AN INAUGURAL DISSERTATION
ON
Puerperal Fever

SUBMITTED TO THE
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FOR THE DEGREE OF
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OF
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Puerperal Fever

A great many parturient women are attacked with this hazardous disorder, vulgarly known as Child-bed Fever. All women are to be considered more or less liable to this disease during their lying-in term, which often proves fatal, especially during the prevalence of an epidemic, and even in the sporadic forms of the disease, which we have in this western country. When an epidemic of Child-bed Fever is prevailing in a city or country, not only are parturient women in a dangerous condition, but even those who are not in the last stage of gestation feel for with deep interest. But it is not astonishing that their safety is watched for with great anxiety by their physicians, who know that either form of this malady (that is, the epidemic or sporadic) ends fatally. This one single form of puerperal, destroys the lives
of more women than all the other forms of the parturient state combined. No practitioners can long practice this branch of medicine (midwifery) without coming in contact with this disease, and then I know of no other disease more requisite for the physician to be well posted and promptly to act than in this. For there is no form of disorder more flattering in its approach or more rapid in its development when once fairly set up. A disease that is so rapid in its progress, that the loss of only a few hours in the beginning renders all interposition afterwards valueless. Not a few of these unfortunate victims are known to perish within twelve or eighteen hours but some even within six hours after the appearance of the first symptom. An accoucheur of extensive obstetrical practice never can look upon his patient just delivered
as entirely free from an attack of this fever: If this be true every student of medicine should give this disease his profound attention, he should study it carefully and diligently. The fact is I think, any one practicing obstetrics is morally bound to pursue it to the fullest extent. This disease always occurs within and after delivery; most frequently about three days afterward. It is ushered in with something like a chill and is accompanied with acute pain in the region of the womb and its appendages or in the peritoneal space generally. It is just as apt to attack the robust as the most delicate woman, and also the woman that has an easy and natural delivery as the one with the most tedious and instrumental.

Neither does age, constitution, or peculiarities of labor seem to have much influence in arousing the disorder. She soon this
Malady occurs after delivery, the more apt it is to end fatally. And often when antillogic measures are not had recourse too, in fact I might say invariably the symptoms bring in such a state of excitement, soon would end in exhaustion and debility. It is more fatal in hospitals than in private practice. More fatal in towns than in the country.

Varieties of Puerperal Fever

Some authors say two others four, by one seems to have his own views on this subject. It is very seldom that any two of them agree. Churchill, Randbotham, Meigs, & Co., all differ more or less, and some of them recommends the student to follow no one man's views on this subject. All authors acknowledge this, that Puerperal fever occurs in two distinct forms. the one, 'sporadic, which is isolated and does not extend
the epidemic or the one which does extend
and sometimes pervades cities or whole sections
of country. And it is the epidemic form
that is by a large majority cases fatal in all
countries. Though the sporadic ends in fatal
ity often enough to make humanity give
To think of it, some authors speak of it as being
contagious, others say not. I think not myself
I suppose it to be as Flux or Typhoid fever
saging as an epidemic, I don't wish to believe
it contagious unless I had something more to con
vince me of it in the future. These two varieties
are considered by some writers as two distinct
diseases, but by nearly all writers as two sepa
rate forms of the same disease. A large
majority of practitioners treat of them both
under the same head in fact all authors do
that I have been able to consult. Why is
this the case, because the same category
of symptoms belongs to each) and they run the same destructive course if not checked. And by a post-mortem examination the same morbid appearances are found in the pelvic and abdominal cavities, if this be the case good sense teaches us the same remedial agencies are applicable to both. How some student might ask is not the epidemic form of this disease more active and rapid in its progress than the sporadic, then I would answer yes and I would be more active and prompt with my treatment although the remedial measures would be the same. Some think that the inflammation which causes this disease is not of the ordinary kind, but that it is specific and peculiar in its nature. On this point of course I think it is of the ordinary kind.

Causes. The causes which predispose
to Puerperal fever as such as lead to unhealthy action in general, depressed and disordered state of the mind, atmospheric vicissitudes, in temperate habits, deficiency of food, and probably previous disease existing in the system at the same time, but in the large majority of cases we can trace no predisposing cause. The exciting causes are epidemic influences, intestinal irritations, retained placenta, suppression@chia. Local causes generating malaria are supposed to promote it, low places, dampness and melancholy weather. The immediate causes are more obscure than either the predisposing or exciting. Some authors consider it dependent on a metastasis not of the cutaneous but of the blood; that is the production of that secretion from the blood to the peritoneum. Others suppose by absorption of the
uterine surface or putrid matter lodged in the uterus. Ferguson who compares the internal face of the uterus to a stump of an amputated limb, considers that it is originated by the absorption of pus and putrid matter through the uterine vein into the system in general.

Symptoms:
The most striking symptoms are tenderness and pain over the greater part or all of the abdominal region, accompanied by symptomatic or inflammatory fever, the extent of the fever is in proportion to the violence of the attack. It is usually ushered in by a chill either partial or general, which this fever follows. This chill or rigor may occur in twelve, eighteen or thirty-six hours after delivery, usually however within three days.
Sometimes even later, the patient may appear to be doing well up to this time. The chill varies greatly, sometimes it is so slight as scarcely to be perceptible, at other times it agitates the patient worse than ever and the violence of the attack usually varies in the same ratio. Seven chill, seven attack. Heat and dryness of skin attended with great acceleration of the pulse ranging from one hundred and twenty to one hundred and sixty per minute. We also have hurried respiration, nausea, and tenderness in the abdominal region. With these symptoms we have great pain in the loins reaching even to the coccyx. In fact we always may expect some morbid action going on if the pulse drops over one hundred per minute. Especially if there is an epidemic fever prevailing.
Through the country the hypogastric region suffers most with this disease. These symptoms are generally accompanied by a keening cough and in several cases the skin is sometimes moist or clammy.

In the commencement of this disease the countenance undergoes a remarkable change, becoming ghastly, sallow, and dejected, indicative of great distress. I speak of the appearances as if though I had seen them but it is otherwise. I know nothing of the experimental fever except what I have read from different authors, for instance Churchill, Ramsbotham, Meigs, Brock, and what little my memory affords in two years previous on this subject by Professor J. W. Hinton. But however I am acquainted with the anatomy, physiology and pathology of the parts involved.
The urine is generally defective, turbid, high colored and passed with great difficulty and pain. Coughing and lacrimal secretions sometimes are partially checked then again entirely, and the other performing its duty. The extreme ties are actually cold. The patient's ed is bad.

Abdomen swells, tenderness increases, it be comes tense and acquires the size at it was before delivery. Then at this stage the exudate of the bed clothes produces among the deposit of the diaphragn produces pain. The patient lies on her back invariably with the knees flexed for the purpose of relaxing the abdominal muscles and partly to remove the weight of the covering from the abdomen. Scarcely any reliance can be placed upon the tongue. The mouth and tongue are usually moist yet an unquenchable thirst is always present. The abdomen being turrid is dependent.
on two causes, 1st the inflation of the intestines which always takes place during the progress of the disease and the effusion of fluid into the peritoneal cavity, which always takes place previous to death and is productive of a fatal result. Then the pulse becomes feeble and weak, the tongue dry and brown. The patient slips down off the pillow to the middle of the bed and these are fatal symptoms. Occasionly, the peritonum to the pleura or the membranes of the brain. The favorable symptoms are pulse less frequent, thin cooler and softer, third less, bowels easily acted on in the beginning refreshing sleep change of feature from back to side. This is the best and most favorable symptom in this disease. Every practitioner should be careful and form a correct diagnosis. Notis of a woman recently delivered that complained of indisposition. For by forming a
Correct diagnosis of a disease at the onset will enable him to treat a great many cases successfully. When in his hands formed an incorrect diagnosis, in the onset of the disease, he would not have been able to treat it as such. And highly probable on account of his incompetency the patient would probably perish. The most constant sign is a frequency of pulse which requires little practical experience of child pulse made by the sense of touch and impression on the mind. It usually beats one hundred and twenty to one hundred and sixty to the minute. The volume of the artery varies greatly in the beginning of the disease in different patients owing to the constitution of the patient and violence of the attack. The young practitioner is liable to confound this disease with milk fever, both being the same
category of symptoms

Morbid Appearances. Multitudes of the victims of the post mortem examinations disclose no outward signs of disease of the uterus. But upon laying it open with the bistoury the whole uterus or part of its inner walls is totally softened and ulcerated or gangrened. Again the substance of the uterus may at the first aspect appear to be perfectly normal, in volume, hue, and consistence, but upon incising its texture many of its veins and sinuses are found distended with pus. In other cases the above appearances are not only found in the veins of the uterus but also along the entire surface of the peritoneum. But by an investigation of post mortem examination of different subjects unmixed, uncomplicated inflammation of the peritoneum. Though of such victims
as to end in death, and at the same time the womb, veins, nor substance not involved. The young practitioners in contemplating the Cardinal forms of Child-bed fever as having a primary seat either within the veins or substance of the uterus or on the intra-pelvic peritoneum. Though frequently traces of Puerperal Peritonitis sometimes are observed to have invaded every part of that serous membrane. Still it is seen able to believe the incipient area or areas of inflammation were connected directly with the womb or its appendages.

Treatment. In my humble opinion both the sporadic and epidemic forms of Puerperal fever require the same management and as this disease is always in a high degree of inflammation we should adopt a vigorous course of antiphlogistic treatment. Therefore
blood-letting claims our first attention. If we neglect this we have no substitute that will answer its stead as well. Therefore we must have recourse to venesection early and largely. For instance if the first thirty six hours be allowed to pass over without this remedy being resorted to I will then still be applied probably too late. The blood should be drawn from a large orifice, the patient being placed in a semi-recumbent posture, so that an impression could be made on the patient immediately. It is better that the veins of each arm be opened than to allow it to flow in a small stream from one arm, but we have no certain quantity, we bleed to make a certain impression on the system, for instance bleed to syncope. It matters not much if the patient does faint, though we have this somet ime with a loss of little blood, then again with
a great loss of blood. As a general principal from eighteen to twenty four ounces, the more blood the patient can bear to lose, the greater was the necessity for this measure to be taken. Leeching the abdomen also may be a useful method in some of the forms and stages of Periperal fever. Next to bleeding we should purge our patients freely, by a large dose of calomel followed by a dose of senna or jalap every three hours until we get a copious evacuation on the bowels, then we should still give calomel until it produces its constitutional effect. Some practitioners object to this on account of the increasing the peristaltic motion of the bowels and causing the inflamed parts to rub together. But the good effects of relieving the bowels of their contents over balances this doctrine of friction. If the disease in a short time
after being set up. The symptoms gradually subsided and then return again. We might venture to bleed the second time, but we should be certain that the purgative medicines have acted, poultices of corn or linseed meal, is good applied over the parts inflamed. Blistering an object too though recommended highly by some, this is for I suppose them to be already enough irritation over the abdomen, yet a blister between the thighs would be beneficial, as it regard the pelvic cavity. The best of the disease for this disease we may produce fetalisim to a considerable extent of the benefit of our patient, then we should administer combined calomel and opium for in six five grains of calomel and one of opium. The calomel to prevent effusion of serum into the peritoneal cavity and the opium to allay pain and to produce refreshing sleep. If the Lochia
be suppressed or forced to bad odor we should have the vagina syringed out with warm water every three or four hours. This treatment is only applicable to the active stage of Puerperal fever, while the inflammatory symptoms are running high. Secondly in a state of depression this treatment would hasten the disease to a fatal termination. And of course our treatment must be entirely changed: our object must be to preserve the remaining strength of the patient so as to afford an opportunity of countering the effects made previously on the system. This is to be done by sustaining the patient by the proper diet and stimulants also cordials. I think the physician should act in the capacity of a nurse so that as the symptoms changed he could take the decided advantage
or to endeavor to counteract the effects of every little alteration that may appear
of the disease is more chronic in its char-
acter we may have pearl-colored vessels
on the lips, mouth, and intestinal canal
and terminating curd-like though.
This thesis I could continue but I think
it proper to curtail my treatment

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