

AN
INAUGURAL DISSERTATION
ON

Suppurated Liver

SUBMITTED TO THE
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BY

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Supercal Fever

There are few diseases so fraught with distress as this in either of its forms. The course of a favourable convalescence after parturition is suddenly interrupted without any apparent cause and exchanged for symptoms which excite the utmost alarm of the physician. The anxiety and anguish of those so recently enjoying the blighting of the sweet hopes in life, and finally the rupture of its charmed ties and the melancholy desolation of a home but recently the abode of happiness. This is but a slight sketch of the picture which presents itself to the mind when this fearful disease is mentioned.

By purpural fever we understand that a part or the whole of the puritenum is inflamed.

It may appear sporadically or epidemically the former being most frequent in the United States yet when the epidemic does appear it runs its course more rapidly and is much more fatal. as the symptoms of the two forms differ but little if at all. I will give them as belonging to one and the same disease.

The principal difference being that the epidemic form runs its course more rapidly and is much more fatal than the sporadic. but we seldom if ever have the epidemic form in the United States.

Symptoms and Course

This disease generally makes its appearance on the second or third day after delivery though sometimes as late as the sixth or even ninth day, but more frequently in the course of twentyfour or thirty six hours after delivery the woman will complain of tenderness over the whole or a part of the abdomen attended by slight fever. This is followed by rigors or chilly sensations amounting in some cases to a severe chill, this is followed by fever more or less severe and some writers contend that the more intense has been the cold stage the more violent

will be the after symptoms
 but I believe the general
 opinion now is that we cannot
 judge of the after symptoms
 by the severity or duration
 of the cold stage.

The now have excessive tenderness
 over the whole abdomen or
 confined to some particular
 part accompanying this tenderness
 we have severe pain which is
 most frequently seated in the
 hypogastric regions. And if
 not checked will soon extend
 from that point over the
 whole of the abdomen.

It is now so very sensitive
 that the slightest pressure
 cannot be tolerated. even the
 weight of the bed clothes produces

intense pain, and the only position in which she can remain is on her back with her knees drawn up in order to relax the abdominal muscles. Pain in the head is a frequent attendant generally occupying the frontal portion and not infrequently continuing throughout the whole course of the disease. We now have morbid heat and dryness of skin frequent and hard pulse, nausea and vomiting quite early in the disease. The countenance undergoes quite a marked change. It is depicted ghastly and expressive of great distress indeed. The change is so plainly marked that the most casual observer would not

fail to notice it
The eye now becomes languid
and insensible.

The respiration is short and
hurried in consequence of
the descent of the diaphragm
on the inflamed viscera
producing pain that is
almost intolerable. She

will also have pain in
the loins extending sometimes
as low as the coccyx and
thighs. A cough is often
present at the commencement
of the disease and contin-
ues throughout the attack.

The skin is moist sometimes
universally but more frequen-
tly in patches. and some-
times the skin becomes

Moist relaxed and clammy.
The urine is high coloured
scanty and when voided
produces great pain.

The Lochial discharge is generally
disordered it is either
diminished in quantity
or entirely suppressed.
Lactation if established
before the attack will in
a general way soon disengage
though it is stated by
some writers that it
sometimes continued to flow
naturally until a few
hours before death.

The extremities are frequently
cold from the commencement
of the disease. The tongue
is quite elusive ~~for~~ ~~is~~

for in some cases you will find
 it covered with a whitish slimy
 coat, again it may be thickly
 covered with a yellow fur,
 while in other cases it is moist
 and unnaturally red,

The mouth may not seem parched
 yet there is almost unquenchable
 thirst. As the inflammation
 extends and the pain increase
 the abdomen swells in some
 cases to an enormous extent
 so as to present a convex
 outline from the ensiform
 cartilage to the symphysis pubis
 This is dependant on two
 causes one is inflation of
 the intestines which generally
 occurs in the progress of the disease
 the other is effusion of

a fluid in to the peritoneal cavity which generally takes place a short time before death. This seems to be an effort on the part of nature to relieve the surcharged vessels, but this of itself is productive of a fatal result, with the effusion of fluid into this cavity the pain suddenly subsides yet the general symptoms are not alleviated but on the contrary they are all aggravated.

The pulse now becomes weak and so frequent as scarcely to be numbered. The tongue becomes dry and brown, the extremities perfectly cold, a crimson flush appears on

The chill, the ejection of dark
matter from the stomach
subsultus-tremor and finally
the woman will slip insensibly
down towards the middle of the
bed on which she lies.

When the above symptoms
appear the case may be
considered hopeless, it is
seldom that furious delirium
occurs at any stage of this
disease, as a general rule
the woman will continue
rational throughout the course
of the fever, and any
departure from rationality should
be looked upon as an unfavor-
able symptom. If however
instead of the above symptoms
we find the pulse less frequent

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softer and more regular, the
skin softer and cooler,
The tongue cleans off. The
thirst becomes less acute and
the woman turns from her
back to her side, and gets
several hours refreshing sleep
we would now expect without
a change a favourable Termination

Diagnosis

Purpural fever may be disting-
-ished from other fevers by
its appearing soon after
delivery and by its rapid
progress. an other diagnostic
symptom is the tenderness
being diffused over the whole
of the abdomen. If we have
superadded to the above a
frequent hard pulse rising

at once. To a hundred or
 hundred and twenty or a hundred
 and thirty with headache great
 pain and tenderness of the
 abdomen, I think we could have
 but little difficulty in the
diagnosis.

Treatment

There is no disease that requires
 the speedy action of the physician
 more than that of purpura
 If called within twelve or
 twentyfour hours after the
 attack our first resort
 should be to the lancet
 with which we should bleed
 freely. Writers generally recommend
 bloodletting to the amount of
 sixteen or twentyfour ounces, after
 a full venesection we would

administer a list cathartic which should be composed of Mercury and some more active cathartic after this has operated fully if the symptoms haven't abated we wouldn't hesitate to bleed a second or even third time if necessary, but we should never bleed beyond slight syncope. After the action of the purgative we frequently have established a diarrhoea and if moderate it shouldn't be checked as this seems to be curative rather than otherwise after a full antiphlogistic course we will derive great benefit from the use of Opium alone or combined with Calomel, it acts well by

procuring rest allaying
irritability and acting upon the
skin but the opiate should
never be administered until
after bleeding and purging.

Some writers recommend blisters
and poultices, and many other
minor remedies of which I did not
speak. One should of course have
a light nutritious diet, being
cautious to not allow anything
that would irritate or cause
inflammation.

I should hesitate to bleed after
thirty six or forty eight hours. Though
some recommend bleeding as late
as forty eight or even seventy two
hours after the attack.