

# The Contagion of Puerperal Fever

## A Classic of Science

Medicine

*PUERPERAL FEVER, A Private Pestilence.* By Oliver Wendell Holmes. Boston, 1855.

*The Contagiousness of Puerperal Fever.* Read before the Boston Society for Medical Improvement, Feb. 13, 1843, and published by request of the society, in the *New England Journal of Medicine and Surgery*, for April, 1843.

IN collecting, enforcing and adding to the evidence accumulated upon this most serious subject, I would not be understood to imply that there exists a doubt in the mind of any well-informed member of the medical profession as to the fact that puerperal fever is sometimes communicated from one person to another, both directly and indirectly. In the present state of our knowledge upon this point I should consider such doubts merely as a proof that the sceptic had either not examined the evidence, or, having examined it, refused to accept its plain and unavoidable consequences. I should be sorry to think with Dr. Rigby, that it was a case of 'oblique vision;' I should be unwilling to force home the *argumentum ad hominem* of Dr. Blundell, but I would not consent to make a *question* of a momentous fact, which is no longer to be considered as a subject for trivial discussions, but to be acted upon with silent promptitude. It signifies nothing that wise and experienced practitioners have sometimes doubted the reality of the danger in question; no man has the right to doubt it any longer. No negative facts, no opposing opinions, be they what they may or whose they may, can form any answer to the series of cases now within the reach of all who choose to explore the records of medical science.

If there are some who conceive that any important end would be answered by recording such opinions, or by collecting the history of all the cases they could find in which no evidence of the influence of contagion existed, I believe they are in error. Suppose a few writers of authority can be found to profess a disbelief in contagion—and they are very few compared with those who think differently—is it quite clear that they formed their opinions on a view of

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Originally printed in a journal which was discontinued the following year, this outstanding contribution to the literature of contagion was reprinted unchanged in pamphlet form by its author as a reply to attacks by some of the leading medical authorities of his day. In the pamphlet the original article is prefaced by an introduction in which Holmes says: "I do not know that I shall ever again have so good an opportunity of being useful as was granted me by the raising of the question which produced this Essay. For I have abundant evidence that it has made many practitioners more cautious in their relations with puerperal females, and I have no doubt it will do so still, if it has a chance of being read, though it should call out a hundred counter-blasts, proving to the satisfaction of their authors that it proved nothing. And, for my own part, I had rather rescue one mother from being poisoned by her attendant, than claim to have saved forty out of fifty patients, to whom I had carried the disease."

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all the facts, or is it not apparent that they relied mostly on their own solitary experience? Still further, of those whose names are quoted, is it not true that scarcely a single one could by any possibility have known the half or the tenth of the facts bearing on the subject which have reached such a frightful amount within the last few years? Again, as to the utility of negative facts, as we may briefly call them—instances, namely, in which exposure has not been followed by disease—although, like other truths, they may be worth knowing, I do not see that they are like to shed any important light upon the subject before us. Every such instance requires a good deal of circumstantial explanation before it can be accepted. It is not enough that a practitioner should have had a single case of puerperal fever not followed by others. It must be known whether he attended others while this case was in progress, whether he went directly from one chamber to others, whether he took any, and what precautions. It is important to know that several women were exposed to infection derived from the patient, so that allowance may be made for want of predisposition. Now if of negative facts so sifted there could be accumulated a hundred for every one plain instance of communication here

recorded, I trust it need not be said that we are bound to guard and watch over the hundredth tenant of our fold, though the ninety and nine may be sure of escaping the wolf at its entrance. If any one is disposed, then, to take a hundred instances of lives endangered or sacrificed out of those I have mentioned, and make it reasonably clear that within a similar time and compass *ten thousand* escaped the same exposure, I shall thank him for his industry, but I must be permitted to hold to my own practical conclusions, and beg him to adopt or at least to examine them also. Children that walk in calico before open fires are not always burned to death; the instances to the contrary may be worth recording; but by no means if they are to be used as arguments against woollen frocks and high fenders. . . .

The practical point to be illustrated is the following: *The disease known as Puerperal Fever is so far contagious as to be frequently carried from patient to patient by physicians and nurses.* . . .

[There follows a list of cases from English and American medical records.—Ed.]

This long catalogue of melancholy histories assumes a still darker aspect when we remember how kindly nature deals with the parturient female, when she is not immersed in the virulent atmosphere of an improper lying-in hospital, or poisoned in her chamber by the unsuspected breath of contagion. From all causes together, not more than four deaths in a thousand births and miscarriages, happened in England and Wales during the period embraced by the first Report of the Registrar-General. In the second Report the mortality was shown to be about five in one thousand. In the Dublin Lying-in Hospital, during the seven years of Dr. Collins's mastership, there was one case of puerperal fever to 178 deliveries, or less than six to the thousand, and one death from this disease in 278 cases, or between three and four to the thousand. Yet during this period the disease was endemic in the hospital, and might have gone on to rival the horrors of the pestilence of the Maternité, had

not the poison been destroyed by a thorough purification.

In private practice, having out of view the cases that are to be ascribed to the self-acting system of propagation, it would seem that the disease must be far from common. . . .

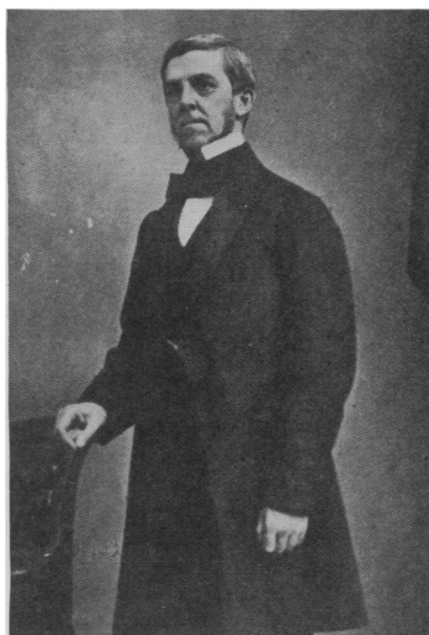
**I**N view of these facts, it does appear a singular coincidence, that one man or woman should have ten, twenty, thirty, or seventy cases of this rare disease, following their footsteps with the keenness of a beagle, through the streets and lanes of a crowded city, while the scores that cross the same paths on the same errands know it only by name. It is a series of similar coincidences that has led us to consider the dagger, the musket, and certain innocent looking white powders, as having some little claim to be regarded as dangerous. It is the practical inattention to similar coincidences that has given rise to the unpleasant but often necessary documents called *indictments*, that has sharpened a form of the cephalotome sometimes employed in the case of adults, and adjusted that modification of the fillet which delivers the world of those who happen to be too much in the way while such striking coincidences are taking place.

I shall now mention a few instances in which the disease appears to have been conveyed by the process of direct inoculation. . . .

[In these and the other case reports cited the transfer of the contagion is obvious in the light of present-day knowledge, while the standards of cleanliness (or lack of it) prevalent among the rank and file of doctors a hundred years ago is revolting to the modern reader.—Ed.]

I have no wish to express any harsh feeling with regard to the painful subject that has come before us. If there are any so far excited by the story of these dreadful events, that they ask for some word of indignant remonstrance, to show that science does not turn the hearts of his followers into ice or stone, let me remind them that such words have been uttered by those who speak with an authority I could not claim. It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it, with less cruelty, the death of its

dying parent. There is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as des-



**Oliver Wendell Holmes (1809-1894), distinguished American physician, author and philosopher, from a photograph taken about 1860.**

tiny is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly!

There may be some among those whom I address, who are disposed to ask the question, What course are we to follow in relation to this matter? The facts are before them, and the answer must be left to their own judgment and conscience. If any should care to know my own conclusions, they are the following; and in taking the liberty to state them very freely and broadly, I would ask the inquirer to examine them as freely in the light of the evidence which

has been laid before him.

1. A physician holding himself in readiness to attend cases of midwifery, should never take any active part in the post-mortem examination of cases of puerperal fever.

2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.

3. Similar precautions should be taken after the autopsy or surgical treatment of cases of erysipelas, if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.

4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some weeks, at least, have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.

5. If within a short period two cases of puerperal fever happen close to each other, in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.

6. The occurrence of three or more closely connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is *prima facie* evidence that he is the vehicle of contagion.

7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger.

8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession, should give way to his paramount obligations to society.