight
attack of Erysipelas of the

face and about a week after her death my locum tenens attended the baby for an erysipelatous attack of the arm which suppurated, and had to be opened. About the 3 or 4 January I had so far recovered as to be able to go out a little but I did not attend practice. On the sixth of January I had a relapse and on the 7th Erysipelas of the face and head developed itself in me. I was so ill that I could not get out for about eighteen days I did not attend any one till the 31st January when I went to ascertain the presentation of a case in which my representative had found a

difficulty. I had by that time desquamated and had taken such precautions as were necessary in the way of Cleanliness and fresh air. I did nothing but ascertain the presentation and advised a sedative for the night as there were no pains. This case was premature a second confinement and the arm presenting. On the 1st Feby I went to Hastings and on that day my representative attended and the labour was completed without assistance of any kind – turning being rendered unnecessary by the smallness of the Embryo. There was nothing peculiar about the case but that the Child was dead

and there was an offensive odour from its decomposition. The surround-ings, however, were bad, a small room, not at all clean and inexperienced nursing, perhaps. On the fourth day similar symptoms to the first case arose tho' attended by a different medical man and she died on the seventh day after confinement. In the meantime on the appearance of threatening symptoms an-other medical friend was called in to aid him. I returned from Hasting on the 8th of Feby. recruited and apparently well. On the 9th & morning of the 10th I attended a person who recovered without a bad symptom, on

the evening of the 10th & morning of the 11th I attended another (a primipara) since dead. She died also with the same symptoms. The Child in this Case was alive but the Liquor Amnii was so offensive and altered in Colour and the Child so smeared with offensive slimy matter that I directly ordered disinfectant washing to prevent any possible mishap. This patient had a rigor (after the nurse discontinued the injections for a day) on the 13th and she died nine days after the Confinement. On the 13th I attended in labour, another primipara, which was tedious and the forceps

were necessary. She did well. On the 14th I attended another primipara who also had a good "getting up". On the 17th I attended one with the second child who died with like symptoms. In this case, unlike the others, everything was favorable; clean-liness, good nursing and a healthy patient. Since that I have declined to attend any more. To complete the history I may state that the first medical practitioner mentioned, my locum tenens, and the second medical man called in by my locum tenens have attended many cases since in my practice without any bad results, and the nurse who

attended upon the last mentioned patient was attacked with Erysipellas of the head & face four days after the patients death. She, however, has frequently suffered from it before.

On reviewing this series of cases, some of which did well and others terminated fatally one desires to find, if possible, the origin of the mischief and the first question that naturally suggests itself is whether Erysipelas is contagious or infectious during the parturient period or immediately subsequent? To this I reply yes! Here are a series of cases of undoubted Puerperal Fever all developing the same symptoms, running

the same course and terminating fatally within a certain limited number of days from the first attack. These have all occurred in one practice, one medical man has had something however little, to do with each case and he, himself, has suffered from Erysipelas. Further bearing on this point may be noted a case which occurred upwards of two years ago, wherein a patient who had several children was seized with an obscure febrile attack the origin of which was traced to Erysipelas poison exhaled from her husband. It appeared that two or three days after her confinement he was attacked

with Erysipelas of the leg and had imprudently slept with his wife about the fifth or sixth night after confinement. This Case did not quite present the same symptoms as the preceding group for after several days' treatment the disease apparently gave way to be re-developed in the form of acute inflammation of the membranes of the brain terminating in mania and death in the County Asylum within a fortnight from the date of the appearance of the first adverse symptoms.

As to the origin of the Contagion difference of opinion may exist, one may suppose that the

attendant medical man may
have unconsciously conveyed the
infection from a simple case
which he attended, or the
Erysipelas may have existed,
latent for the time, in himself.
and simple examination of
the patient or proximity of the
attendant conveyed the virus, .
or it may have been latent
in the patient in whom the
puerperal disease first showed
itself. Each of these modes of
origin might in their turn be
supported by forcible arguments
Others again might suggest an
epidemic origin - a something
in the air. This however will be
met with the answer that all
the cases known to have

occurred are confined to the one practice. Whatever was the origin of this series of cases I think there can be no doubt as to the mode in which it spread. The fever once developed was the source from which new germs of disease were begotten and these attached themselves to the person to be communicated in turn to others and developed anew. As to how some were attacked while others escaped that seems to depend upon the susceptibility of the recipient of the virus. We well know in all epidemics that several in one house may be attacked while others, apparently no

better conditioned escape. I have dwelt at some length on this part of the subject more particularly as the circumstance is rather rare. Of the existence of Puerperal Fever in a number of patients of one medical man who during its occurrence passed thro' a severe attack of Erysipelas of the head and face. It is chiefly as a contribution to the elucidation of the causation of these diseases that I choose this as the subject of my thesis.

Fifth. As to the last point which I intend to notice in connection with this, viz Puerperal Fever from the result of operative delivery little need be said. When the

forceps are used, laceration of the parts may occur or in turning or any other manual operation injury may be done to the parts which result in inflammatory action but such cases would perhaps not come under the subject in discussion being purely the result of operative inter-=ference. Occasionally however we meet cases where the origin is doubtful tho' the symptoms are apparently the same. Such a case can hardly be described. Perhaps a statement of the fact will illustrate more than a description. Some 16 months ago, I find on reference to notes, I attended during confinement a woman aged 31 years, with

her second child. She was single and the first child tho' full grown was born dead. In the interval between the first and second child I attended her as a patient with an apparent syphilitic skin disease situated on the nose and adjacent parts. I found on examination that the vagina was so contracted that even the little finger could not be passed without violence, there appeared to be a large solid mass, blocking the passages and preventing the descent of the childs head The patient in addition during the interval between the two confinements had suffered from a severe vaginal discharge

though I could find no evidence
of acute inflammatory action.
However on pushing the fore-
finger through this obstruction
I found that there was a space
between it and the Cervix
Uteri large enough to represent
a normal vagina. After some
time the head descended into
this Cavity and by the action
of the uterus pushed forward
this mass so much in the
Course of some hours that there
was no possible aperture for
the passage of the Child. It
was decided on Consultation
as the head threatened to rupture
the perinaeum and the severe
and fruitless pains were
exhausting the patient to

make an incision through the mass and deliver as best we could. This was done and on the following morning on ex:amination there was an offensive discharge with large sloughing of the labia and parts in the vicinity of the Clitoris. About midday she had a rigor and these recurred about every 8 hours till decease 72 hours after Confinement. This Case presented all the Characters of Surgical Pyaemia and though I did not desist from practice nor the assistant practitioner had we any subsequent Cases similar. Here the result may have been determined in one or two ways. There appears to

have been absorption of something inimicable to human life. Was it the result of the discharge or the presumably destroyed syphilitic mass. or was it the result of the operative interference? Whatever was its origin it had no tendency to spread among others such as those mentioned under the immediately ~~(preceding)~~ preceding section. The mischief, if any, done under these circumstances has no tendency to propagate itself and never develops an epidemic character unless, perhaps, in large maternity hospitals.

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Luton, Beds.
March 1875

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