

***The Erysipelatous Disease of Lying-in Women.* By D. LEASURE,
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DURING the month of March, 1852, an epidemic erysipelas made its appearance in Newcastle and its neighbourhood, which seemed to put on features of extreme malignity from the very onset, and although not very many persons were attacked, but few of those first attacked, survived. In the early part of April, the first case occurred in my practice, though I had ample warning that I might expect it, from the number of cases that were occurring in the practice of others. The case was that of a young woman of a scrofulous diathesis, in whom, indeed, scrofula had been for years an active

disease. Her throat seemed the principal seat of disease for the first five days, when the erysipelatous spot made its appearance on one cheek, from which it spread all over the face, head, and neck, and ultimately proved fatal after rendering her almost a putrid mass while yet living. During my attendance, I was obliged to make the topical applications, and otherwise handle the diseased parts myself, owing to the terror of the disease deterring any one from nursing her or dressing her sores.

On Sunday, the 11th of April, while engaged in the attendance on this case, I was called to attend Mrs. S. in her seventh labour, which was perfectly natural, and very easy, not lasting over two hours. The child was a male, apparently perfect in every respect, and healthy. I remained with the patient a couple of hours, and left her doing quite well. On Monday afternoon, about twenty-four hours after delivery, she felt occasion to use the urinal, and as there was no one to wait on her, she got out of bed, feeling remarkably strong, and stepped upon the cold floor, which was not covered by any carpet, and there she squatted over the vessel for several minutes, before she succeeded in urinating, and, on getting into bed, she had a chill, which lasted about three hours. The women who came to see her concluded that she had taken a *cold*, and treated her to hot teas, and succeeded, as they thought, in getting up an elegant heat, with a fine sweat soon following it; and so they had, but the heat was a fierce fever, and her sweat the damps of death. During the night she became delirious, and on the next morning her abdomen began to swell rapidly, her breathing became difficult in the prone posture, and it became necessary to bolster her up in the bed, and support her thighs flexed upon the body to relieve the tension of the abdominal muscles. A consultation between the nurses and the husband resulted in the determination to send for the doctor, if she was no better in the afternoon. Afternoon found her worse, and her husband came for me; and thus it was, that I saw her twenty-four hours after the rigor, and forty-eight after delivery, to all appearance in articulo mortis. She was sitting up in the bed, supported by pillows, her countenance draped with that "abdominal frown," so indicative of trouble to the physician, and danger to the patient; her pulse too frequent to be counted; her abdomen much swollen, but not tender, except over the uterus, and very little pain anywhere, except in the lumbar region; tongue moist and natural; lochia not suspended but dark, and without coagula; urine passed involuntarily, but no discharge from the bowels. She seemed verging towards coma, though sometimes she would rouse up for a few moments, and be much excited. Her skin was covered by a clammy sweat, and the circulation seemed to have nearly stopped in the capillaries of the extremities, which were cool. I was expected to do something; but what should it be? I applied hot fomentations to the bowels, gave her oil of turpentine; applied blisters on the inside of her thighs, which raised well; but, *cui bono*, she died next day. Four days afterwards, her child died of malignant *erysipelas*.

I now declined attending any more cases of labour, as I was still attending

cases of erysipelas, and feared I might be instrumental in communicating the contagion to my lying-in patients. But on the 6th of Aug., in the absence of any other physician, I took charge of Mrs. —, in labour with her eighth child, of which she was delivered at one o'clock in the morning. The labour was natural, and not protracted at all; the child was a male and healthy, and at three o'clock I left her, feeling as comfortable as the case would admit. She continued to do well till eleven o'clock on the next night, when severe chills set in, being just twenty-two hours after delivery. They continued till morning, when I was called to visit her, and saw her just eight hours after the first chill. Fever had set in; pulse one hundred and twenty-six; great deal of intense pain in the uterus; no tumefaction of the abdomen; countenance anxious and haggard, with frequent frowns and earnest staring, as if at some strange object; lochia not suppressed, but dark and dirty looking; had a presentiment that she would die; tongue natural; constant thirst and obstinate vomiting. I opened a large vein in the arm, intending to bleed *ad deliquium*, but the blood soon ceased to flow, and I did not obtain over half a pint. I tied up the arm, intending to open a vein in the other arm, but, on inspecting the blood already drawn, I found it did not coagulate, and resembled some dirty mixture that looked like anything but blood. It had not even the colour of blood. I deemed all efforts useless that looked towards a recovery, but gave full doses of opium to relieve the agonizing pain in the uterine region, but they gave no relief at all, till a short time before death, when, I presume, gangrene had done its work. The remaining history of the case would be but a repetition of that of the one already given. She died within thirty-six hours of the first chill. Her child died of *malignant erysipelas* within a week; and the old lady who washed and dressed her for the grave took erysipelas within five days of the time she died, and was the most hideous case of that foul disease I ever met, although she finally recovered.

Under precisely similar circumstances, I was constrained to attend Mrs. W—, on the 24th of May. She was a fine young plethoric Irish woman, in her 23d year, and in her second labour. Her labour was easy and natural, not lasting over three hours. Her child was a male, and healthy. She did very well till twenty-six hours after delivery, when she had a chill. Six hours afterwards I visited her and found her in very nearly the same condition in which I found case No. 2. I here determined to "bleed her to death" or break down the disease. I opened a vein and took half a gallon of blood. The pulse was not reduced in frequency (remaining above a hundred and thirty) but became very soft, and she seemed about to fall into syncope. The blood did not coagulate, but seemed to be dissolved. I bled no more. After running the same course, notwithstanding all my efforts—and they were not a few—she went as did the others. She died in thirty hours after the first chill.

At the same time, Dr. J. W. Wallace was attending some cases of malig-

nant erysipelas, and the only two cases of labour he attended during his attendance upon erysipelas, were followed by precisely similar symptoms, and both died as mine did, within thirty hours after the first chill. I now made arrangements with my friend Dr. J. H. M. Peebles, for him to take charge of my obstetric practice, while I was to take charge of any cases of erysipelas occurring in his practice. Dr. Wallace also declined to attend a lying-in patient, under any circumstances, while he was in attendance on erysipelas. There were subsequently no more cases of childbed fever in the neighbourhood.

The question presented itself then to my mind, and many times since, Was it a coincidence that the only cases of childbed fever which occurred in the neighbourhood should occur in the practice of Dr. Wallace and myself, who were the only physicians in attendance upon cases of malignant erysipelas, and that our cases should occur in every instance where we attended a lying-in patient during our attendance upon the other disease, and that every puerperal case should prove fatal under precisely similar circumstances, and at about the same period of time, and that the children should die of erysipelas in two instances, and the woman who dressed one of them for the grave, should also take malignant erysipelas, and that, too, where there were no other cases of erysipelas near, it being in the country, and the patients having no communication with other cases; and that as soon as we, who attended upon cases of erysipelas, ceased to attend upon lying-in women, there should be no more cases of the malignant childbed fever?

In my own cases, it seemed probable that, notwithstanding all precautions of cleanliness, the disease might have been communicated by me, as I might, during the necessary manipulations, have introduced the erysipelatous virus into the vagina, where it became absorbed directly into the blood, and exerted its mischievous influence upon that vital fluid directly; or, it might have poisoned the tissues of the uterus itself, inducing a malignant metritis, for, most certainly in my cases, the peritoneum did not seem to become involved in the disease, till near the fatal termination. Or it might have produced uterine phlebitis, and the inflammation have extended to the veins of the abdomen, and by so changing or modifying a considerable portion of the endangium, or "*membrana communis vasorum*," the morbid appearances presented by the blood drawn from the arm, and the lochia should result from the diseased membrane, and not have been a disease of the blood, *per se*.

However this may be, of one thing I think I may be assured, and that is, that the diseases in question produce and reproduce each other; in other words, my cases of childbed fever were neither more nor less than cases of malignant erysipelas, fatally modified by the condition of the patients, and the manner of introducing the morbid poison.

I have been induced to report these cases mainly because I had been taught to believe that childbed fever was always "a true inflammation," and the only hope of safety lay in bloodletting. I had proved the truth, as I thought,

of this theory, and verified the soundness of the practice in many a successfully contested case, but I learned that there is a disease of lying-in women, malignant in its character, which sets at naught both the theory and the practice, and if I should be so unfortunate as to meet with it again, I would rely upon the treatment which proved in my hands so successful in the erysipelatous disease, viz: brandy, quinine, and tincture of iron.