

MAN

INAUGURAL DISSERTATION,

ON

Purpural Peritonitis



PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



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The different diseases, to which, the Human family is subject, are of various characters, varying from the most minute Pathological condition, to the most malignant type of disease: some, there are, of so mild a nature, as not to need medical treatment; again, there are other diseases, that (in order to be arrested) require all the Medical Philosophy, both Theoretical, and Practical, that has been acquired, since Medicine, as a science, first breathed.

And judging from the many and various records of Authors on this subject, it appears that (taking into consideration all the circumstances attending it) the disease under consideration, (Puerperal Peritonitis)

has occasioned, or much, if not more mortality, than any other, One Malady that has afflicted the human race, since the time it first made its appearance into the world.

Indeed, if there is any disease in a catalogue of an almost innumerable number of disease, that should create within the soul of the Medical Man, a special sympathy, it is Puerperal Peritonitis.

For consider its subject! - A delicate female (since according to some authors, they are the most frequent subjects) whose beauty, alone, seems, as though it were sufficient, to make the dreadful malady stand, a pair, awed by such a

scenery. Again, think of the
time of onset!; - a time, just
when all one went to be joy-
-ful, especially the mother.

Puerperal Peritonitis, is a dis-
-ease, peculiar to Women in
Child-bed. Formerly the term
Puerperal Fever, was made
to embrace a host of diseases:
it is now accepted, as implying
inflammation of some one or
other portion, of the Peritonium,
which attacks Women almost im-
-mediately, or within a few days
after delivery. All Lying-in Wo-
-men, are liable to become the sub-
-jects of this complaint. It is for-
-tunately true, however, that like

Other diseases, it makes its excep-
-tions. And the Norman, who has
passed through, its abode (the Lying-
-ⁱⁿ Time), without bearing a vestige
from its red-hot, implements
of war-fare, should feel emphatically
grateful to an ever watchful Pro-
-vidence.

Concerning the history of this
disease, it has, doubtless prevailed
in all ages. The papers of ^{Dr} ~~Dr~~
Hulme, White, Kirkland, Britton
and a host of others, who were
Beacon Lights, in their Calling,
Team with accounts of this
disease. In Europe, it is said to
prevail frequently epidemically;
and when so prevailing its rav-

ages are some times truly aw-
-ful, as its malignity is thought
to be increased by the peculiar
constitution of the air, which
renders it an epidemic. It was
in Paris, in the year 1664, at which
time it is said to have attacked
only the poor women; also at the
same time, and place, it seems
to have assayed its self in its most
dreadful posture: for as is stated
that scarcely one, of all that were at-
-tacked, escaped. It is thought to oc-
-cur, perhaps, more frequently in
Great-Britain, as an epidemic
than on the Continent: but its
fatality in Great-Britain, cannot
exceed that of Europe, where its

fatalism began with the first
and ended, only, with the last
case. Like all other malignancies,
it appears to have committed
greater havoc, (proportionally in
point of number) in its epidem-
-ical visitations, than when it oc-
-curred sporadically. In this coun-
-try, this disease, very nearly
presents its self as an epidem-
-ic, Dr Deveree only mentioning
one record, and that by Dr Jack-
-son; which record gives an
account of its epidemic prev-
-alence, in the fall of 1817 and
in the spring of 1818. He (Dr Jack-
-son) says:— and though treated,
evidently, with, both sigour and

ability, about one half died.

This disease, as has appeared in this country, makes no distinction as regards, the different grades of society: it attacks, alike, the rich Woman, surrounded by all her wealth, and luxuriance, equally as often, as the poor woman in her hovel. About the predisposing cause of Puerperal-Peritonitis, much diversity of opinion exists, among the numerous authors, who have papers, in circulation, concerning those causes: each one assigning a cause, or causes, as suited to his own particular views on the subject; all, however, most assuredly, sanguine, in his opinion.

Cold, Moisture, Labour its self &c,
has, been assigned; the same rea-
-sons, have, also, been contradicted
by other Authors. For M. Linnell,
says, that neither, Cold, nor moisture,
can be looked upon as Causes.

For when this disease raged in
"La Motteville," neither of these
powers, could have prevailed; for,
as regards, Cold, it was observed,
that though the disease was com-
-mon in January, which was very
cold and dry, yet in, December it
was very rare, though, this month
was similar, as regards Temperature
and dryness: and the agency of mois-
-ture, seems to be equally power-
-less; for in the summer, which

was, both cold and wet, cases were numerous; yet they were rare at other times, when the weather was similar: while on the other hand they were very common during the spring, when the drought was very unusual, in length and duration. He (Dr G) further states, that the causes could not be traced to a vitiation of the atmosphere. And, with respect, to the influence of Labour its-self, in producing the disease, all the writers agree, that a difficult, delivery has no greater agency in producing this sickness, than the most easy, and most natural. All that appears to be necessary to its appearance, is

the emptying of the uterus; and, even that is not always essential to its production, as instances, are recorded, where this disease manifested its self before delivery.

Dr^r Armstrong assures us, that, it does not seem to depend upon the difficulty of the Labour; for in most of the women, in whom it occurred, parturition was remarkably easy, and the placenta was cast off after a proper interval, and without more than usual pain.

Dr^r Heig says; "It is somewhat remarkable, that I have scarcely known an instance in my own practice, of this disease coming on after a preternatural Labour;

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on the contrary, most frequently
occurred, within the compass of my
experience, after the most easy
and natural Labour. Dr Dewees
tells us, that women are not at-
-tacked so often, with this fever
after difficult Labours.

The above statements are suffi-
-cient to certify the difference
of opinion, of which we made
mention, in the beginning of these
remarks on the predisposing causes
of Puerperal Peritonitis. Yet it is
reasonable to suppose, and doubt-
-less there is, a cause which pro-
-duces this disease; and it becomes
the Medical Profession, as a science, to
investigate, critically, the subject for the

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true cause of Purpural Peritonitis.

And witnessing such bright
Illuminaries in the field of dis-
-pute, or the Medical Profession
is blessed with at present, (the
Faculty of the Medical Department
of the University of Nashville) I
think, yes I will say I know,
we may safely hail the Aginea
not far distant in the vista of
coming years, when the great
Cardinal Truth will be made
known to the Medical World.

This question, very naturally suggests
itself to the Physician; viz: is there
no Prophylactic for this disease?

Dr Gordon informs us that a pill
composed of Calomel and Galap,

(without saying anything about the quantity of either, very scientific that,) given in the morning after delivery, either prevented the disease entirely, or answered the great purpose, of wonderfully anticipating the cure before the attack. In the language of Prof. Dewees, we think this must certainly have been a most consoling fact to the Physician, and a most important discovery to the afflicted or those liable to be afflicted.

However, those patients, to whom Dr Gordon gave his Bolus, might have recovered, post hoc, sed non propter hoc. As regards prophylactics for this ⁱⁿ manner of complaint, the field is still open to the

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Inquirer. From the definition, which we gave of this disease, in the beginning, its seat will be looked for in the Peritonium: it also appears that one portion is as apt to be the seat as another; also that any portion is as apt to be the point of attack, as any other. However, let its point of attack be where ever it may the inflammation continues to spread.

For instance beginning in the Pelvic-region of the Peritonium, its flames continue to spread, and if the poor victim survives sufficiently long, rise higher, and higher, and yet still up, when the flames, as it were,

higher

lick the Diaphragm, and the whole abdominal viscera are swept in one mighty conflagration.

Prof Dewees, teaches me, that, before death, it is not uncommon for this inflammation to terminate in effusion: thus he accounts for the immense quantity of water, which is found in the Abdomen.

Mr Cruikshank tells us that he has taken away, after forty to fifty pints of water, which had accumulated in the cavity of the abdomen, in the few days Peritonial inflammation had lasted, during the usual species of Puerperal Peritonitis. This inflammation always terminates in ef-

fusion or suppuration before death: and never, or but very rarely in gangrenes, so far as dissections have yet revealed.

The immediate causes, which produce this disease, are perhaps, as much hidden, as are the predisposing or ~~causing~~ causes; and in like manner have they been multiplied. According to Rambothan's version of Ritgen, it depends on a metastasis, not of the milk, but of the blood destined to form that secretion, from the breasts to the peritonium; and this, indeed, if the fact, can be proven, that the secretion of milk ceases, before

the inflammation is set up, we think that it may be considered a very scientific cause, at least until the boni-fide cause is explained; but if this secretion of the milk, does not take place until after the peritonitis is established, it is merely a symptom, and not a cause, and should be so considered.

Kirkland, in 1874, contended it might be produced by the absorption of putrid matters occurring in the uterus. Another Writer, thinks it arises solely from the absorption of pus from the uterine surface; and Low Belkier, who likens the inter-

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= not surface of the Uterus after
delivery to a stump after ampu-
= tation, considers that it is
originated by the absorption of
pne, and putrid fluids, through
the Uterine Veins in to the
System in general. Ferguson
also entertains the same belief,
with regard to the immediate
Cause or Causes of Puerperal Peri-
= tonitis; who has labored to prove
that the phenomena of this
disease originate in a vitiation
of the fluids; that the Causes
which are capable of vitiating
the fluids, are particularly ripe
after Child-Birth; and that
the various forms of Puerperal

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Fever depend on this our cause,
and may be readily deduced
thence from. Rigby also consid-
-ers, the affection commences in
the blood. Locoek and Ingleby, on
the contrary, regard the primary
impression as made upon the
nervous system; Men, who are
wise, both experimentally, and
practically, have a right to dif-
-fer; but as for me, I am wil-
-ling to endorse, Dr Ramabotti-
am when he says, it seems
indisputable that the disease, in
its epidemic, or contagious form
at least, is generated by the intro-
-duction of a subtle and virulent
poison into the body, by which the vital

fluid is initiated, and from which, the Malady derives its extraordinary malignancy. True Puerperal inflammation of the peritonaeum is to be ascertained by an attentive examination of the abdomen, since the most striking feature of this disease consists in excessive tenderness over the whole or a large portion of the abdominal region, attended by pyrexia in a greater or less degree. This disease commonly begins with a chill, either partial or general, to inflammatory fever succeeds. The patient may or may not be in an unsatisfactory state from the period of her delivery; however, it is more frequently the case,

that she will seem well for twenty
 and four, or forty and eight hours,
 when she is seized with a shiver=
 =ing, more or less severe. This
 chilliness is like all other rigors,
 it is more or less severe.

Again, the reaction will be found
 to be high, or lower, according as the
 chill has been very hard or more
 gentle. Morbid heat of skin, and
 dryness of skin, succeed the chil=
 =liness, attended, or not, by great
 acceleration of the pulse, which
 is also usually feeble; hurried
 respiration; nausea, or vomiting;
 more or less pain in the forehead
 of the head. Also there will be
 found great pain in the loins

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reaching, sometimes, along the
sacrum even to the Coccyg.

Should the pulse remain
above 100 beats, per minute, some
unhealthy action should be sought.

A short, quick, hacking cough, is
often present. Some times the
skin throughout the whole attack
will be moist, universally, or in
patches; and towards the close of
the complaint, when it termi-
-nates fatally, (as it is sure to do) it
often becomes soft; and it is said,
that the hand glide, smoothly, over
it as, if it were wet with soap
and water. The countenance,
we think, may be looked upon
as one of the leading diagnostic

symptoms, since it is said to undergo marked changes early in the disease; some-times, it is suffused; more generally, pallid, dejected, ghastly, and indicative of great distress. The mind is generally defective, high colored, turbid, and pained with difficulty or pain. The Lochial discharge is often wholly suppressed; at other times its quantity is diminished, and it is foetid to the smell; occasionally it continues to flow naturally. The Breasts, in a majority of cases, become, soon, flaccid: but Dr. Kambotham says, I have known the milk continue to be formed, even

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abundantly, till within a few hours previous to dissolution?

As the pain increased, the belly swells, and becomes tense and, it is said, sometimes, to attain to the size it was before parturition. If the abdominal tenderness be limited, the hypogastric region will be most generally, found to complain. The patient finds, lying on the back, with her thighs, almost at right-angles to her pelvis, the most comfortable position, she can assume, for the reason, that the abdominal muscles are relaxed by such a position. Her respiration is, almost, exclusively, thoracic;

which, accounts for the hurried =
= prep of the same, since the mo =
= tion of the Diaphragm gives a
like motion to the abdominal
vicera; which causes great pain
to the sufferer. Not much reliance
can be placed on the Tongue, as it
is continually changing.

The mouth is not always parched,
but, there is, almost, always dis =
= tressing and unquenchable thirst.
The abdominal tumefaction is
said to depend on two causes: -
inflation of the intestines,
which always occurs as the dis =
= ease progresses; the other, -
effusion of the fluids into the
peritoneal cavity, which mostly

Takes place previously to death.
With the effusion of fluid, there
is a remission of the pain, more
or less sudden; but this is not
attended with an amelioration
of the general symptoms: on
the contrary, they are, then, all
aggravated. The pulse becomes
weak, fluttering, and so rapid as
not to be numbered; there is more
distress, and uninterrupted watch-
fulness; a state of muttering de-
lirium supervenes; the tongue
becomes dry, and brown; the ex-
tremities, perfectly cold; a cir-
cumscribed, dingy crimson flush
appears upon the cheeks; vomiting
of dark matter, which resembles

that, which is ejected in the last stage of Typhus Fever; picking of the bed-clothes, are observed; and the patient, as she lies on her back slips down in the bed. With these symptoms they are mighty apt to "go back." Generally speaking, in the early stages of this sickness, the bowels are very hard to move, or in other words constive; but in the second stage violent diarrhoea often comes on, to which which, it is impossible.

Sometimes a rapid metastasis of the inflammation takes place: as Dr Ramsbottom informs me, that, he has known the disease suddenly to leave the peritoneum,

and as suddenly attack the pleura, being translated from one serous membrane to another of the same character. "I have known it to pass," says he, (Dr. Ramsbotham) "back from the pleura to the peritonaeum; and says he, "I have met with a few instances, where the membranes of the Brain were affected, as the disease in the abdomen subsided. The same symptoms of the sporadic case will, by being aggravated threefold, apply to the Epidemic form.

Abscesses form occasionally, either among the muscles of the extremities, or within or around the joints; and Lee, Marshal-Hall,

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Lacock, Fungueon, Rigby mention that the eyes, especially the left, are, sometimes, attacked with a rapidly destructive inflammation; but Dr Ramstedt says; "I have never observed this, probably because the disease is always more severe in hospital practice. When the pulse is found less frequent, the skin cooler and softer, the tongue clearing, the thirst less ardent, the bowels easier acted on, the patient gets refreshing sleep, and turns from her back to her side, the Physician expects a happy termination. Dr Ramstedt remarks, that this change of position, is the best symptom that

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we can observe. The disease, ^{with} which, Puerperal Peritonitis is most likely to be confounded is inflammation of the Uterus; from which it may be distinguished, by the greater violence of the attendant symptoms, and by the pain not being so circumscribed; but extending over a much more considerable space. Information concerning the extent of the pain, can best be had by, applying the point of the finger on the abdomen, and if the patient shrinks from the touch, whether the finger be placed on one or another portion of the belly, we may be assured - (provided the suffering be produced by inflamma

=tion) that the vascular excitement
is not merely litanic; and in propor-
=tion as the pain is diffused, will
the inflammatory action have spread.

The general prognosis is un-
=favorable, even in the sporadic
cases, but still more so when the dis-
=ease is epidemic. Dr Huxley
declares it to be 'as bad as the plague'.

By a calculation being made
from reports furnished us by
Dr Leak, Hunter, Gordon,
Campbell, and others, it will be
found that out of 672 cases 283
of them died. In the epidemic in
Paris (1746), in Edinburgh (1773), and
in Vienna (1773), none recovered.
Dr Ferguson says, If we take

the results of Treatments
adopted in various Puerperal
epidemics, by various prac-
-titioners, we shall find that
on a large scale, one in every three
die, with all the resources which
medicine, at present, offers. To
save two out of three, then
may be termed good practice,
in an epidemic season?"

Treatment of Puerperal
Peritonitis, is rigorously an-
-ti-phlogistic. Both, the sporadic,
and epidemic form, of this disease
may be treated alike, except in
Hospital-practice. Since the
great anti-phlogistic means is
Blood-letting, our attention,

Therefore, will, naturally be directed to taking ^{it} by the Lances. It is further more stated, by good Testimony, that the Blood should not be allowed to Trickle down the arm slowly, and, as it were, gutter - Time; but the patient should be placed partially erect, and the blood allowed to flow from a large orifice, in a free, bold Stream, there by making an impression, as speedily as possible upon the system. With regard to the quantity of blood, to be taken, in Puerperal Peritonitis, we think that it is altogether incorrect to measure it by ounces, or by any other measurement;

but the proper manner, is to
Bleed, pro re nata. The same
general rule, which regulates
bloodletting, in all inflamma-
-tory diseases, governs us here
also, viz: we should not bleed
To syncope, but merely approach
it. Not only should the proper
amount of blood be taken, but
also, taken at the proper time.
Some writers have been dis-
-posed to place this proper time,
within the limits of the first
Twenty-four hours; but we
think that they drew that idea
from a particular case; but in
reality, some cases, will admit
of longer delay, than others;

Consequently, the Time, no more
than quantity of, bleeding, can be
limited. After blood-letting,
the next indication, is to purge
the patient freely; also on this
point, there exists much diver-
sity of opinion. The principle
line, at which, writers seem to
differ, is that, whilst some think
that purgatives, in proportion as
they excite the peristaltic action
of the intestines, add to the distress
and danger, by causing the in-
flamed surfaces to subjoin
each other with more violence and
rapidity: whilst others take a
different view of the affair; as for
instance, Dr Ramsbotham,

who considers Cathartics of a
two-fold character: whilst they
unload the bowels, often greatly
distended with flatulent matters,
and relieve the inflamed
vessels by establishing a co-
=pinous drain, by means of secre-
=tion from their immediate
neighborhood. As a good pur-
=gative, after the bleeding, Cal-
=omel, about 10gr, followed by
an infusion of Senna and
jalap, every 2 or 4 hours, until
some 3 or 4 evacuations are pro-
=duced. Should the Senna be
rejected by the stomach, which
will sometimes be the case,
its place may be supplied by

an Enema; or a drop of Castor
Oil, or any other medicine, in
which, a powerful dose is con-
-tained within a small con-
-tainer. After this, if there be
inflammation going on in
a subdued form, a number
of Leeches may be applied to
the belly, after which the bleed-
-ing may be encouraged by
warm fomentations. Some
others, of high renown, prefer
a poultice of Linseed-meal,
as a constant application, since
it needs not to be reapplied as
often as the fomentations, thus
by excluding the air, which
comes in contact with the

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belly every time the formations are removed. Blisters are highly extolled by some writers; but, according to better authority, in my judgment, there are many objections to them especially in the early stages of the disease. In the first place a Blister acts too slowly; again the Blister prevents the application of Leeches: besides the blistered surface may be the means of deluding the Physician, since where pressure is applied, he knows not whether the patient complains of the external surface, which is raw and inflamed, or of the

disease, which is within the abdomen.

Moore recommends blisters to the inside of the thighs; he looks upon an application too near the seat of disease as an error. Three or four grains of calomel with $\frac{1}{2}$ grain of Opium, may, after the bowels have been freely opened, be given every 3 or 4 hours until ptyalism is produced, or the pains in the belly cease.

Then ʒ of the Compound of Potash may be taken with some advantage, to determine to the skin.

Emetics, especially Ipecacuanah, and Oil of Turpentine, in doses of from ʒ to ʒʒ, have, also, their Uses.

We think the Ice, which was recom-

= mended, by Prof Michaelis of
Heil, both internally and externally a
good practice. Diet should be spare
and light. The above Treatment is only
recommended, in the first stage of
the disease, while the inflammatory
Symptoms are running high. In the
second stage our mode of Treatment
is reversed; the whole object, then
being, To support the system: which
is done by a liberal allowance of
easily digested food, and by Stim-
= ulants; such as Brandy, Wine, Aether
Ammoniac, Opium, Aromatic
and barks. I endorse fully Dr
Rangbotham's idea of the Physi-
= cian's Mentivance.