

AN
INAUGURAL DISSERTATION

ON

Puerperal Fever

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Puerperal Fever

A great many parturient women are attacked with this hazardous disorder, vulgarly known as Child-bed fever. All women are to be considered more or less liable to this disease during their lying-in term, which often proves fatal especially during the prevalence of an epidemic and even in the sporadic forms of the disease, which we had in this western country. When an epidemic of Child-bed fever is prevailing in a city or country, not only are parturient women in a dangerous condition but even those who are not in the last stage of gestation ^{are} felt for with deep interest. But it is not astonishing that their safety is watched for with great anxiety by their physicians; one who knows that either form of this malady, (that is, the epidemic or sporadic,) ends fatally. This one single form of ~~parturition~~ ^{disease}, destroys the lives

of more women than all the other forms of the parturient state combined. No practitioners can long practice this branch of medicine (Midwifery) without coming in contact with this disease, and then I know of no other disease more requisite for the physician to be well posted and promptly to act than in this. For there is no form of disorder more flattering in its approach or more rapid in its development when once fairly set up. A disease that is so rapid in its progress, that the loss of only a few hours in the beginning renders all interposition afterwards valueless.

Not a few of these unfortunate victims are known to perish within twelve or eighteen hours but some even within six hours after the appearance of the first symptom. An Accoucher of extensive obstetrical practice never can look upon his patients just delivered

as entirely free from an attack of this fever: if this be true every Student of Medicine should give this disease his profound attention; he should study it carefully and dilligently. The fact is I think any one practicing Obstetries is morally bound to pursue it to the furthest extent. This disease always occurs within a week after delivery, most frequently about three days afterward. It is ushered in with something like a chill, and is accompanied with acute pain in the region of the Uterus and its appendages or in the Peritoneal space generally. It is nearly as apt to attack the robust as the most delicate woman, and also the woman that has an easy and natural delivery, as the one with the most tedious and instrumental.

Neither does age, constitution, or peculiarity of labor seem to have much influence, in arousing the disorder. The sooner this

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Malady occurs after delivery. the more apt
it is to end fatally. And often when antiphlogis-
tic measures are not had recourse too, in fact
I might say invariably the symptoms being
in such a state of excitement, soon would
end in exhaustion and debility. It is more
fatal in hospitals, than in private practice,
more fatal in towns than in the country.

Varieties of Puerperal Fever

Some authors say two others four, every one
seems to have his own views on this subject
It is very seldom that any two of them agree
Churchill, Ramsbotham, Meigs, & Cochr.
all differ more or less, and some of them
recommends the student to follow no one
mans views on this subject. All authors ac-
knowledge this, that Puerperal fever occurs
in two distinct forms, the one Sporadic,
which is isolated and does not extend,

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The epidemic or the one which does extend
and sometimes pervades cities or whole sections
of country. And it is the epidemic form
that is by a large majority ^{of} cases fatal in all
countries. Though the Sporadic ends in fatal
ity often enough to make humanity quiver
to think of it. Some authors speak of it as being
contagious, others say not. I think not myself
I suppose it to be as Flux or Typhoid fever
raging as an epidemic, I dont wish to believe
it contagious unless I have something more to con-
vince me of it in the future. These two varieties
are considered by some writers as two distinct
diseases, but by nearly all writers as two sep-
arate forms of the same disease. A large
majority of practitioners treat of them both
under the same head in fact all authors do
that I have been able to consult. Why is
this the case, because the same category

of symptoms belongs to each and they run the same destructive course if not checked. And by a post mortem examination the same morbid appearances are found in the pelvic and abdominal cavities. if this be the case good sense teaches us the same remedial agencies are applicable to both. Now some student might ask is not the epidemic form of this disease more active and rapid in its progress than the sporadic, then I would answer yes and I would be more active and prompt with my treatment although the remedial measures would be the same. Some think that the inflammation which causes this disease is not of the ordinary kind, but that it is specific and peculiar in its nature. On this point of course I think it is of the ordinary kind.

Causes. The causes which predispose

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To Puerperal fever as such as lead to unhealthy
action in general, depressed and desponding
state of the mind, atmospheric vicissitudes, in-
temperate habits, deficiency of food, and prob-
ably previous disease existing in the system
at the same time. but in the large major-
ity of cases we can trace no predisposing
cause. The exciting causes are epidemic
influences, intestinal irritation, retained
placenta, suppression of lochia. Local causes
generating malaria are supposed to promote
it, low places, damp wet and melancholly
weather. The immediate causes are more
obscure than either the predisposing or ex-
citing. Some authors consider it dependent
on a metastasis not of the lactal secretion
but of the blood. that is the production of
that secretion from the breast to the peri-
toneum. Others suppose by absorption of the

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uterine surface or putrid matter lodged
in the uterus. Ferguson who compares the
internal face of the uterus to a stump
of an amputated limb, considers that it
is originated by the absorption of pus and
putrid matter through the uterine vein
into the system in general.

Symptoms

The most striking symptoms are
tenderness and pain over the greater part
or all of the abdominal region, accom-
panied by symptomatic or inflamma-
tory fever, the extent of the fever is in
proportion to the violence of the attack
it is usually ushered in by a chill either
partial or general, which this fever fol-
lows. This chill or rigor may occur in
twelve, eighteen or thirty six hours after
delivery, usually however within three days

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Sometimes even later. The patient may appear to be doing well up to this time.

The chill varies greatly, sometimes it is so slight as scarcely to be perceptible, at other it agitates the patient's whole person and the violence of the attack usually varies in the same ratio, severe chill, severe attack.

Heat and dryness of skin attended with great acceleration of the pulse ranging from one hundred and twenty to one hundred and sixty per minute. We also have hurried respiration, nausea & tremor tenderness in the abdominal region.

With these symptoms we have great pain in the loins reaching even to the coccyx. In fact we always may expect some morbid action going on if the pulse ^{especially} goes over one hundred per minute. ~~But~~ if there is an epidemic fever prevailing

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Through the country the hypogastric region suffers most with this disease. These symptoms are generally accompanied by a hacking cough and in severe cases the skin is sometimes moist or clammy. In the commencement of this disease the countenance undergoes a remarkable change becoming ghastly, sallow, and dejected indicative of great distress. I speak of these appearances as if though I had seen them but it is otherwise I know nothing of Purpural fever except what I have read from different authors. for instance Leitch, Ramsbotham, Meigs, Goch and what little my memory affords me two years previous on this subject by Professor J. M. Watson. But however I am acquainted with the anatomy, physiology and pathology of the parts involved

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The Urine is generally defective, Turbid, high colored, and passed with great difficulty and pain. Lochial and lactal secretions sometimes are partially checked then again entirely, and the other performing its duty. The extremities are usually cold. The patients rest is bad, abdomen swells, Tenderness increases it becomes tense and acquires the size as it was before delivery. Then at this stage the weight of the bedclothes produces agony the descent of the diaphragm produces pain. The patient lies on her back invariably with the knees flexed for the purpose of relaxing the abdominal muscles and partly to remove the weight of the covering from the abdomen. Scarcely any reliance can be placed upon the Tongue the Mouth and Tongue are usually moist yet an unquenchable thirst is always present. The abdomen being tumid is dependent

on two causes, 1st the inflation of the intestines which always takes place during the progress of the disease and the effusion of fluid into the peritoneal cavity, which always takes place previous to death and is productive of a fatal result. Then the pulse becomes feeble and weak, the tongue dry and brown the patient slips down off the pillow to the middle of the bed and these are fatal symptoms. Occasionally, ^{metastasis takes place from} the peritoneum to the pleura or the membranes of the brain. The favorable symptoms are pulse less frequent, skin cooler, and softer, thirst less, bowels easily acted on in the beginning refreshing sleep change of posture from back to side. This is the best and most favorable symptom in this disease. Every practitioner should be careful and form a correct diagnosis of a woman recently delivered that complains of indisposition. for by forming a

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Correct diagnosis of a disease at the onset
it will enable him to treat a great many
cases successfully. When in if he had formed
an incorrect diagnosis, in the onset of the
disease, he would not have been able
to treat ^{have} it as such, and highly probable
on account of his incompetency the pa-
tient would probably perish. The most
constant sign is a frequency of pulse which
requires little practical experience of child
pulse made by the sense of ^{touch} ^{and} ~~touch~~ and
impression on the mind. It usually beats
one hundred and twenty to one hundred &
sixty to the minute. The volume of the artery
varies greatly in the beginning of the disease
in different patients owing to the constitution
of the patient and violence of the attack
The young practitioner is liable to confound
this disease with milk fever, both having the same

Category of Symptoms

Morbid Appearances. Multitudes of the victims upon post mortem examinations disclose no outward signs of disease of the uterus. but upon laying it open with the bistoury the whole uterus or part of its inner walls is totally softened and ulcerated or gangrened. Again the substance of the uterus may at the first aspect appear to be perfectly normal, in volume, hue, and consistence, but upon incising its texture many of its veins and sinuses are found distended with pus. In other cases the above appearances are not only found in the veins of the uterus but also along the entire surface of the peritoneum. But by an investigation of post mortem examination of different subjects ^{is here} unmixed, uncomplicated inflammation of the peritoneum. though of such violence

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as to end in death, and at the same time
the womb, veins, nor substance not involved.
The young practitioner in contemplating
the cardinal forms of Child-bed fever as
having a primary seat either within the
veins or substance of the Uterus or on the
intra pelvic peritoneum. Though ^{post mortem}
traces of Purpural Peritonitis sometimes
are observed to have invaded every part
of that serous membrane. Still it is reason-
able to believe the incipient area or areas
of inflammation were connected directly with
the womb or its appendages.

Treatment. In my humble opinion both
the sporadic and epidemic forms of Purpural
fever require the same management and
as this disease is always in a high degree
of inflammation we should adopt a vigorous
course of antiphlogistic treatment. Therefore

blood-letting claims our first attention. if
 we neglect this we have no substitute that will
 answer its stead as well. Therefore we must
 have recourse to venesection early and largely
 For instance if the first thirty six hours be allow-
 ed to pass over without this remedy being resor-
 ted too it will then will be applied proba-
 bly too late. The blood should be drawn from
 a large orifice. the patient being placed in
 a semi-erect posture. so that an impression
 could be made on the patient immediately
 It is better that the veins of each arm be opened
 than to allow it to flow in a small stream
 from one arm. But we have no certain
 quantity, we bleed to make a certain im-
 pression on the system. for instance bleed
 to syncope. it matters not much if the patient
 does faint, though we have this sometimes
 with a loss of little blood, then again with

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a great loss of blood. As a general principle
from eighteen to twenty four ounces. The more
blood the patient can bear to lose, the greater
was the necessity for this measure to be taken

Leeching the abdomen also may be a useful
method, in some of the forms and stages of
Purpural fever. Next to bleeding we should
purg our patients freely, first by a large dose
of Calomel followed by a dose of Senna & Jalap
every three hours until we get a copious op-
eration on the bowels. Then we should still
give Calomel until it produces its consti-
tutional effect. Some practitioners object
to this on account of its increasing the per-
istaltic movement of the bowels and caus-
ing the inflamed parts to rub together
But the good effects of relieving the bowels
of their contents over balances this doctrine
of friction. If the disease in a short time

after being set up. The symptoms gradually
 subside and then return a gain we might
 venture to bleed the second time. But we should
 be certain that the purgative medicines had
 acted, fowltrices of corn or linseed meal is good
 applied over the parts inflamed. Blistering I
 object too though recommended highly by
 some. ~~this~~ for I suppose there to be already
 enough irritation over the abdomen. Yet a blister
 between the thighs would be beneficial, as I
 regard the pelvic cavity the seat of the disease
 In this disease we may produce ptyalism
 to a considerable extent for the benefit of our
 patient. then we should administer combi
 ned, calomel and opium for inst five grains
 of calomel and one of opium. The calomel
 to prevent effusion of serum into the peritoneal
 cavity and the opium to allay pain and
 to produce refreshing sleep. If the Lochia

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be suppressed or possess a bad odour we should have the Vagina syringed out with warm water every three or four hours. This treatment is only applicable to the active stage of Puerperal fever, while the inflammatory symptoms are running high. Secondly in a state of depression this treatment would hasten the disease to a fatal termination. And of course our treatment must be entirely changed. our object must be to preserve the remaining strength of the patient so as to afford nature an opportunity of counteracting the effects made previously on the system. This is to be done by sustaining the patients system by the proper diet and stimulants also cordials. I think the physician should act in the capacity of a Nurse so that as the symptoms changed he could take the decided advantage

or to endeavor to counteract the effects
of every little alteration that may appear
If the disease is more chronic in its char-
acter we may have pearl coloured vesicles
on the lips, mouth, and intestinal canal,
and terminating ⁱⁿ curd like slough.

This thesis I could continue but I think
it proper to curtail my treatment

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