AN INAUGURAL DISSERTATION
ON
Periperal Peritonitis
SUBMITTED TO THE
President, Board of Trustees, and Medical Faculty
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.
BY
James Henderson Biles
OF
Tennessee
185
W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
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 acute diseases of the puerperal state. If it be not checked it runs on rapidly to its termination, and after it continues an uncertain length of time the symptoms are changed from those of high excitement to those of exhaustion and debility. 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 contagion 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 Perforated Peritonitis is of the ordinary kind, or specific, and peculiar; I believe that the sporadic kind is considerable nothing.
more than common violent inflammation; but the contagious variety is regarded as being of an evanescent 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 hyperpyrexia 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. One usually finds the more intense has been the color 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 forehead 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 ance 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 our-
solution takes place.
early in the disease the countenance undergoes a marked change. Sometimes it is suffused, more frequently it is sallow, wizened, 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, glazed, languid and inexpressive. The urine is generally scanty and a high colour 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 until 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 bce 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 furrowed and not unfreqently 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 diarrhoea usually comes in which it is very difficult to check, and the stools are generally large and very offensive. Occasionally 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 diffuse. By pressing on various parts of the
abdomen, you will notice the pain generally diffused. There is usually a suppression of milk with an entire insufficiency to her offspring. The lochial discharge is suddenly 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 lanceet. 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 use 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 until it operates freely. If the bowels seem hard to move use an enema, a sena draught or 1 or 2 drops of Croton oil or we might use salts or castor oil. After having operated 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 tendered and pain still continuing in a modified degree, I would give calomel and dowers powders each three grains and repeat at intervals of three hours till it produces relief or ptialism. I would use the calomel to subdue inflammation and prevent effusion into the peritoneal cavity; the dowers 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 sponge 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 balsam applied by clothes. If it should not give too much pain I consider the hip bath a good auxiliary 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 patient’s 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 patient's system by a liberal supply of easily assimilable nourishment and by the administration of cordial stimulants. Brandy in any proper vehicle with other 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 Peritonaeum 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 constancy, 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 a nurse, for the patient's 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.