AN

INAUGURAL DISSERTATION

ON

Puerperal Peritonitis.

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BY

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To

Professors Eve & Watson

Please accept the accompanying

as a

Slight token of respect and esteem

from One

Who will ever remember your kindness

With

The utmost feelings of gratitude.

Nashville, T. Jany. 18. 1858. G. W. C.

Puerperal Peritonitis

"Obstar Principiis"

In selecting Puerperal Peritonitis as the subject of a thesis, I acknowledge myself indebted to the writings of Drs Denman, Leake, Hulme, and Gordon, whose monographs on this subject have rendered their names illustrious in the annals of Medical literature.

There is but little difference in the general discription of the disease as given by them; Each has given its history, its appearance and their mode of treatment. Each has discribed its nature, its Symptoms and its causation. Each has portrayed its incipiency, its progress, its acme, and its decline. Each has testified to

its rapidity, its virulence and its mortality;—
Each has declared that there is no desease,
the plague excepted, in the whole catalogue of
—"ills to which humaw flesh is heir,"
so uniformly fatal as puerperal fever, and
they are fully sustained by the hospital reports
and the accounts of the various epidemics which
have been published.

The earliest writers on medicine were
well acquainted with the desease, as evinced
by the discription of cases given by the Greek
and Arabian Physicians during the palmiest days
of their country, but it was not until near the
close of the last century, that the nature of the
desease was fully understood, and the proper
treatment pointed out. by Dr Gordon.

Its history, in modern times, especially in Eu
rope, where during the last century it prevailed
extensively as an epidemic, discribe its "ravages

as truly awful." occuring in private, but, more numerous and fatal in hospital practice and from which no class of society appeared to be exempt, the rich and the poor, the latter more frequently, the strong and the weak, the plethoric & the anemic, being alike amenable to its influence, preading the rural districts, but chiefly prevailing in the crowded cities, and in the wards of lying in hospitals, transported from the cot of the lowly to the luxurious couch of the wealthy, through the medium of the attending physicians or Nurse.

Happily for the female Sex, it has never prevailed to any great extent as an epidemic in our country, and even sporadic cases are rare, but as they every now & then present themselves, it behoves the medical practitioner to so understand the disease and duly to appreciate its almost invariable fatal tendency, as

to leave no effort unspared to counteract its first Symptoms and nip it in the bud by active treatment before it is too late. After close observation & experience has been so clearly pointed out by Dr Gordon, that a physician would be liable to the utmost censure if he, either failed to adopt, or neglected to pursue the plan so clearly pointed out, and the only one too which can promise any relief.

Symptoms: The Symptoms of puerperal peritonitis, are generally so uniform, that the discription of cases given by the Authors whom I have consulted vary very little.

Puerperal Peritonitis. Puerperal or Child bed fever, is restricted to a malignant inflamation of some portion or other of the peritoneum of parturient females. Fever & inflamation of the peritoneum are absolutely necessary to its full development. This fever is

is generally ushered in by a chill or riger more or lef severe, fregueutly Suddenly & without any apparent cause or previous indisposition. The Chill is followed by a fever more or less high & which will persist even after a profuse perspiration, also a severe & constant pain, and tenderness of the abdomen.

The fever is of a high inflamatory grade and the pulse is quicker than in fevers generally The pain is generally situated in the right iliac region, but wherever situated is more painfull than the labor itself, and which is greatly increased on pressure. There is also pain over the eye brows head aches and the Skin is generally hot & dry or at other times cold & clammy. The secretions are generally arrested, the lochial discharges are also arrested, or very much diminished, The bowels are generally constipated. The tongue is coated with a white fur, which becomes darker

as the desease progresses.

The desease, if allowed to persue its course in the short space of from twenty four to seventy two hours assumes an entirely new aspect. The circulation becomes impeeded or arrested in the peritoneum, the abdomen gradually enlarges by the effusion of Serum into the cavity of the abdomen, the pulse runs up to 150 or 160 pr minute. The countenance becomes pale & shrunken and the breathing becomes more laboured. Each inspiration presses down the diaphragm & abdominal muscles upon the inflamed peritoneum inducing intense pain, and thus impeeding the free action of the lungs. The patient lies constantly upon her back. The circulation having been impeeded, pus is soon generated which corrupts the blood in the diseased peritoneum, from whence it flows through the portal veins, vitiating the secretions of the liver, which again in its turn

induces, vomiting if thrown into the Stomach of if into the intestinal canal, a profuse & offensive diarrhoea. By being absorbed in to the general system, it produces putridity, and the character of the desease becomes changed from an inflamitory in the begining to a typhoid type towards its termination. It is in this Stage, towards its close that the pain in the abdomen ceases intirely, mortification has insued, and death is inevitable.

The desease is very rapid in its course frequently running through all of its Stages in forty eight hours, Sometimes Sooner, but generally proving fatal on the fifth day.

Post mortem examinations reveal a high degree of inflamation of the peritoneum, and its various duplicatures, and frequently involving the viscera of the abdomen. The omentum and Ovaries are principally affected, Sometimes being

engorged with blood, at other times in a state of suppuration, while the cavities of the abdomen are frequently filled with serous effusions, mingled with coagulable lymph, which appear to roughen the surfaces of the different viscera by agglutinating them together, to the peritoneum and to the abdominal parieties.

Causes. The causes of puerperal peritonitis have been attributed to different circumstances; —— to anything that would depress the nervous system, or that would affect the general health, or the Chemical, vital or physical constitution of the blood, to previous illness, to improper food the use of ardent liquors, to cold & moisture, to hardships during gestation, to the gravid uterus, to exposure too soon after confinement, badly ventilated rooms — to constipation, local hyperemia, and more than all others combined, is probably infection

as pointed out by Dr Gordon, in his account of the epidemic of puerperal feror in Aberdeen, about the close of the last century.

The immediate cause of puerperal peritonitis is parturition. It has never been known to precede: but always to succeed that event, though it may be complicated with other deseases and thus appear to have commenced before parturition.

The desease frequently assumes an Epidemic, and very malignant form, and becomes very contagious or infectious, and is easily transported from one bed side to another through the agency of the attending physicians.

This peculiar virus or contagious principal of puerperal peritonitis has been so often pointed to, as one of the causes of its propagation, that due caution should be exercised to prevent its propigation through

our instrumentality. Unfortunately this contagious principal is not restricted to puerperal peritonitis alone, for it propagation of the desease, but is resident also in Erysipelas, with which it is frequent ly complicated, with Typhoid fever & Scarlitina. Small Pox & Hospital Gangrene and decomposing animal matter or bodies especially such as have died of inflamitory deseases. Such being the case we should endeavour, to remove the parturient female, as far as we are able, from the influence of any thing, that might tend to the development of the desease, even to the exclusion of parties who have been within the influence of the infection.

Pathognomonic Signs This desease has certain Characteristic Symptoms which may be regarded as pathognomonic, and

which we will briefly enumerate, viz, if on the second or third day, sometimes immediatly or a few hours after delevery we are called to the bed side of a patient who has had a chill, which has been followed by a high fever, pulse ranging about 140 beats per minutes, with severe pain in the abdomen, which is increased on pressure, with a general suspension of the secretions, we may reasonably conclude that she is labouring under puerperal peritonitis.

Diagnosis. It is easily distinguished from after pains, when we remember, that the latter are intermitting or periodical, nor are they increased on pressure, nor is the pulse increased much higher than in health.

It is much more difficult to discriminate it from Hysterites, here the pain is situated in the region of the pubis, and is increased

at each uterine contraction, is constant, or lancinating, the peritoneum not being so much involved the abdomen is not so tender nor so much enlarged, the pulse is hard & quick, and only about 100 beats per minute, and the secretions especially of milk, are not arrested.

From Ovaritis, by the burning pain in the illiac region, and a rectal examination will discover the ovary enlarged, & probably lying against the rectum, Ovaritis is so frequently combined with & an attendant upon puerperal peritonitis and partakes so much of its nature, that the treatment is essentially by similar.

From Malarial fevers by the intermission or remission that would follow the sweating Stage, by the pulse, and by the absence of the severe pain in abdomen.

It is discriminated from milk fever by the fact that the fever in this case precedes the secretion of milk, and is followed by a plentiful flow of it. while puerperal peritonitis generally succeeds that event, and arrests its further secretion. also the absence of abdominal pain &c.

Prognosis. In such an obstinate disease, running through all of its stages with such rapidity, and having such a fatal tendancy, we should be very guarded in our prognosis, and especially if the first stage or the first twenty four hours have been permitted to pass without proper treatment. The first stage passed the pain and swelling of the abdomen increase, the pulse becomes quicker & weaker running up to about 160 beats per minute the respiration becomes more hurried & difficult.

the tongue becomes dry & brown, the face and extremities are frequently bedewed with a cold clammy sweat, or hot & dry: if the bowels are constipated, green bilious matter is frequently vomited, or a profuse & offensive diarrhoea takes its place. We should be on our guard should all these symptoms abate suddenly, and not be deceived nor lulled into hopes nor promises of a recovery, it is too frequently the calm that precedes a fatal termination.

If on the other hand should this abatement of symptoms take place after frequent & copious evacuations from the bowels, and the abdomen gradually subsides, with a moist skin the pulse less frequent, but increased in volume, — the restoration of the bodily of the secretions generally, a return of

maternal feelings, they may be regarded as favorable to the patients recovery.

Efforts have been made to find out if possible so means to prevent the development of the desease, Dr Gordon has recommended purging for this purpose, and which appears to answer the purpose better than any thing else that has been presented.

A purgative bolus is given on the morning after delivery and either prevents or anticipates the desease, and has now almost become a universal custom throughout our country.

Stages of the desease. By regarding the desease as being divided into three Stages, we can more readily comprehend the reasons for the various modes of treatment recommended by the different practitioners. These Stages have been classed as 1st, a Stage of inflamation. 2d a Stage of Gangreen & 3d a Stage of Effusion, each consequently varying in

character and each consequently requiring a different course of treatment.

Treatment The first stage is characterized by a high degree of inflamation and fever, and is generally very brief running its course in from 12 to 24 hours, seldom longer. The chill has passed there is a high fever the pulse is about 140 per minute,, the pain in the abdomen is excessive, it is natures warning. it declares the character of the desease, The indications are for depletion, and the history of puerperal peritonitis, teaches us that depletion to be of any benefit should be of the most active kind, and done early & boldly.

Venesection is the main reliance on which the life of the patient depends, and on which the physician must rely. Its therapeutic effects

cannot be over estemated. there is nothing to supply its place, and it should be done early, immediately after the child if possible.

The amount taken should be regulated by the state of the patient, plethoric ones requiring that more blood should be taken than anemic, the least quantity in either case should be about twenty ounces, but by the number of ounces, we cannot be guided, and it would therefore be better to bleed until there is an approach to Syncope, only this must should happen on account of some peculiarity of constitution, before the desired amount is taken, then the bleeding should be repeated soon after revival from fainting.

Bleeding relieves the engorged state of the blood vessels of the peritoneum, it lessens the pulse, it allays the pain, and hence the fever, and should never be neglected.

Venesection has also prepared the system for further depletion, which should be done by active cathartics, so as to produce free and copious evacuations from the bowels. The best preparatory preperation for that purpose is. that recommended by Dr Gordon

Calomel,	gr iij
Senna	℈ ij
Conserve of roses	q.s.

and made into a bolus. to be taken after bleeding

After the diarrhoea is excited, it should be maintained by the administration of saline purgatives, combined with jalap, until 6 or 8 evacuations, are produced from the bowels, daily - for five or six days.

At night opiates should be given to sustain the system, during this active depletion, and to procure sleep.

"Kind natures sweet restorer."

This mode of treatment if administered at the proper time, almost invariably terminates the disease. The bleeding relieves the vessels of the local hyperemia, and purgatives carry off the effete matter accumulated in the system. I will again repeat, that the bleeding ought to be performed as soon after the chill as possible, at any rate within the first twelve hours, if longer neglected the danger is increased, but may be resorted to, until twenty four hours after the attack.

If however the fever should persist, in spite of the first bleeding, it should be repeated in 6 or 8 hours and apply a large number of leaches to the abdomen, and bleeding from their bites encouraged by fermentations after they are taken off.

Should bleeding fail, her fate is sealed. It may be regarded as settled, that no

well developed case of puerperal peritonitis has ever yet been cured without bleeding, aided by thorough purgation.

Purgatives alone can do no good but becomes invaluable when following bleeding.

A blister may be applied to the abdomen over the seat of the pain, and after vesication, should be followed by a plaster composed of

Iodine,	gr	x
Iodide potassa	"	xx
Hydrargerum	"	xx.

And we should endeavour to produce a partial ptyalism or an approach to it by the administration of small & repeated doses of calomel every hour.

If the disease obstinately persues it course, on the second day, it assumes a low type, the pulse runs up to 160 beats per minute, the abdomen becomes as large as before

delivery and the pains are less acute, at times again greatly increased— the countenance becomes of a livid hue, the Tongue becomes dry, brown and parched, the respiration is hurried & difficult, the peritoneum is bordering on gangreen, and the disease has reached its second stage,

The Typhoid Character of the disease warns us that we should be carefull in the administration of our remidies, The heroic practice so indispensibly necessary in the beginning of the disease should not be resorted to. Bleeding would now hasten the patient to the tomb. The bowels should be kept open by the Saline purgatives, pain allayed by opiates, and we should endeavour to sustain the System by mild food, The bilious accumulations in the intestinal canal corrected by the use of acidulous fruits & drinks..

All Stimulating food & beverages should be carefully avoided, all brandies wines and cordials, all preperations of animal food— Soups & broths should be carefully prohibited.

The disease still persuing its course Serous effusions are poured out into the cavities of the abdomen, the case becomes utterly hopeless, the pulse is fluttering the countenance wild, and expressive of the greatest distress, the abdomen is greatly distended the pains sometimes cease, at other times, greatly increased, a colliquative diarrhoea has set in:— it is beyond the power of nature to react; the vital organs are succumbing to disease;— the Omentum has melted down before the internal fire;—the ovaries are generally in a State of suppuration, the mental faculties frequently give way; the patient is frequently

lulled into false hopes of a recovery by the abatement of pain & the exemption from distress. All our efforts have been unavailing to avert the impending doom.

We behold the patient on the verge of Eternity, we can but wipe the cold clammy perspiration from her brow. All pain has ceased and the mother in fulfilling falls a victim to heavens first law.

How Solemn the death bed scene of woman under such circumstances She regarded as a type of her Sex a Sex that never erred but once and then only when beguiled by the persuasive eloquence of the fiend of hell She partook of

" _____ the fruits
Of that forbidden tree, whose mortal taste
Brought death into the world & all our woes"

Nor is puerperal peritonitis the least of those woes, a disease peculiar to the parturient woman, and a monument of the fulfillment of heavens decree, "in Sorrow thou shalt bring forth Children."

"She never erred but once, and had that Error been committed at a later period of the world, after four thousand years of bright and lovely deeds"— She who has ever been a ministering Spirit around every couch of affliction;— "She, who was the last of the faithful at the foot of the Cross," and, Sped earliest with Spices to her Saviours tomb;— the accusing angel would have borne the charge against her to heavens chancery in vain."