



AN

INAUGURAL DISSERTATION

ON

Acute Peritonitis

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Acute Peritonitis

For much of what follows, it is proper that I should acknowledge my indebtedness to the Author, and Lecturer. It cannot be expected by those who may be burdened with the reading of this production, that it is, or even should be, one purely original, and free from extracted matter, but it may be expected that I have made an honest exhibition of what I have deduced from hearing, and reading. The ideas herein advanced as regards Acute Peritonitis, are such as emanated from the talented of the profession long prior to my coming, and it would be folly for me with my limited qualifications, to attempt to thwart, or demolish any fundamental truth as inculcated by the graybeards of the

profession; consequently, I confine myself to the doctrine that seems most reasonable to my judgment and understanding. It is probably necessary that I should mention that the Peritoneum is a Serous membrane, which envelopes the abdominal viscera, and that the form of inflammation peculiar to a Serous membrane is that which is exhibited in Peritonitis; but, I deem it totally unnecessary for me to trouble you with a nice distinction of the nature of inflammation as it exists in the different tissues that compose the various membranes essential to the human fabric. Consequently I will devote myself to the Subject under special consideration, knowing as I do, that all I have to say can only pass for what it is worth.

The first symptoms of this distressing disease, is frequently a chill, but, generally commences with a sharp and severe pain in the lower part of the abdomen, which gradually increases the size of its location until the entire cavity is fully embraced; and sometimes the pain moves from one part to another attended with a hot sensation. Pressure by the hand on the abdomen produces severe pain, in fact any appreciable weight is intolerable. Anything calculated to throw the patient in a straining condition, such as discharging from the bowels, and vomiting, occasion much pain. The patient generally lies upon his back perfectly still, with his knees flexed so as to relax the abdominal muscles, and prevent in some measure the pressure of the bowels upon the peritoneum. It sometimes happens that tenderness is confined to

Some particular Spot, which indicates that the inflammation is local; the tenderness however is more frequently found to be general. There is an early manifestation of tension, hardness, and elasticity in the walls of the abdomen, which is followed by tumefaction that increases as the complaint progresses. In many cases there is irregular Swelling, but it is generally uniform and regular. The sensation of a tumor or tumors is given to the hand when applied to the abdomen. Under auscultation there is frictional sound produced by the rubbing together of the surfaces of the Serous membrane during respiration. Some of the most frequent symptoms connected with this disease are Suppressed urine, Vomiting, and constipation; the face is full, respiration

is short, the tongue is fur'd over with a yellow or whitish matter. Peritonitis is generally very rapid in its course, frequently kills the patient in one day, but oftener in about seven, and occasionally runs on for twenty. The pain, tenderness, and Symptoms generally, become more aggravated as the disease advances, but, when it is about to terminate in death, one of the most unfavourable Signs is presented, by a sudden Subsidence of pain; in this condition the pulse is weak and quick, the extremities cold, the face is sunken, and soon the patient is dead. A gradual Subsidence of pain, vomiting, tension, tenderness, is a good indication of a recovery, and the deliverance of the ^{disease} is made manifest by discharges from kidneys, bowels, and

Skin, but it sometimes happens that frequency of pulse, pain, and tenderness, continue for a long time after the danger is overwith.

In some cases the pus forces its way by ulceration into the Stomach or bowels, or discharges itself from the Surface of the body; recovery is more apt to take place when the pus makes its way through the Skin. The most fatal form of this disease is that which results from the perforation of a hollow viscus, the inflammation in this case, is sometimes local, but oftener found to be general, the contents of the perforated cavity will pass into the peritoneal Sac and seek an outlet by ulceration. The seat of this disease may be confined to any part of the Abdomen where

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there is peritonium, When this occurs, it is termed local peritonitis which is apt to be the case when the inflammation proceeds from mechanical violence. The symptoms in the local form are less violent than in the general. There is another variety of this disease termed Puerperal Peritonitis, which attacks women soon after delivery, the pain produced by this disease generally has its commencement in the lumbar region, but soon spreads over the entire abdomen, leaving the neighbourhood of the uterus tenderer than any other. The patient in this disease is sometimes subject to paroxysms similar to after pains. The symptoms of this disease are the same as those in ordin.

ary peritonitis. The Causes of this disease are very numerous, it is frequently produced by the ordinary causes of inflammation, frequently the result of local violence, produced by blows, Surgical operations, and wounds of various descriptions that enter the peritoneal cavity. The inflammation of the wounds occurring from violence of any description frequently extends to the peritoneal membrane. It is frequently the result of constriction of the bowels, and very often happens from perforation of the viscera. The danger of confounding Acute Peritonitis with other diseases, such as Colic, inflammation of the liver, inflammation of the muscular coat of the bowels, bladder, and Rheuma.

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tism of the abdominal muscles may be
obviated by discriminating and distinguishing
the one from the other. Peritonitis may be known
from colic by the great tenderness, the
more continual or less periodical augmen-
tation of pain, and the supine position.
It may be distinguished from the inflamma-
tion of any organ invested with periton-
eum by the characteristic symptoms of
peritonitis being wanting in the inflam-
mation of such parts. It may be distingui-
shed from rheumatism of abdominal
muscles by the pain, the pain in
rheumatism is more severe from
voluntary movement which causes the
muscles to contract, than, in involuntary
or passive movement, while motion either active, or
passive, is very severe in peritonitis.

In the treatment of this disease we think it best to diminish the vital action, and the various functions of animal life, by a free use of the Lancet. The bleeding being carried so far as to make a decided impression on the System, and then a dose of calomel, followed in a few hours by Castor Oil so as to produce a full evacuation of the bowels. The use of opium will prove advantageous by its sedative effects upon the body generally and particularly on the inflamed tissue under which the density of the fluid is reduced and the peritoneal accumulation of blood in the capillary vessels is subdued. Calomel is a very useful cathartic in this disease, because it is better retained than most other cathartics, and serves as a good basis for mercurial treatment, should such treatment finally prove advisable. Purgative medicines

Should not be actively employed after a thorough evacuation of the bowels, because it is much to be feared that the irritation excited during this operation will add to the inflammation. The use of mild laxatives aided by enemata so as to produce one or two soft evacuations daily will be entirely sufficient; Special attention should be paid to the irritable condition of the Stomach. If laxatives prove irritating we should rely upon enemata.

After bleeding, and after a full evacuation of the bowels, we should apply leeches to the part of the abdomen where the pain and tenderness is most severe. This treatment should be followed by warm fomentations. The use of the effervescent draught is found in many cases to prove beneficial in quieting the Stomach and producing diaphoresis. If vomiting should be obstinate it may be relieved by large draughts

of warm water, ipecac may be added to the water if necessary which will serve to clean out the Stomach and free it from all offending Substances. The warm bath may sometimes be used with advantage in promoting diaphoresis, Rubefacient applications such as blisters, hot oil of turpentine, may supersede the necessity of cataplasms, fomentations, and the like, as the disease advances. Should the disease exhibit no positive evidence of yielding in the course of a few days, we should induce ptyalism by the use of Calomel with opium. Some three or four grains of Calomel combined with a quarter or one grain of opium administered every four or five hours will probably produce the desired effect. And when this effect is produced the patient is comparatively free from peril.