AN INAUGURAL DISSERTATION
ON
Puerperal Fever.
SUBMITTED TO THE
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To

John M. Watson, M. D.

To whom I am indebted for whatever I may know of Obstetrical Science, These pages are respectfully inscribed.

By

The Author.
Dysentery Fever

In tracing out its history, we will find that this term was first employed by Astley in the year 1746 to designate the most fatal inflammatory disease to which dying-in-women are liable. The name is now generally employed by writers on medicine synonymously with the terms chlorotic fever, dysenteric peritonitis, peritoneal fever, and epidemic fever of dying-in-women. By examining the records of medicine we will find indubitable evidence that puerperous women
have been liable to attacks of this destructive disease from the most remote periods of antiquity. In the works of the earlier authors we have but a short and imperfect history of this fever, and the particular attention of physicians was not attracted to it until about the middle of the seventeenth century, when it appeared as a malignant epidemic in the lying in wards of the Hôpital Dieu in Paris. Indeed so great was its malignity that nearly all perished who were attacked by it. Since that time it has frequently made its appearance as an epidemic in nearly all the large cities and principal lying-in hospitals of Europe. It very rarely if ever manifests itself as an epidemic in
this country. The only record of the kind is by Dr. Jackson, who says it was prevalent both in Northern Ireland and Sunbury in Pennsylvania in the autumn of 1817 and again in the spring of 1818, and though treated evidently with both vigor and ability about one half died. When it prevails, either in the epidemic or sporadic form, it does not seem to attack the poor and destitute any more frequently than those who are in affluent circumstances, for when it appears, says a distinguished author, one clap is as liable to take it as another.

In our short and imperfect history of this disease we have paid but little of the sporadic form, but we do say, and feel fully justified in
the assertion, that this form of the disease is our Asiatic Fever, and the epidemic form is the European Asiatic Fever.

Symptoms. The first symptoms of this disease usually manifest themselves twenty four, forty eight or seventy two hours after the delivery of the woman, and sometimes, but very rarely, within the space of twelve hours. The symptoms manifest themselves in the following order in the simple sporadic form. We have first a slight rigor or chill followed by a fever, slight pain in the lumbar region, intestinal colic which in a few hours affects the hypogastric region, the pain increasing gradually becomes more acute, concentrated pulse, moderate fever, lochia not
suppressed, mammae flaccid, tongue dry in the center, edges covered with a yellow mucus, hicouhough and vomiting of a green coloured matter. In addition to these constant and characteristic symptoms, there is sometimes a diarrhoea of a bilious glairy matter, a considerable swelling of the hypogastrium, thirst and remarkable retention of urine.

In the more complicated or epidemic form the disease is ushered in by a chill, the pyrexia is stronger than in the simple form with exacerbations, rapid pulse, hot dry skin, severe pain in the abdomen which occasions great suffering when pressed upon.

These are the principal characteristic or pathognomonic symptoms of this disease, but unfortunately for the poor
woman the chill which usher as in the disease is called a weed, and the pain in the abdomen is frequently looked upon by old women and grannies as after pains, and but little attention is paid them, and not unfrequently the disease is incurable before medical assistance is called in. Dr. Gordon lays down these general principles by which it may always be distinguished from after pains. He says the pain of Dyspepsial Fever is constant, and after pains periodical; in Dyspepsial Fever the abdomen cannot be inspected upon without occasioning great pain; in after pains the abdomen is not painful to the touch; in Dyspepsial Fever the pulse is quick; in after
Pains the pulse is not at all affected. The seat of the pain varies somewhat in different patients, some complaining of pain in the hypogastrium, others again of a sharp pain darting from the pit of the stomach downwards and backwards toward the spine, and others again complain of severe pain in the right iliac region, or in the region of the right ovary. It is in this region Dr. Gordon says that more than three fourths of his patients complained of pain. Some complain of pain in the lumber region, or in popular phraseology the small of the back, others of severe pain in the lower extremities, which is often taken for rheumatism, which is another fatal cause of mistake.
The pain in whatever portion of the abdomen it may be situated, is so ex- 
sociating that patients describe their 
ferious to be as great or greater, than 
they suffered during labor. The pulse 
is most frequently weak, though some-
times hard, and in the very beginning 
of the disease beats with an uncommon 
velocity, very seldom less than one 
hundred and forty per minute; 
and unless proper remedies have 
been used to check the disease, it 
increases in quickness till it exceeds 
one hundred and fifty strokes per minute; 
and often before death, becomes too quick 
to be numbered. In most cases there is 
more or less tumefaction of the abdo-
men, and more especially those that 
have been neglected, acquiring the size
of the abdomen before delivery. The tongue is white and soft, but in first-tracked cases it becomes rough and dry, resembling its condition in typhus. The urine is turbid and high colored, and voided with great pain and difficulty and sometimes total retention occurs. Partial sweats are very common and are a mortal symptom when confined to the face and breast. When there is costiveness in this disease, there is more or less vomiting of bile, and in the last stage of the fever if there be symptoms of mortification, the patient is very apt to vomit a black dirty matter, not unlike that ejected in the last stage of Yellow Fever. Diarrhoea is another frequent symptom; and Gordon tells us it is
rather to be desired than dreaded; for without a spontaneous or artificial diarrhoea very few recover. He further says the stools were frothy and of a yellow-greenish, or dark brown colour, and every discharge by stool seemed to give temporary relief, but toward the end of the disease they were frequently involuntary and sometimes become black and fetid resembling mop water and constitute one of the symptoms internal mortification. The lochial discharge is sometimes diminished, but in very few is it entirely suppressed. There is never any secretion of milk in those cases that terminate fatally, and there is none in those that recover until after the crisis. Respiration is performed with great difficulty as the disease advances.
This does not seem to be attributable to any disease in the thorax, but is caused by the mechanical pressure of the diaphragm and abdominal muscles on the inflamed viscera of the abdomen producing pain. The intellectual faculties are very seldom affected in those that have had proper treatment; for says Dr. Gordon I seldom observed a delirium except in a few improperly treated cases.

A few hours before death there is sometimes an effusion of water in the cavity of the abdomen. With this there is always a total cessation of pain, and while the patient is transported with the sudden transition from extreme pain to perfect ease, and overjoyed with the thoughts of recovery, death comes by surprise and carries...
her off amidst the congratulation of her friends. Some however have a
violent struggle and die in great agony.

Nature. That the disease consists essen-
tially in inflammation of one or more
of the structures concerned in the
process of gestation and childbirth,
the researches of modern morbid anat-
omists leave no room to doubt. The
peritoneal covering of the womb is prob-
ably the most frequent starting point
of the inflammation from which
it may spread until the whole peri-
tonærum becomes involved. Or the body
of the womb itself may be the seat
of the inflammatory process, or the
veins and lymphatics may take on
suppurative inflammation, and form
the local disease upon which the constitutional symptoms depend. The inflammation is not necessarily confined, however, to any one of the various structures which enter into the composition of the organs of gestation. The morbid process may, in its progress, involve two or more of them, just as pulmonary inflammation may involve the pleura, parenchyma and air cells of the lungs. Postmortem inspections have invariably revealed the traces of inflammation in one or more of the tissues, and yet there are those who contend that the disease is an idiopathic fever, and that the lesions are simply concomitants or complications, just as the le-
ions of the ears glands are concomitants of typhoid fever. I believe, however, this doctrine is at present advocated by but few. It is believed by many this inflammation is a specific disease resembling, or identical with erysipelas, and is contagious. The proof that it is contagious, when it occurs as an epidemic, is very strong and leaves no room to doubt that it is at least occasionally so.

Treatment. We will divide the treatment into two parts, viz., 1st. The treatment of the apoplectic form. 2nd. Treatment of the epidemic form. Most frequently is one of the first things to be overcome in our treatment of the simple form of the disease.
And that this may be overcome we always select those remedies which will act quickest, or produce an evacuation of the contents of the alimentary canal first. For this purpose aperients are generally used when we desire an immediate evacuation. A medicine of this kind will sometimes produce several loose and active motions from the bowels. This is the great advantage the aperient has over almost all other remedies, in acting immediately. We regard this as a very valuable remedy in the treatment of this form of this disease. If the injection fail we should have immediate recourse to some other cathartic, more certain in its action. The next best, quick and most certain in its action, is the album acrisi given in one ounce or half ounce doses, every two or three hours until three or four free evacuations have been ob
tained. There is generally a cessation of
pain after the action of the medicine.
Sonder emetic, or wine of antimony is some-
times used with great advantage given in
small doses every two or three hours until
they pass through the intestinal canal.
One are to judge by the strength of the pa-
tient, by the abatement of the pain and
by the quantity and quality of the discharge
of the evacuation necessary to the cure of
the disease. After the evacuation a gentle
diaphoretic may be encouraged by such
medicines as neither heat nor bind the
body, both of which are very injurious.
With this intention small doses of ipecac,
tarter emetic, or wine of antimony in combi-
nation with an opiate may be given once
or twice in twenty four hours. The patient
should be at perfect rest, tranquill mind.
and all news, whether bad or good, that would, either occasion uneasiness, or surprise should be concealed until the patient's strength and finances is entirely restored. Dr. Halme says: ‘The patient must strictly abstain from all candle, spices, wine, spirituous waters, heating medicines and cordials of every kind, whether under the denomination of comforters, strengtheners, restorers, expellers of wind, promoters of the lochia, relievers of after pains, or under any other precious title whatever, which the good women are too apt to bestow upon them, and thus ignorantly administer to the destruction of the unhappy patient.’ The clothes of the patient should be changed frequently for warm dry and clean ones. All kinds of bandages to the chest or abdomen must be carefully avoided for fear that their
prepare upon the tender and inflamed vis-
cera of the abdomen, may help to increase
the disorder. As soon as the child is bathed
and put in bed, it should be placed
at its mother’s breast, in order to deter-
mine as much as possible from the uterus.
We have no doubt that if this was more
particularly attended to, we would have
leap of this disease than we do, for the
blood which has been flowing to the uterus
during gestation, and which now ought
to be determined to the breasts, is free
omitted to flow-on, and the womb being
engorged and thus remains, until a
state of suppurative inflammation is induc-
ed, which may proceed till the whole
peritonium is involved in the desstra-
tive process. Particular attention
should be paid to the state of the bowels.
even after the disorder seems to be par-
tially, or wholly relieved. On this subject
Dr. Hulme holds the following language.
"After the disorder is abated, or even af-
ter it seems to be gone off, particular atten-
tion must continue to be paid to the
state of the bowels. But the more ef-
erctually to prevent a return, and to re-
store the weakened bowels to their due
tone smaller quantities of chamomile
tea, or a slight infusion of juniper
t berries may be drunk three or four times
a day, either by themselves or with a few
drops of the elixir vitrioli acidum.
After this a cooling opening diet with
fresh air, bath of Peru and gentle exer-
sise will confirm the cure. We have
taken the principal portion of this treatment
from Dr. Hulme who does not recommend
bloodletting. De think, however, that recourse
should be had to it in all cases that are
known to be Periperal Fever, at least we should
treat all in this way.
2. A Treatment of the epidemic or com-
licated form. Gordon tells us that Botel-
low days of the plague is strictly applicable
to Periperal Fever. That author says, Bleed-
ing proves more beneficial than all other
remedies provided it be reasonably used
in due quantity; but I am of opinion it some-
times does no service, either because practitioners
are too late in having recourse to it, or use it
too sparingly, or commit some errors in both
these particulars. For if a disease which requires
four pounds of blood to be taken away in order
to cure it, and only one is taken away destroys
the patient, it does not prove destructive because
bleeding was used, but because it was performed
in an improper, and perhaps in an unseasonable manner. Dr. Gordon, nothing more applicable than this is to Influenza Fever; for he says when he had the courage to take away twenty or twenty-four ounces of blood at the first bleeding, his patients always recovered; but when less than that, his patients always died. And we presume there are but few who have moral courage enough to take away twenty or twenty-four ounces of blood from a woman who has passed through the violent throes of labor, and knowing the prejudices that are prevalent among the common people, and a great many physicians in regard to bleeding of such women. But we should do to train ourselves that we would do anything for the welfare of our patient. This may seem a great deal of blood to take from a patient to those who are in the habit of taking away eight or ten ounces, but Hippocrates and Sydenham was
in the habit of bleeding and delirium mania in
fevers. After a bleeding of this kind we should
administer a brisk cathartic if there is no clear
sweat. There is sometimes a diarrhoea which
should be kept up, as this is the second great ob-
gect in view in the treatment of this mostfor-
midable disease. After venesection and purging
have been attended, an opiate may be given at
night in order that the patient rest well. Again
in the morning a gentle purgative should be given
that would cause two or three operations, and the
opiate at night should be continued until the pa-
tient is fully recovered. Gordon says "The purgings,
therefore, is to be early, repeated, and to be continued with-
out interruption, till there be a complete termina-
tion of the disease, which generally happens on the fifth
day." The very best purgatives we have in the treatment
of this disease are calomel and jalap, three grains
of the former to two scruples of the latter. This is
Gordon's prescription he says it should be made into a bolus which I always administered immediately after bleeding without giving the least intimation of the intention of the medicine, either to the patient or her friends. In this manner says a distinguished author 'I treated my patients, and the same method, if followed by others, will, I am confident, be attended with equal success. It may perhaps be thought a severe method of cure, but I can affirm, from extensive experience, that no other method will cure Syphilitic Pern. The cure is severe, but it is only short, for the patient is cured in a few days, or not at all.'

"Sita misc vitit, aut victoria letut."