

MALARIAL FEVER IN CHILD-BED

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Puerperal Malarial Fever was the title of an able and instructive paper by Dr. Fordyce Barker, published in the *American Journal of Obstetrics*, April, 1880. To many this paper was a revelation, but to those whose practice for years had been in malarial regions it was the recognition of a familiar fact. My friend Dr. Hibberd, for example, now a veteran in the medical ranks, has told me that he had known the fact that puerperal women sometimes suffered from attacks of malarial fever, almost from the beginning of his medical practice. Dr. T. B. Cox, of Frankford, Ind., has informed me that for many years he has been in the habit of giving puerperal women, if confinement occurred at a season of the year when malarial disease was prevalent, prophylactic doses of quinia.

Shortly after the publication of Dr. Barker's paper, a claim of priority was made for Dr. Manson, as having many years before described the disease in question. I then wrote a short communication for the *Virginia Medical Monthly*, the journal in which Dr. Manson's claim had been set forth, suggesting that

priority belonged to neither Dr. Barker nor to Dr. Manson, and further showing that Burns, 1828, had written of "remittent fever" among the diseases of lying-in women, that Butter, 1775, had given "An Account of the Puerperal Remittent Fever," at least this was the title of the paper as it appeared in the Sydenham Society's publication, 1849. Other facts were adduced tending to prove, if not proving, that the profession had not waited until the latter half of the nineteenth century to learn that puerperal women might suffer from malarial disease. Whether I succeeded in establishing the point made or not, whether the proofs of that point were conclusive or not, I propose now making good my assertion by other authorities than those then adduced.

My attention has been recently again called to the subject by a Paris thesis, 1882, entitled *Etude clinique sur les accès de fièvre palustre survenant après l'accouchement*, wherein the author, Dr. Billon, attributes the first recognition of the disease to Béhier, 1858, who, in the memorable discussion in the Academy upon puerperal fever, pressed the importance of diagnosing between phlebitis and attacks of malarial fever, holding that the latter were returns of the disease awakened by the depressing influence of pregnancy and of labor upon the economy. But, as will presently be shown, Béhier has no just claim to this honor.

In the very able article by Stoltz upon *Puerperalité, Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques, tome trentième*, Paris, 1881, this eminent authority speaks as follows: "That the *encientes* and the *accouchés* are especially predisposed to true intermittent fever has been observed by a great number of authors. Already Doublet has spoken of it in saying that he has frequently observed intermittent fevers in the *accouchés* of Vaugirard. Berndt, in his treatise on fevers, maintains also that the newly delivered are quite predisposed to febrile paroxysms. We have ourselves many times made the same observations at Strasburg, where, however, intermittent fever is endemic. It is especially during the convalescence from puerperal affections that we have often noticed quotidian and tertian intermittent fevers, but we have never seen puerperal fever take this type."

In a previous part of this article Stoltz remarks that Fr. Benj. Osiander published in 1787 an account of intermittent puerperal fever which he had witnessed in 1781, but that he was in error, as is seen upon reading his observations, he has taken the *redoublements de fièvre pour des accès*.

Upon consulting Doublet's little volume, *Nouvelles Recherches sur le Fièvre Puerperale*, Paris, 1791, I find no reference to intermittent fever after labor, though its frequent occurrence in pregnant women is stated. *

Nevertheless, the following passage from Doublet, who, as will be readily seen, belonged to those whom the late Dr. Charles D. Meigs was wont to refer to as "milk-men," because of their puerperal pathology, is introduced as furnishing the nearest approach which I have been able to find in the volume to the confirmation of Stoltz's statement: "Sometimes, as Puzos says. *le lait repandu* takes the character of an intermittent fever. M. Beaussier, whom we have already cited as having inserted in the Journal of Medicine an observation concerning *un lait repandu* with infiltration of the thigh, remarked that this malady terminated by an intermittent fever. We have seen several times developed this character of intermittent fever in women newly delivered, and in nursing-women who had milk edemas. We have employed there with great advantage aperients and purgatives very diluted in a bitter decoction, and we have terminated the treatment by the use of cinchona and rhubarb. I mix thoroughly two drams of cinchona and one dram of rhubarb, which I have divided into packets of six or twelve grains; the patients take twelve of these packets a day. This mixture is so much more to be recommended as it has been adopted by Eng-

* An instance of intermittent fever causing miscarriage is given by Lamotte in his *Traité des Accouchemens*, 1726. In the preface to this best of all works upon clinical obstetrics, a book which the obstetrician of the present day can so often consult with pleasure and advantage, the wise author remarks that the observations, or reports of cases as they would now be called, are of more value than the *reflexions* or conclusions he has conjoined with them; that whereas the latter change, the former are fixed, firm, and for all time. O that this master in reporting cases had more imitators! Our periodical literature would be greatly enriched.

lish and French physicians. M. Leake has used it with success, and M. Planchon has seen its good effects." After repeatedly examining this passage, it still seems to me doubtful whether Doublet referred to malarial fever.

I think, too, that Stoltz has misread Osiander, as an extract from the latter's *Beobachtungen Abhandlung und Nachrichten*, etc., Tubingen, 1787, will show. Osiander, in describing one variety of child-bed fevers as "a cold fever," stating that he gives it this designation to distinguish it from "the hot, or burning fever described by Hulme and others," observes as follows: "This fever differs from the common cold or intermittent fever which sometimes attacks women in child-bed, or with which they often pass from pregnancy to the lying-in, and which according to Torti is always very dangerous, but which can generally be cured by the use of the Peruvian bark, in this respect: that in the time between the attacks a real abatement in the feverish pulse can never be perceived, and that the chill never occurs at a regular or definite time, returning frequently, however."

Whatever may be the conclusion as to whether Stoltz has correctly given Osiander's views, there can be no dispute as to the latter's plain recognition of malarial fever in child-bed.

Let us now go back still further. The first edition of Torti's great work, *Therapeutice Specialis ad Febres Perniciosas*, was published at Venice in 1709, but that which I shall quote is the fifth, and was issued in 1755. Torti states, page 310, that although he has observed a hundred times the bark given to pregnant women, he has never seen any injurious result, nor could he even suspect one. After considering this topic at some length he says: *Quod dixi de pregnantibus, cum proportione dico de puerperis, abortum passis, et menstruas purgationes actu patientibus, quarum nulli denegari potest usus corticis, dummodo aliunde indicetur, etc.*

The index refers to three "puerperæ happily cured by bark of a subcontinuous acute fever." In mentioning the state of one of these patients, in whom the fever had caused premature labor,

Torti says: The pulse was very rapid, exceedingly small and without force, the greatest dryness of the tongue and of the fauces, insatiable thirst, almost constant vomiting of porraceous matter, the greatest aversion for food, some wandering of mind, frequent respiration, *infelixque decubitus*.

Certainly in the light of the facts now brought forward it must be admitted that malarial puerperal fever was known long before any American contributions were made to the subject; its distinct recognition belongs to the eighteenth, probably to a still earlier date, rather than to the nineteenth century. Let medicine advance, but let it not ignore the labors of those long since dead: all wisdom and knowledge are not of the present. Cicero has wisely said: *Nescire quod antequam natus esses factum sit, id semper esse puer*.

Having ended this historical review, a few words as to the recognition and treatment of the disease may be added.

That the puerpera living in a malarial region is quite liable to suffer from malarial fever, the quotidian and tertian types being oftenest observed, can not be doubted. Sometimes, too, there occurs in her that which Verneuil has called the superposition of fevers, malaria being complicated with septicemia; fortunately when this confusing condition obtains the latter is generally slight, though it may continue for several days, greatly protracting puerperal convalescence.

The means of diagnosis given by Oslander, and which have been quoted, remain of great value; the information afforded by the thermometer is also of the greatest importance. In the majority of cases there is no great difficulty in deciding whether the patient be suffering from malaria or from septicemia; nevertheless there are others where the physician must delay his opinion or accept a doubtful diagnosis. But in the doubtful cases, and in those where a complication such as referred to occurs, quinia, or rather quinina, as our new Pharmacopeia makes us say, is important, in the one condition as an antiperiodic, in the other as an antipyretic. Sometimes the patient can not take quinina by the mouth, and then let it be given by the

rectum; under these circumstances ten grains of quina with one grain of tartaric acid may be dissolved in half a teacup of warm water, ten drops of laudanum added for a rectal injection, and the dose repeated every three hours until she is well cinchonized, when the interval should be lengthened, but she must be kept under the influence of the medicine for at least forty-eight hours. If the quina be given by the mouth, let the dose be six or eight grains, and the intervals as before.

This plan seems to be better than that advised by Billon in his thesis. He states that the mild cases of malarial fever in child-bed, eighty centigrams to one gram of the antiperiodic is to be given in two doses in the twenty-four hours, one in the morning the other in the evening; in severe cases, one or two grams may be given, while the worst do not need more than three or four grams in twenty-four hours.

Dr. Barker has spoken highly of Warburg's tincture, but, as a rule, I have not found it well borne by the puerpera; something if not tasteless at least less disagreeable in taste, and less likely to offend a sensitive stomach, is preferable.

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