AN INAUGURAL DISSERTATION ON

Perforated Liver

SUBMITTED TO THE

President, Board of Trustees, and Medical Faculty

OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

J. W. G. H. W. C. L. W.

OF

Tennessee

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.
There are few diseases so fraught with the distress as this in either of its forms. The cause of a favorable convalescence after parturition is suddenly interrupted without any apparent cause and exchanged for symptoms which excite the utmost alarm of the physician. The anxiety and anguish of those so recently retiring. The slitting of the most hoary hopes in life, and finally the rupture of its chaste ties and the melancholy desolation of a home but recently the abode of happiness. This is not a slight sketch of the picture which presents itself to the mind when the puerperal disease is mentioned.
By purpural fever we understand that a part or the whole of the peritoneum is inflamed. It may appear sporadically or puerperally. The former being most frequent in the United States of America. When the epidemic does appear it runs its course more rapidly and is much more fatal than the symptoms of the two forms differ but little, if at all. I will give them as belonging to one and the same disease.

The principal difference being that the epidemic form runs its course more rapidly and is much more fatal than the sporadic. But we seldom, if ever, hear the epidemic form in the United States.
Symptoms and Course

This disease generally makes its appearance on the second or third day after delivery, though sometimes as late as the sixth or even ninth day. But more frequently in the course of twenty-four or thirty-six hours after delivery, the patient will complain of tenderness over the whole or a part of the abdomen, attended by slight fever. This is followed by rigors or chilly sensations amounting in some cases to a severe chill. This is followed by fever more or less severe and some writers contend that the more intense has been the cold stage the more violent
will be the after symptoms but I believe the general opinion now is that you cannot judge of the after symptoms by the severity or duration of the cold stage.

The next have excessive indigestion over the whole abdomen or confined to some particular part accompanying this indigestion are here some pain which is most frequently seated in the hypogastric region. And if not checked will soon extend from that point over the whole of the abdomen. It is now so very sensitive that the slightest pressure cannot be tolerated even the weight of the indigestion produces
intense pain, and the only position in which she can remain is on her back with her knees drawn up in order to relax the abdominal muscles.

Pain in the head is a frequent attendant generally occupying the frontal portion and not infrequently continuing throughout the whole course of the disease. The flow here is rapid and profuse, skin frequent and hard pulse, feverish and vomiting quite early in the disease. The countenance undergoes quite a marked change. It is deathly ghastly and expression of great distress mild. The change is so plainly marked that the most careful observer could not
fail to notice it

The eye now becomes languid

and insensible.

The respiration is short and

hurried in consequence of

the descent of the diaphragm

on the inflamed visera

producing pain that is

almost intolerable. She

will also have pain in

the loin extending sometimes

as low as the coccyx and

thighs. A cough is often

present at the commencement

of the disease and contin-

ues throughout the attack.

The skin is moist sometimes

universally but more fre-"
Moist, relaxed, and clammy.
The urine is high colored.
Beauty and when voided produces great pain.
The Solar discharges is generally
arranged. It is either
diminished or quantity
entirely suppressed.
Lactation is established,
before. The attacks will in
a general way soon disappear
though it is stated by
some writers that it
sustained continued to flow
naturally until a few
hours before death.
The extremities are frequently
cold from the commencement
of the disease. The tongue
is quite unilateral. For it
for in some cases you will find
it coated with a blackish slime.
Once again it may be thickly
covered with a yellow fur.
while in other cases it is moist
and unnaturally red.
The mouth may not seem parched,
if there is almost an umbrealla
first as the inflammation
extends and the pain increase.
The abdomen swells in some
cases to an enormous extent
so as to present a convex
outline from the ensiform
cartilage to the symphysis pubis.
This is dependant on two
causes one is inflative of
the intestines which generally
occurs in the progress of the disease.
The other is effusion of
a fluid into the peritoneal cavity which generally takes place a short time before this. This seems to be an effect on the part of nature to relieve the surcharged vessels, but this of itself is productive of a fatal result, with the effusion of fluid into this cavity. The pain suddenly subsides yet the general symptoms are not alleviated but on the contrary they are all aggravated. The pulse now becomes weak and so frequent as scarcely to be numbered. The tongue becomes dry and brown. The extremities perfectly cold. A crimson flush appears on
The chafe, the elevation of dark matter from the stomach subsists. Indinum and finally, the woman will slip insatiability down towards the middle of the bed on which she lies. When the above symptoms appear, the case may be considered hopeless, it is seldom that furious delirium occurs at any stage of the disease; as a general rule, the woman will continue rational throughout the course of the fever, and any departure from rationality should be looked upon as an unsavourable symptom. If, however, instead of the above symptoms we find the pulse less frequent.
softer and more regular, the
skin softer and cooler.
The tongue cleans off. The
Thirst becomes less acute and
the women turns from her
back to her side, and gets
several hours refreshing sleep.
One would now expect without
a change a favorable Terminating
Diagnosis.

Surgical fever may be distinguished
from other fevers by its appearing soon after
cnutrition and by its rapid progress. An other diagnostic
symptom is the tenderness
being diffused over the whole
of the abdomen. If we have
superadded to the above a
frequent hard pulse rising
at once to a hundred. To a hundred and twenty or a hundred and thirty with headache great pain and tenderness of the abdomen, I think we would hear but little difficulty in the diagnosis.

Treatment

There is no disease that requires the speedy action of the physician more than that of quinsy, pus. If called within twelve or twenty-four hours after the attack our first resort should be to the lancet with which we should bleed freely. Writers generally recommend bleeding to the amount of sixteen or twenty-four ounces, after a full nausea we would
administer a last cathartic which should be composed of mercury and some more active cathartic after this has operated truly if the symptoms remain cold the patient hesitate to bleed a second or even third time if necessary, but he should bore them beyond slight syncope. after the action of the purgative has frequently been established a diarrhea and if moderate it should not be checked as this seems to be curative rather than otherwise after a full antiphlogistic course we will derive great benefit from the use of opiums alone or combining with calomel. it acts well by
proceeding rest, allaying irritability and acting upon the skin, but the opiate should never be administered until after blinding and purging. Some writers recommend blistering and purging, and many other minor remedies of which I need speak. The should of course have a light nutritious diet, being cautious to not allow any thing that would irritate or cause inflammation. I would hesitate to bleed after thirty-six or forty-eight hours. Though some recommend bleeding as late as forty-eight or even seventy-two hours after the attack.