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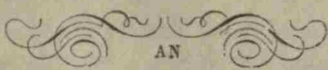


AN

INAUGURAL DISSERTATION

ON

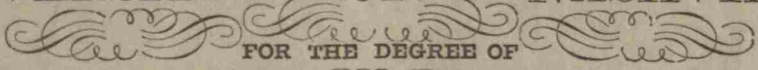
Puerperal Peritonitis

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



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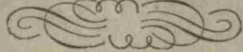

DOCTOR OF MEDICINE.

BY

James. Henderson. Biles

No. 34

OF

Tennessee

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It is considered most dangerous when it attacks the woman a few days after labour; or in other words, the sooner it attacks the patient after delivery the more dangerous we consider it, as well as all other accute diseases of the puerperal state. If it be not checked it runs on rapidly to its termination. and after it conti-nues an uncertain length of time the symptoms are changed from those of high excitement to those of exhaustion and debitity. It is more fatal and frequent in Hospitals than in private practice.

There are two varieties of Peritonitis; namely the Sporadic and Contagious I believe that the popular opinion is

in favour of its contagiousness in Hospitals.
I do not think it contagious in the
United States. It is the sporadic
type that we meet with in this
country. Sometimes the attack at
the commencement is very
severe; at other times it is more insidious,
and in this way may be overlooked
by the physician and friends, and
run on to a considerable extent
before the disease is well marked
so as to attract attention.
It has been a point of dispute
whether the inflammation that
constitutes Puerperal Peritonitis
is of the ordinary kind, or specific,
and peculiar; I believe that the
sporadic kind is considered nothing

more than common violent inflammation; but the contagious variety is regarded as being of an erysepelatous character.

The causes that predispose to Puerperal Peritonitis are parturition and such causes as lead to unhealthy action in general. It is possible that in by far the greater number of cases which occur in this country no exciting cause can be traced.

Symptoms. — The most striking symptoms of this disease are: excessive tenderness over the whole or greater part of the abdomen attended by pyrexia in a greater or less degree. It is usually ushered in by a rigor, either partial or general. Sometimes

the chill is so light that unless you quiz the patient closely she will not complain of it at all. Then again it is so intense as to shake her whole system and even the bed. After this, high inflammatory fever succeeds. We usually find the more intense has been the cold stage the more violent will be the after symptoms. Morbid heat and dryness of the skin succeeds the chilliness, with great acceleration of the pulse, which is usually feeble, hurried respiration, nausea and vomiting; more or less pain in the forepart of the head; and exquisite tenderness of a portion or the whole of the abdomen With this there is usually great pain

in the loins and down the sacrum.
It is said that in many instances
we may detect an unnatural rapid
pulse before the chill comes on;
If this be so it should admonish
us to watch the pulse closely during
the first few days after labour, and
it is a good rule to consider that
some unhealthy action is going
on if the pulse rise above 100 beats
in a minute. A short quick
hacking cough is often present.
Occasionally through the whole attack
the skin is moist and soft either
in local patches or generally.
The skin I believe generally becomes
relaxed and clammy before dis=
=solution takes place.

early in the disease the countenance undergoes a marked change. Sometimes it is suffused, more frequently it is sallow, dejected, ghastly, and indicative of great distress. So great and sudden is the alteration that the most superficial observer can not fail to notice it. The eyes become sunken, glassy, languid and inexpressive. The urine is generally scanty and high coloured and is passed with difficulty and pain. The lochial discharge is often wholly suppressed at other times its quantity is only diminished, and is very fetid to the smell. It is said occasionally to flow naturally.

In the majority of cases the breasts become flaccid; but sometimes the milk will continue to flow sparingly untill death. The hands and feet are frequently cold from the onset of the disease. The patient sleeps at intervals but she is disturbed by frightful dreams and wakes frequently in terror and with a start. With the increase of abdominal tenderness the belly swells and sometimes acquires a bulk as great as it possessed before labour. The tenderness is so great that the slightest pressure can not be endured; Even the weight of the bed clothes produces much agony. The patient lies on her back

the only posture she can support with her knees drawn up partly for the purpose of relaxing the abdominal muscles and partly to relieve her person of the pressure of the bed clothes. For the same reason she uses all her efforts to prevent the descent of the diaphragm, and the breath is drawn therefore with a succession of short, rapid, panting inspirations. But little reliance can be placed on the appearance of the tongue. It is sometimes completely covered with a white shiny coat, Occasionally it is thickly furred and not unfrequently it is moist and soft. But although the mouth be not dry there is almost

always unquenchable thirst.
Throughout the early stage of the
disease the bowels are obstinately
costive and powerful doses of purgatives
are required to produce evacuations.
But in the second stage diarrhea
usually comes on which it is very
difficult to check. and the stools
are generally large and very
offensive. Occasionly metastasis
of the inflammation takes place
from the peritoneum to the lungs
or pleura.
Diagnosis:— Peritonitis may be
distinguished from more simple
inflammation of the uterus by
the tenderness being more diffused:
By pressing on various parts of the

abdomen, you will find the pain generally diffused. There is usually a suppression of milk with an entire indifference to her offspring. The lochial discharge is decidedly diminished in quantity or entirely suppressed. The pulse is more rapid in this than in any other form of inflammation; frequently 150 beats in the minute.

Treatment — As this disease is highly inflammatory a course of vigorous antiphlogistic treatment should be adopted. Our first attention therefore must be directed to taking blood by the lancet. If this be neglected no other means within our power

will be of the least avail. But to be productive of benefit bleeding must be had recourse to early and largely. If the first twenty four hours be suffered to pass without having had recourse to the lancet, its aid in the generality of cases will be applied too late and its use consequently doubtful. The blood should be drawn in a full stream from a large orifice, the patient being placed in an upright position that an impression may be made on the system with as little loss of blood as possible. If the system react in the course of a few hours and the pain in the abdominal region be severe. I should bleed

again freely, particularly if the first bleeding was borne well and a large amount required to produce syncope. After bleeding our next object should be to purge the patient freely - I would give 10 grs of Calomel soon after bleeding to be repeated at intervals of three hours untill it opperates freely. If the bowels seem hard to move use an enema, a senna draught or 1 or 2 drops of croton oil - or we might use salts or castor oil. After having opperated on the bowels freely, if the tenderness and pain seem to continue and the circulation active I should bleed again - But if the inflammatory action was still going on in a subacute degree apply leeches to the abdomen and

use warm fomentations to encourage bleeding. The bowels having been freely moved and tenderness and pain still continuing in a modified degree, I would give calomel and Dovers powders each three grains and repeat at intervals of three hours till it produced relief or ptyalism. I would use the calomel to subdue inflammation and prevent effusion into the peritoneal cavity; the Dovers powders to quiet the patient, determine to the surface and keep the calomel from irritating the bowels. I would also apply turpentine to the abdomen by poultice or flannels. The soft parts should be well washed and the vagina rinsed with a syringe and warm water 2 or 3 times a day.

If the soft parts are much swollen and painful use astringents soothing applications solution of acetate of Lead or oak ooze applied by clothes. If it should not give too much pain I consider the hip bath a good auxilliary to the treatment above recommended. Diet should be of the most simple and spare kind. The treatment above given is only applicable of course to the first stage while the high inflammatory symptoms are prevailing. In the second stage, or the stage of depression the treatment is entirely different - Our object should be to preserve the patients strength as much as possible so as to afford nature an opportunity of counteracting the effects of the previously existing excitement.

This should be attempted by sustaining
the patients system by a liberal supply
of easily assimulated nourishment
and by the administration of cordials
stimulants. Brandy in any proper vehicle
wine ether opium Ammonia aromatics
and bark are those which afford us the
best chance of success however small
that may be. If there be present
unequivocal symptoms of effusions
having taken place within the abdomen
it is thought art can do but little good.
Nevertheless some cases are on record in
which it is believed that the fluid was
evacuated entirely by abscess, and others
where after some time tapping was resorted
to and the patient survived. Such cases
must indeed be rare, they teach us

however not to abandon our patients however formidable the symptoms may appear. Since inflammation of the Peritoneum is so violent in its character and so rapid in its course, and since the symptoms are occasionally so suddenly changed from those of high inflammatory excitement to those of extreme debility it becomes our duty to be in constant attendance or not to leave the patient for more than two or three hours at a time. Indeed the physician under such circumstances should almost act the part of nurse, for the patients safety will depend on the symptoms being closely watched, and on immediately taking advantage or endeavouring to counteract the effect

of every change that may occur.