AN
INAUGURAL DISSERTATION,
on
Opercular Respiration
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.
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Tennessee

18
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The different diseases to which the human family is subject, are of various character, ranging 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 Author on this subject, it appears that (taking into consideration all the circumstances and tending to) the disease under consideration, (Perforated Peritonitis)
has occasioned, as 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 Perforated 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 prey, armed by such a
scenery. Again, think of the time of onset; a time, just when all are ready to be joyful, especially the mother.

Periperal peritonitis is a disease peculiar to women in child-bed. Formerly the term periperal fever was made to embrace a host of diseases; it is now accepted as implying inflammation of some one or other portion of the peritoneum, which attacks women almost immediately, or within a few days after delivery. All dying in women are liable to become subjects of this complaint. It is for-
other diseases, it makes its excep-
tions. And the woman, who has
passed through, its abode (the Sling-
Time), without bearing a vestige
from its red-hot, implements of
warfare, 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.
Herline, White, Thinkland, Brander
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 do prevailing its mor-
large was sometimes truly awful, 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 arrayed itself in its most deadly Costume: for oz is stated that scarcely one, of all that were attacked, escaped. It is thought to occur, 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 it
fatailities began with the first and ended, only, with the last case. Like all other malignities, it appears to have committed greater havoc, proportionally in point of number, in its epidemic visitations, that it cured sporadically. In this country, this disease, very nearly presents itself as an epidemic, i.e., Dr. Dennecy, 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. The (Dr. Jack-son) day, and though treated, evidently, with both stiffness 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 impurity, equally as often, as the poor woman in herovel. About the predisposing causes 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, or limited to his own particular on the subject: all, however, most assuredly, languish, in his opinion.
Cold, moisture, labour in itself, has, been assigned; the same reasons have, also, been contradicted by other authors. For Mr. Tonnell says, that neither, cold, nor moisture, can be looked upon as a cause. For when this disease raged in "La Mal común," neither of these powers, could have prevailed; for, as regards, cold, it was observed, that though the disease was common in January, which was very cold and dry, yet in December it was very rainy, though, this month was similar, as regards, temperature and dryness: and the agency of moist weather, seems to be equally power-
pros, 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, (P.L.) further states, that the causee could not be traced to a vibration of the Atmosphere. And, with respect to the influence of 'Labour itself', in producing the disease, all the assertions 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 expelling of the uterus; and, even that is not always essential to its production, as instances, are recorded, where this disease manifested itself before delivery. Dr. Armstrong assures us, that, it does not seem to depend upon the difficulty of the labour; for in most of the cases, in which it occurred, parturition was remarkably easy, and the placenta cast off after a proper interval, and without more than usual pain. Dr. Hey says; it is somewhat remarkable, that I have scarcely known an instance in my own practice, of this disease coming on after a premature labour;
on the contrary, most frequently occurred, within the compass of my experience, after the most easy and natural Labour. It is Deere Telly me, that women are not so tossed so often, with this fever after difficult Labour.

The above statements are sufficient to certify the difference of opinion, of which I made mention, in the beginning of the remarks on the predisposing cause of Periperal Penikanitis. Yet it is reasonable to suppose, and doubt-lef there is, a cause which part-

duces this disease; and it becomes the Medical Profession, as a science, to investigate, critically, the subject for the
The true cause of Peritubal Peritonitis.

And witnessing such bright

terminaries in the field of dis-


tute, as 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 era a

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 sug-

gests itself to the physician: viz., is there

no prophylactic for this disease?

Dr. Gordon informs me, that a pill

composed of Calomel and Jalap,
(without saying anything about the quantity of either, very scientific that) given in the morning after dinner, 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 conclusive 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 the Bubur, might have recovered, post hoc, sed non propter hoc. As regards per physiostics for this manner of complaint, the field is still open to the
Surmises. From the definitions, 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 of another, as 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 patient dua - nes sufficiently long, rise higher, and higher, and yet still and, when the flames, as it were,
lick the Diaphragm, and the post-absorptive crisis are precipitated in one mighty conflagration.

Prof. Severeq. Teaches us, 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. Tomkins, however, tells us, that the fire taken away, often forty to fifty parts of water, which had accumulated in the cavity of the abdomen, in the few days post-cordial inflammation had lasted, during the usual species of Peri-

oreal Peritonitis. This inflammation always terminates in ef-
fusion or sublimation before
death: and never, or but very
rarely in gangreous, so far as
dissection have yet revealed.
The immediate causes, which
produce this disease, are perhaps
as much hidden, as are the pre-
disposing or predisposing causes;
and in like manner have they
been multiplied. According to
Rankebohm's revision of Riggs,
it depends on a metastasis, not of
the milk, but of the blood de-
termined to form that secretion
from the breasts to the peri tone-
um; and this, indeed, if the
fact, can be proven, that the se-
cretion of milk ceased, before
the inflammation is set up, we think that it may be considered a very scientific cause, at least until the bony side cause is explained; but if this secretion of the mucus does not take place until after the peritonitis is established, it is merely a symptom, and not a cause, and should be so considered.

Hinsdale, in 1834, contended it might be produced by the absorption of pus by the muscle lining in the intestine. Another writer thinks it arises solely from the absorption of pus from the intestine surface; and Con-
...not surface of the uterus after delivery is a subject often under consideration. It is...ed by the absorption of...fluids, through the uterine veins into the system in general. Ferguson also entertains the same belief, with regard to the immediate cause or causes of Presensal Peri...om 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...
Heret depend on this one cause, and may be readily deduced thence from. Rigby also considers, the affection commences in the blood. Locock and Ingleby, on the contrary, regard the primary impression of made upon the nervous system, their axioms, both experimentally, and practically, have a right to differ; but as for me, I am willing to endorse, Dr. Ranabotti's views when he says, it seems indisputable that the disease, in its epidemic, or contagious form, at least, is generated by the introduction 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. Pure peritoneal infiltration 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 hyperpyrexia 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
chillness is like all other signs;
it is more or less severe.
Again, the reaction will be found
to be higher, or lower, according as the
chill has been very hard or more
gentle. Morbid heat of skin, and
dryness of skin, precede the chil-
liness, attended, or not, by great
acceleration of the pulse, which
is also usually feeble; diminished
respiration; nausea, or vomiting;
more or less pain in the post part
of the head. Also there will be
found great pain in the loins.
reaching, sometimes, along the lacrimal even to the Consp. Should the pulse remain above 100 beats, per minute, how 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 terminate fatally, (or it is about 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. Hence, it is buffused; more generally, hollow, dejected, ghastly, and indicative of great distress. The countenance generally defective, high colored, turbid, and puffed with difficulty or pain. The lochial discharge is often wholly suppressed; at other times its quantity is diminished, and it is forcible to the smell; occasionally it continues to flow naturally. The breasts, in a majority of cases, become, soon, flaccid; but Dr. Ramsbotham says, I have known the milk continue to be formed, even
"abundantly, till within a few hours previous to dissolution."

As the pain increased, the belly swelled, and became 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, account for the hurried
-ness of the same, since the mo-
tion of the Diaphragm gives a
like motion to the abdominal
vessels, which cause great pain
to the sufferer. Not much relief
can be placed on the Tongue, as it
is continually changing.

The mouth is not always parched,
but, there is, almost, always, dis-
- The abdominal Swellfaction is
said to depend on two causes:
- Inflation of the intestines,
which always occur at the dis-

ease progresses; the other-
- effusion of the fluid into the
-peritoneal cavity, which mostly
Takes place previously to death. With the effusion of fluid, there is a recession 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 watchfulness; a state of muttering delirium supervenes; the tongue becomes dry, and brown; the epitremities, perfectly cold; a crimson, unascrbed, dingy crimson flush appears upon the cheeks; pointy of dark matter, which resembles
that, which is injected into the last stage of Typhoid Fever, kicking of the bed. Clothes are observed; and the patient, as the lies on his back, slips down in the bed. With these symptoms, they are mighty afraid to go back.” Generally speaking, in the early stages of this sickness, the bowels are very hard to move, or in other words, obstinate, but in the second stage, violent diarrhoea often comes on, to which, it is impossible.

Sometimes, a rapid metastasis of the inflammation takes place. As Dr. Ramsdell says informing me, that, he has known the disease suddenly to clear the peritoneum,
and as suddenly attack the pleura, being translated from one den\nous membrane to another of the same character. I have known it to pass," say he, (Dr. Ramsbotham) "back from the pleura to the peri-
\nmeninx; and says he, "I have met with a few instances, where the membranes of the brain were affected, as the disease in the abs-
=domen subsided. The same symptoms of the morbid case will, by being aggravated thenceforth, apply to the epidemic form.

Abscesses form occasionally, either among the muscles of the epi-
\n\ntom, or within or around the joints; and Lee, Marshal-Hall,
Soock, Ferguson, Rigby mention that the eye, especially the left one, sometimes, attacked with a rapidly destructive inflammation; but Dr. Rannothanan 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 clean-slip, 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. Rannothanan remarks, that this change of posture, is the best symptom that
we can observe. The disease, with
which, Perforated 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 circumscripted, but ex-
truding over a much more con-
siderable space. Inflammation con-
cerning 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-
That the vascular excitement is not merely intense, and in proportion as the pain is diffused, will the inflammatory action have spread.

The general prognosis is unfavorable, even in the sporadic cases, but still more so when the disease is epidemic. Dr. Houlline declares it to be the same bad as the plague.

By a calculation being made from reports furnished me by Drs. Leak, Hunter Gordon, Campbell, and others, it will be found that out of 672 cases 283 of them died. In the epidemic in Paris (1740), in Edinburgh (1743), and in Vienna (1743), none recovered. Dr. Ferguson states, if we take
The results of treatment adopted in various pestilential epidemics, by various practices, 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 pestilential epidemics is rigorously an anti-phlogistic. Both, the apoplectic, 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 by the lancet. 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, gutta per liter, 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 Perforative Peritonitis, we think that it is altogether incorrect to measure it by ounces, or by any other measurements.
but the proper manner is to bleed, pro re nata. The same general rule, which regulates blood-lettng, in all inflammations, for diseases, governs us. 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 physicians have been disposed to place this proper time, within the circums of the first twenty-four hours; but I 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 a quantity of bleeding, can be limited. After blood-loss, the next indication is to purge the patient freely; also on this point, there exists much diversity 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 disease and danger, by causing the inflamed surfaces to contaminate each other with more violence and rapidity: whilst others Take a different view of the affair; as for instance, Dr. Ramsbotham,
who consider cathartics of a
two-fold character: whilst they
unload the bowels, often greatly
distended with flatulent matter,
and relieve the inflamed
vessels by establishing a col-
pin's drain, by means of some
fions from their immediate
neighborhood. As a good pur-
itive, after the bleeding, Cal
omel, about 10 gr., followed by
an infusion ofenna and
palap, every 3 or 4 hours, until
some 3 or 4 evacuations are pro-
duced. Should the lenna be
rejected by the stomach, which
will sometimes be the case,
its place may be supplied by
an Enema; or a drop of Cod’s
Oil, or any other medicine, in
which, a powerful dose is con-
tained within a small con-
pap. After this, if there be in-
flammation 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, then
by excluding the air, which
comes in contact with the
belly every time the former
 Taking are removed. Blisters
 are highly expolled by some mi
 These, but, according to better
 authority, in my judgment,
 there are many objections to them,
especially in the early stage 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 diluting the
 Physician, since whereas
 - one is applied, he knows not
 whether the patient complains
 of the external surface, which is
 raw and inammaed, or of the
ask of the physicians, especially in the cases of young children, for their advice. In the case of, may, often the physician is pressed to find a cure for the disease. It is recommended to the family that they consult a doctor as soon as possible.
prevented, by Prof. Michaelis of
Heil, both internally and externally a
good practice. It should be done
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, Aethen
Ammonia, Opium, Aromatic
and banks. I endorse fully Dr.
Rammbohr's idea of the Physi-
cians' arrangements.