AN INAUGURAL DISSERTATION
ON
Puerperal Fever

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
W. M. Robeson

OF
Alabama

1857
W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
Periperal Fever

There is no disease to which children are subject that is more likely to prove fatal than Periperal Fever. Fortunately, it is a disease which the village and country physician is more often called upon to treat, but to those confined to cities and hospital practice, it is often seen in its most malignant type in the form of an epidemic breaking off almost every one that is so unfortunate as to meet with a confinement about that time. It was not until about the middle of the Seventeenth Century that this disease attracted much attention among the Medical Profession. Consequently, the most vague and contradictory opinions prevailed as to its nature and treatment and even now, in the last age, when doctors at least should agree upon the nature and treatment of a disease in which nature seems to speak out in unmistakable language, we find the most opposite opinions.
expressed as to the pathology and the best manner of managing it. For while some seem to think that though they may have bled and purged their patient "mortis motus" if they die it is because they did not push their treatment far enough, others think that the only way to arrive at anything like success in the treatment is to use the most potent stimulants and cordials. Much of this disagreement depends upon the state of the disease and the stage in which it is seen by the physician. Consequently while both justities are in some degree wrong, both are in some degree right, and while one has met with a case of Peritonitis and been successful with the depleting plan, another has treated a case of Inflammation and
Sepsisation of the veins and absorbents with his stimulants and cordials and he too thinks that this is the only correct manner of treating a case of fever.

In this essay I do not intend to confine myself to Perineural Peritonitis, but to take the subject in its broadest sense. I intend to treat of Perineural Fever as it occurs in its different forms and it matters not where the principal seat of the disease is whether in the Peritoneum uteri ovarii ligamenta vesic or absorbents, I shall include them all under the head of Perineural Fever.

Symptoms of Perineural Peritonitis, the most characteristic symptoms is tenderness of the hypogastrum increased by the slightest pressure, the patient often not being able to bear the weight of the
lightest covering: to avoid which she lies with her knees drawn up. The abdomen at first is soft and flaccid, but soon becomes tympanitic. The countenance has an expression of much anxiety at the same time exhibiting quite a pallid appearance consisting of a dull or green fluence with a continual retching is another very prominent symptom: the disease is generally assailed in by a chill, which frequently lasts for several hours. After the rigor comes off, the pulse becomes much accelerated, the countenance suffused, respiration quick, with a hot skin; great thirst with a considerable pain across the forehead. The tongue may be either covered with a thin white or yellowish film, or it may be red. Towards the latter stage of the disease, if it is
Ending to a fatal termination, it is hasty, dry, and frequently crooked; the lochis is either greatly diminished or entirely suppressed, and there is diminution in the secretion of milk. The nervous system is much implicated, delirium being a frequent attendant, with coma, and sometimes convulsions. This variety of feverish fever is liable to be conformed with intestinal irritation; severe after pains or simply suppression of the lochial discharge.

Intestinal irritation may be distinguished from feverish fever—by the pain being more diffused over the whole abdomen and by its griping character by its not being increased by pressure and neither the lochia nor milk being suppressed. Feverish peritoneal usually commences before the fourth day after delivery. Intestinal irritation may commence at any time but more frequently not.
Until about the eighth or ninth, peritoneal peritonitis differs from after pains by their coming on at intervals, by the discharge being, for the most part, increased after the pains, by their being no nausea or vomiting, by the pains being relieved by some analgesic or by warm applications. Suppression of the bowels if it occur after fasting without any other bad symptoms need never be feared. Peritoneal fever depending upon inflammation and suppuration of the peritoneum and its appendages, it is very reasonable to suppose that where one organ is as intimately connected with another as the peritoneum, uterus and its appendages are, that we would scarcely expect one to undergo such inflammation without the others being more or
less implicated, yet that one may be the chief organ affected, and the other only from an extension of the inflammation, we have abundant evidence in almost every autopsied examination in which the patient has died of infectious fever, and it is as reasonable to suppose that this should be so, as it is that we should find the lungs and pleura extending their inflammation from one to the other. It is nothing more than, then, what we might expect that the diagnosis of this form of infectious fever should be different so far as it relates to the particular organ affected, for inflammation of the uterine and appendages being in a majority of cases complicated with peritonitis to a greater or less extent and vice versa.
It is not without difficulty, that we are able to decide as to where the seat of the disease is. In this form of the disease the pain is generally less acute than in peritonitis, and is principally associated with one or the other iliac fossa, extending to the loins and down the thigh. On pressure, the tenderness will be found to exist principally in the lateral parts of the hypogastric. The other symptoms do not differ materially from peritonitis. An inflammation and suppuration of the abdominal and uterine tissue, we have another very fatal form of septic fever. For though it is a much slower form of inflammation than the last, yet it is as dire a harbinger to the patient, to prepare for death.
for sooner or later we will find that our means have only been palliative, for though the affection had its origin in the uterus yet it is due to spread to the heart. As in most other diseases if there is an organ which is weaker than the others it is due to become implicated. Every one that has been a case of common phlebitic or inflammation of the abscesses, whether from amputation or a small cut wound, or it matters not what may have been the cause, need not be told that inflammation and suppuration of the uterine veins and abscesses is a formidable disease, bidding defiance to nature and art, and is this form of superficial fever which Doctor Robert Lee calls low childbed fever. We call superficial fever.
the local symptoms are so very obscure as to escape detection during life. While the constitutional symptoms are so very obscure and resemble in a striking manner the introduction of some physical poison into the body, and are so violent as to be deathly to no remedies however early or vigorously employed. When the disease is in the muscular and internal coats of the uterus, it is much more to be dreaded than any other form; for in this, the patient often dies before much danger is apprehended, or least by her friends and it is too often the case that her doom is sealed by it is thought worth while to call in medical aid. Still, diagnosis in this form is equally as difficult as the other; as the most attentive consideration will only lead
to a probability and not to a certainty, as it is not often the case that we are able to come to any definite conclusion during life, and when we do it is only to know that the pole is too far off to be benefited by medicine. The most prominent symptom is exhalation, the inflammatory symptoms rising so quickly away in a majority of cases, and they are seen before the physician is called to see the patient; and especially if she has been so unfortunate as to have been attended by an ignorant and old midwife. Another symptom of importance is pain and tenderness over the uterus, sighs and feeble pulse, the Countenance pallid and depressed and expressive of great anxiety and distress: the tongue is foul, the lips and teeth are covered with dark biles, the lochial
discharges are of the most offensive and very dirty, and offensive. The nervous system sympathizing with this organ we have delirium and other symptoms of cerebral disturbance.

Causes - The cause of fever is often very obscure. It is often referred to injuries inflicted during labour, either from instruments or forcibly introducing the hand into the uterus to correct the position of the child; exposure to cold and various irregularities in diet soon after delivery. A medical friend of mine informed me that he has witnessed three cases that died in twelve hours after eating a quantity of green corn, and each one was doing well up to the time of eating it. I have often been surprised that we do not have more cases occurring among ignorant or careless.
and those abominable Quacks called botanic or eclectic doctors. It is truly astonishing to see what women are forced to undergo, who are so unfortunate as to fall in their hands. I attended last year a very intelligent lady in her second confinement, who was attended in her grief by a most notorious doctor, who was once a professor in that great Southern Institution of Quackery, the "Poncon Botanic College".

She assured me that she suffered more from the continual rubbing and squeezing inflicted by him, than she did from all the pains of parturition. She was in labor about 26 hours, and the consequence was, that for several clamps her abdomen was so sore that she could scarcely bear it touched, and she said that it was sorely from the bruise.
It was a matter of astonishment to her that I should do so little when she deemed to think it so important to do so much. But to return, the disease frequently occurs in its most malignant form, when none of those causes have existed, and when we are compelled to refer it to some peculiarity in the atmosphere, or to the communication of a Contagious Morbidity. That it is a disease occurring in the form of an epidemic character, and capable of being transmitted from one person to another, according to the observations of our best authors, is beyond a doubt, and strange as it may seem, it often appears in the form of an epidemic of a contagious character frequently in some large and hospitals, while in others where the same cause seems to be equally or exciting, it has never been known to appear
In this form! My own experience in this amount to nothing; but I might quote a number of authors both for and against its contagious character. But that it does occur in the form of an epidemic capable of being propagated by contagion, few in this day will dare to doubt. Thoracic Cases are met with at all seasons of the year, and in all ranks of life; and the disease is sometimes as destructive when occurring in this form as it is in hospitals or during an epidemic.

Treatment.

If the disease be a very mild case of inflammation chiefly situated in the peritoneum, a large dose of Calomel combined with an opiate, say three or four grains of opium, together with warm applications applied externally to the abdomen, will in a majority of cases restore the patient.
to a comfortable condition. But if the attack be violent, the pulse one hundred and ten or fifteen beats in a minute, whether they have force or not, I know of no disease requiring more deplorable and antiphlogistic plan of treatment; and we must not be deluded from using the lancet solely because the pulse not full and hard; for in all inflammations of the abdominal viscera, the pulse is small, frequent and weak; and if one should be governed by their feel, they would not be apt to use the lancet. One decisive bleeding will generally answer; let the patient sit up in bed, and come bleed from a large orifice until you make a decided impression upon the system. Many physicians recommend local depletion by laeching, but unfortunately for the Village or Country Practitioner.
this is a treatment which he is seldom able to employ, as he scarcely ever has the means. I have no doubt but that much good may result from this course of depletion. After bleeding, our next object should be to purge the patient freely, and the best purgative in my estimation is Colonel Fellowes in a few hours by a dose of sinna or castor oil. Some however recommend Colonel combined with gamboge. (Dr. J. Ford).

After the fevers have been freely opened, great benefit may be derived from the exhibition of Colonel and opium at stated intervals: say three or four grains of the former and a third or half a grain of the latter daily given every two or three hours until either pylism is produced or the abdominal tenderness disappears. The object of the Colonel is to arrest the inflammation.
process, and to prevent the effusion of fluid into the peritoneal cavity. The
operation is serviceable as well by quieting the
patient, and perhaps inducing sleep, as
by preventing the colic imputing the bowels
and causing excessivesvgung, I could
enumerate other remedies which are
equally as useful in the treatment of
this disease as the surgery, but I
depart from myself, and I hope that those
whose friends are it will be to read
and criticise, will only consider the
Source and remember that they too
like myself had been an infant.