An Essay
on
Perpetual Fever
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Puerperal Fever

The subject that I have chosen for my essay is Puerperal fever an inflammatory disease peculiar to child-bed women. The name was first employed by Dr. Strother in the year seventeen hundred and sixteen. It is now generally adopted by medical writers and is considered to be synonymous with puerperal peritonitis. Child-bed fever peritoneal fever or the epidemic disease of lying-in women. The disease has existed from the earliest periods of antiquity but the account given of it by the early writers is short and imperfect and it is probable that it did not attract the particular attention of the profession until near the
the middle of the seventeenth century
when it made its appearance at
Paris as a malignant epidemic
which proved fatal to nearly all
who were attacked by it. The mortality
of the disease at this time could
scarcely fail to attract the attention
of physicians and lead to a
thorough investigation of it but
the true nature of the disease
does not appear to have been
well understood until it was
discovered by Dr. Gordon of Aberdeen
who published a treatise on the disease
in the year seventeen hundred and
ninety five in which he points
out with much acumen and
force of reason the nature of it
giving the most
convincing arguments of the justness of his opinions in the extraordinary success of his practice. The disease prevailed as an epidemic in Montgomery Co. near Norristown from August eighteen hundred and forty-eight until March eighteen hundred and forty-nine and every woman in labour who was attended by free for during that time was attacked by the disease so it occurred in the vicinity of Norristown most commonly commenced on the second or third day after delivery for except in three cases it always attacked the patient before there was a full secretion of milk. The attack usually commenced with a rigor or shivering fit by nausea or vomiting and great anxiety.
After the cold stage had passed the skin became hot and dry the thirst urgent the pulse seldom less than one hundred and twenty in the minute and rather full tone and vibrating in some cases very small and sharp or somewhat noisy some pain in the abdomen which was very tender to the touch and if pressed upon caused great uneasiness in some cases the pain was deep and intense and more confined to one part but however limited in extent at first it gradually spread over the whole abdomen which became very tender to the touch tensive and symptomatic the head was often affected with pain but more commonly with giddiness and
a sense of confusion. The tongue was in most cases white, somewhat furred and sometimes dry but moist in comparatively moist and in some cases it was found to be perfectly clear, especially where vomiting occurred at the beginning of the disease. The lochia commonly continued to flow as usual in some cases it was diminished and in others wholly suppressed. As the disease advanced especially if there was much pain the abdomen generally became much distended and respiration was performed with the greatest difficulty. The patient generally laid upon the back with the legs drawn up to obviate the pressure of the bed clothes and abdominal muscles.
Such were the symptoms of the disease as it occurred in the practice of my preceptor and if not arrested by the proper treatment it soon terminated fatally. Various causes have been assigned by writers for the production of periapical fever. Some contend that the cause of the disease is a specific contagion and by others when it prevails uniformly its cause has been referred to a morious constitution of the atmosphere. Garden and Armstrong contend that the disease is infectious and the former thinks that every person who is with a patient laboring under this disease becomes charged with an atmosphere of infection which can be communicated to every pregnant
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woman who comes within its sphere and declares that he himself has been the means of carrying the infection to a great number of women. Voume maintained that it was not more contagious than pleuritis, nephritis or any other inflammatory disease. Professor Meigs states that he has gone from the dissection of the bodies of women dying at the hospital with symptoms of the most violent puerperal fever and from visiting the patients of other physicians who were laboring under this disease and has never communicated it to any of the women he attended in labor a short time afterwards. There can be no doubt that the disease is often caused by senes-

contracted and instrumental labors the forcible introduction of the hand into the uterus exposes to cold and moisture and irregularities in diet soon after delivery. Whatever conclusion we may arrive at as to the contagious or noncontagious character of the disease it cannot affect the view that has been taken of its proximate cause or essential nature for the symptoms medical appearances and influence of remedies all prove whatever the nature of the remote cause may be that it acts by exciting inflammation of the uterine organs. The dissection of persons who have died of puerperal fever reveals extensive inflammation of the peritoneum and its productions.
and of the ovaries. In some cases, the womb is found to be gangrenous or softened by inflammation and in others the veins of the uterus are greatly inflamed and filled with inflammatory deposits of lymph or gorged full of pus. Deposits of pus are sometimes found in the uterus or other remote parts of the body and to so great an extent as to give rise to the idea of a pathogenic or pus creating fever. The contingent of the uterus are affected in a manner similar to that of its veins. The amnion has been found located and sometimes nearly half of its substance coated by suppuration. Sometimes large quantities of a serousulent fluid are found in
The cavity of the abdomen. Of all diseases to which Childbed women are liable, puerperal fever is the most dangerous. It is stated by one author that the death of much the greater portion of women who die in childbed is caused by this disease. Of the first twenty-four hours after the marked appearance of the disease, be lost it is generally speaking passed far beyond the reach of art and can be arrested by no treatment however appropriate but if taken in its earliest stages and treated actively there are few acute diseases that afford the physician more chance for the successful employment of his remedies. Asserting that much of the fatality of
the disease is owing to the patient's timidity and indecision in treating it. Notwithstanding we should always give a guarded prognosis as cases have terminated fatally in defiance of the most appropriate treatment. The favourable symptoms are diminished frequency of the pulse, a gentle moisture on the skin, a flow of milk to the breasts, plenty of discharge of the bowels, and the patient becomes able to turn in bed. Some of the most favourable symptoms according to Gordon are the appearance of an eruption on the extremities or of abscesses on different parts of the body, and the occurrence of a diarrhoea early in the disease especially if the tumefaction of the abdomen was thereby diminished. The pain relieved and the pulse rendered slower.
A very quick weak pulse, great tension of the abdomen, difficult respiration, a dry, rough tongue, black stools, and a circumcised crimson spot on the cheek are all very unsafe symptoms. Cold clammy sweats on the face and breast in voluntary stools, fluttering pulse, and cessation of pain are the immediate harbingers of death. Resection ranks first of all the agents to be employed in the treatment of puerperal fever. All other remedies, such as purgatives, opiates, leeches, fomentations, &c., are used as mere adjuvants to the em- ployment of the lancet. The disease consists essentially of an inflammation and to subdue this bloodletting is
the only agent that can be depended upon. The lancet should be employed early and freely for if energetic means be not resorted to within twelve hours after the attack and at times within six all the efforts of the physician may prove futile. Gideon if called within twelve hours after the attack always insisted on bleeding and places his standard at twenty-four ounces as the quantity to be drawn and states that he never failed to cure the disease at once when he was called early and took that quantity of blood at one bleeding. Dr. Armstrong Lee and Dr. Meigs all concur with him in recommending the early and free use of the lancet. Dr. Meigs makes no objection to this standard which is
Concluded in by them with certain exceptions and thinks that it is sufficiently large to effect the desirable degree of reduction in most cases but is not willing to adopt it as a general rule since the same effect is produced in some by twenty-four ounces in others by thirty and in others again by twelve or fifteen. We should always bleed until the desirable effect is produced and let the pulse the heathing the expiration pain and the general sensations of the patient declare that enough has been done and not too much nor too little. If the pain in the abdomen is not removed or greatly relieved by the operation in six hours it ought to be repeated. As an adjunct to resection hereafter may be feebly
employed by wetting them over the ab-
dome parts of the abdomen most affected
with pain and looseness. Cataplasm and
balmic fomentations may be used with
great advantage after the removal of
the leeches and the bowels should
be well opened by some suitable pre-
gative or by enema,atron always admin-
istered immediately after bleeding
two scruples of jalap and three grains
of Calomel mixed with Concave of roses
which always operated well and speedily.
The diarrhoea thus excited was continued
by other purgative mixtures given in such
proportions as to cause five or six evac-
uations daily for the first three days.
After which the dose was diminished,
but the medicine was always con-
tinued until the end of the disease.
Every night he give an opiate to allow
the patient some rest and to give her
strength to enable her to bear the
 evacuations of the ensuing day.
They coincide with Gordon in the use
of purgatives but objects to the use
of opiates and thinks that they
rather tend to prolong the disease.
Armstrong recommends Colonol as a pur-
gative in dose of a scuple or half
drum and thinks that opiates are
prejudicial at the commencement
of the disease although very useful
in allaying the irritation of the system
and inducing sleep after the inflammatory
symptoms have been subdued. Preferring
is aure to active purgation it is a
remedy in this disease and recommends
the bowels to be well opened by enemata.
or by Saline followed by Castor oil and after the operation Saline and opium or Saline and Dr. Tom with Warm Much Liquoruous drinks. Then use after the evacuation of the bowels to promote perspiration which when properly excited control in a very useful manner the internal derangement of the circulation. The following description of a case of putrid fever taken from the notebook of my Preceptor will serve to show the treatment that was most successful in the disease occurred in his practice.

Mrs. W — A young woman in health was delivered of her second child on the eight day of December eighteen hun -dred and forty eight after a short and easy labour. The third day after delivery was attacked with a chill
which was succeeded by increased heat
pain in the head severe pain in the
abdomen which was extremely due to
the touch thirst urgent tongue
coated respiration very frequent herasts
fluoric lochia nearly ceased pulse
from one hundred and twenty to an
hundred and thirty. Took from twenty
five to thirty ounces of blood from the
arm prescribed fifteen grains calomel
in the bowels
and directed it to be followed by an
infusion mirna and magnesia with
mirna fermentations to the abdomen
I saw her early on the next morning
the purgatives had operated freely and
the head aches greatly relieved the pain
in the abdomen but little diminished
pulse thundred to hundred and ten. I
again took about fifteen or twenty
ounces of blood from the same office and had the pleasure to find that the pulse soon fell to a more moderate state. Ordered a saline mixture every three hours with twenty five drops of laudanum to the first dose and an opiate at night. On the following morning I found that the bowels had been opened several times during the early part of the evening and the patient had slept about five hours and all the symptoms were greatly alleviated. On the fourth day from the attack all appearance of danger was over and in a few days she was in the enjoyment of good health. Such is the treatment that I have been put in practice by my preceptor and I am happy to say that it has
never disappointed his hopes of success except in two cases and one of these
I have every reason to believe that
the disease had passed far beyond
the Curable stage before the delivery
of the Child.