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To Professors J. M. Watson and W. K. Bowdoin this article is most respectfully dedicated by their humble and devoted servant the author.

Scurreral Fever.

A term applied to a dangerous form of inflammation to which scurreral women are exposed, and we suppose there is no malady to which she could be exposed that would create so much anxiety among the friends and relatives and even the physician. For it probably occasions a far greater amount of fatal results than any other disorder with which the obstetrician may have to contend.

As with some natural post-mortem examinations have revealed
inflammation of the uterus or serotini of both of them combined, which receive the different terms of hysteritis, serotinitis &c. As this is the true pathology of the disease, we readily perceive the inpropriety of the term superficial fever, we cannot deny the fact of it being a fever attracting women in the superficial state. Yet it gives no correct idea of the true nature of the disease. We will therefore adopt the terms superficial serotinitis or superficial hysteritis or of the two together.

Considering the state of the patient's constitution immediately after gestation, the excitement and fatigue of labour the altered and diminished tension of all the parts.
contained within the abdomen and pelvis after parturition we should not feel surprised at the frequent occurrence of inflammation in those parts. The uterus having been suddenly reduced from the gravid to the non-gravid state, it has thrown off the large mass of the placenta leaving the surface to which it had been attached raw and bleeding and requiring a sort of healing process. And nature has provided for the foetal circulation larger blood vessels and more of them in consequence of which there is a larger current of blood thrown to the uterine system than when in the non-gravid state. Now seeing the surface to which the placenta has been
Attached with its opened mouthed blood vessels requires the intervention of adhesive inflammation for the closure of these vessels and the healing of the placental surface. Which process requires a physiological congestion for its accomplishment. Knowing these important changes should we wonder at seeing a pathological congestion occasioned by the large supply of blood which by custom flows to the parts. And consequent upon this pathological congestion a suppuration of the lochial discharge and the development of inflammation constituting mastitis. And upon the same grounds of reasoning we may account for peritonitis for the parts covering the uterus.
have been diminished in tension to a flaccid condition & the blood vessels enlarged favouring the sanguine determination and congestion and consequently the development of inflammation.

And there is probably no membrane in the system in which inflammation so rapidly extends itself as the serous membrane. And when we bring to mind the extensive surface which may be involved we should not wonder at the so often fatal results of the disease, but rather be made to wonder at seeing a case terminate in resolution of the inflamed parts. And seeing a case terminate thus is calculated to create within the mind of the
young physician an admiration of the wonderful resources of art capable of correcting these pathological changes.

The great extent may be known by computing the contents of that portion of the serous membrane which invest the alimentary canal, which we will estimate to be forty feet in length. This being cut up from end to end would be at least four inches wide and forty feet long, affording a superficie of more than thirteen feet to which may be added that portion of the membrane which invest the liver the pancreas, the mesocolon and all the parts which derive from it their serous coverings.
This vast surface inflames rapidly and totally and passes through the stage of inflammation with extraordinary speed. And it cannot happen that it shall be extensively inflamed without a coincident exhibition of the greatest disorder in the functioning of the organ which it invest. For the seromucosal coat of the stomach is at times a part of the organ as its muscular or mucous coat, and the same is equally true to the liver and spleen and all the alimentary apparatus. Then a great superficial serotinitis may be justly regarded as a complex inflammation of a vast number of organs indispensable to life. Then why should we be astonished
To see the powers of the nervous
mass sink under the invation
of causes of destruction so great
and so pernicious. And when in
addition to the extensive inflammation
and the constitutional irritation pro-
duced thereby we take into considera-
the great effusions and the purifications
which may ensue and the consequent
interference of the organic func-
tions, we have greater reason to seek
for the greatest blemish of its nature
and the remedies most applicable
for its cure.

It generally follows labour with-
in from two to four days. It may
occur either earlier or later at some-
times makes its attack before labour
begins and in other cases it is deferred
until the second or third week of confinement or even later, or often prevails epidemically in certain sections of country, attacking almost every woman who undergoes the process of labour. During the summer of 1856 it unfortunately became the painful duty of the unworthy writer of this article to have to contend with it during its epidemic prevalence, in which almost every case of labour was followed in the course of from twenty-four to forty-eight hours by acute inflammation, which was in some cases confined to the perspective in some to the uterine and in others at was confined to the throat. At the same time material
fevers were prevailing in the neighbourhood, attacking members of almost every family. Although there were many in whom malarial fever was not developed, yet the poison existed in the system insinuating itself and waiting for an opportunity to bring about its peculiar effect.

Now we believe that every case of supposed fever which we witnessed during its prevalence was not only complicated with malarial fever, but were the effects of the malarial poison, and that the process of exhaustion and its consequent prostration opened up the way for the then impeding poison to bring about its peculiar
effects. Now it is generally admitted that during a paroxysm of intermitting or remittent fever there is more or less congestion of the liver, spleen, and stomach, in consequence of which we must of necessity have congestion of the splenic vein the mesenteric veins and all the veins which when united form the portal vein. If the spleen only is congested we cannot so readily account for the congestion of the mesenteric veins but if the liver is congested the blood from the portal vein cannot so readily permeate its structure and a more knowledge of the anatomical relation between the portal vein and the
Mesenteric pains will account for the congestion in the latter vessels. Now this of itself is almost sufficient to excite inflammation and frequently does independent of that state of the system which follows delivery, in which state as before stated we find the peritoneum greatly reduced in tension, more liable to become congested and inflamed. We also find the uterus unstable and the placental surface raw and healing slowly by a process of inflammation which predisposes it to a higher and more destructive inflammation. Then may we not be a little astonished at seeing a case of parturition...
escape being followed by fatal inflammation. Than at being a
southern woman labouring
under a malarial poison fall
a victim to its ravages.
What was remarkable in the cases
that I saw there was no discover-
able remission in the disease.
Which I attributed to the position
of the patient when attacked
and the rapid progress of the
inflammation. Which was seated
in that serous membrane the
pericardium, notorious for its
rapid diffusion of inflammation, and the consequent high
reactor man fevers so much over
powered the malarial fever as
not to leave a symptom of it.
existence. When we have reason to suspect its epidemic existence, we should notify our patients of the fact. And direct them to preserve the horizontal position, to avoid that determination to the pelvic biceps which is consequent upon the erect position. Their diet should be limited, avoiding all indigestible food and the bowels kept open. Etc.

Especially is an observance of these rules of importance in malarial districts, not only after delivery, but preceding labour. But it is frequently the case that the case is submitted to the hands of a mid-wife. And the physician
is not consulted until the inflammation has progressed considerably and the time elapsed for the proper presentation means to be available and the woman is doomed to fatal inflammation. Such is the fact as it accords with any limited experience in a neighbourhood monopolised by midwives.

About the first of September 1830 I was called to see Mrs J. 48 hours after delivery which had been conducted by a midwife in the neighbourhood. I found her labouring under extensive inflammation of the uterus and peritonitis which had progressed rapidly for 24 hours before my arrival. I adopted the usual antiphlogistic...
plan of treatment with the use of auxiliary means. The inflammation continued unabated for 36 hours when a convulsion extinguished the flame of life.

In the same month I was requested to visit Mrs. H, found her labouring under acute inflammation of the peritoneum with which she was attacked 24 hours after delivery and 18 hours previous to my arrival. I adopted the usual plan of treatment. The inflammation gave no heed to my active efforts to stay it in its mad career, but continued its destructive incursions for 48 hours. Effusion ensued, and the nervous mass was forced to succumb and death as a consequence.
About the 1st of October following I was called to see Mrs J. 36
House after delivery. I found her
labouring under acute peritonitis
with which she was attacked 12
hours previous to my arrival.
I adopted pretty much the same
plan of treatment as in the former
cases, and it terminated likewise
fateful. Having taken no notes of
the cases I have given them according
to my best recollection. Some may
be disposed to think that the disease
was transmitted by contagion and
to avoid a conclusion of this
kind I will state the fact that
each of the cases of labour was
conducted by different midwives.
And it was their neglect of duty
and insensateness of the perilous condition of their patients induced by malarial influence that sealed the fate of three lovely women. And after the disease had progressed to a point beyond the reach of remedies, they were thrown into my hands, and I failed to save them. This produced horrible feelings for me as a young physician to experience during my initial steps into practice. For I knew that if I continued unsuccessful I would not only fail to distinguish myself as a physician but would sink into utter disregard. And I began to wish I had never seen a medical book.
Fortunately for me the women who were expecting to be confined began to become alarmed about their condition and determined not to further patronise the midwives. And thus gave me an opportunity to put my preventative means into execution.

About the last of September I was called to see Mrs J. I found her labouring under intermittent fever, & months advanced in pregnancy. She informed me that during each paroxysm she compared to those of labour and that they were becoming more severe and insisted that I should do some thing for her or she would certainly miscarry. I sent her upon the
use of quinine with morphine
and directed her to continue the
occasional use of the quinine up
to the full term of gestation. The
paroxysms did not return. She went
on to the full term gave birth to
a healthy child and escaped per-
neural fever.

About the 5th of October I was called to
see Mrs. T. Said to be in labour on
my arrival she informed me
that she had a chill a few hours
before sending for me and that
she was attacked with labour pain
but had not approached
the full term of gestation,
ordered a mild cathartic and quin-
mine to begin occasionally ref
the time for labour to set
in the went on to full term and escaped fever. I could mention several cases analogous to those above in which quinine was administered previous to labour and thereby prevented fever. The reason for this fact is being palpable, for it is known that quinine will cure intermittent fever, and that there is a relationship between the two diseases. It is undeniable from the fact that when malarial fever subsided fever subsided with it. And as quinine cures intermittent fever by expelling its peculiar specific influence upon the system this influence may be kept up by an occasional use of it up to
The time of parturition. And thus afford a barrier to the uterus and peritoneum while in a condition favorable to congestion and inflammation, perhaps by preventing a portion which would certainly increase the congestion. For uti vitiatio et affection and the uterine system is in a high state of excitation. After inflammation is properly established we can do but little with quinine. unless there is a remission which rarely occurs in a genuine case in consequence of the rapid diffusion of the inflammation and high arterial excitement. It generally terminates either in resolution or effusion when the latter effect occurs it is
necessary to show that we may have muscular fever predicated upon a malarial diathesis constituting what may be termed a malarial form of muscular fever, upon the same principle that we have a malarial form of diarrhoea. The great difference between the two being that the inflammation in the former is situated in naturally a more secretory membrane in which the inflammation is more superficially diffused and upon which it has a more extensive surface to display itself. And I conscientiously believe that in the great majority of instances where the disease prevails

epidemically it may be attributed to the existence of malarial poison, and not to much to contagion as some believe. And the cause of the more fatal result of the disease during its epidemic prevalence may be attributed to the common cause in association with a malarial diathesis the tendency of which is to congest the internal organs. And especially the most irritable.

I do not wish to be understood as asserting that the epidemic prevalence of the disease is invariably attributable to malarial influence, but that such may be the case in malarial districts. We have the sporadic form
Dependent upon the common causes mentioned in the preceding part of this article, and the treatment adopted in any form is the active antithetic logistic plan. I imagine that it is scarcely possible to treat a case successfully without a deliberate use of the lanceet in the early part of the disease by such a course we not only reduce the quantity of blood in the system and thereby lessen the fibrinous element but we gain a more ready action of our remedies. And if remedies are possessed of the various powers ascribed to them, we should certainly in this disease strive to facilitate
them in their action, then we should bleed almost ad libitum. And to aid in a further reduction of the plastic material, calomel should be administered in combination with opium or Iscecanha or calomel and dover's powder which not only has the capacity of retaining the remedy but it quiets the bowels, keeps down irritation and is also a sort of tie in its action. The bowels should be kept regularly open with mild cathartics avoiding all drastic cathartics such as have the capacity to increase the peristaltic action of the bowels and thereby increase the irritation. The saline cathartics are best.
adapted, which by their watering evacuations reflect from the immediate neighbourhood of the inflamed parts. We may also derive great advantage by the soothing effects of turpentine. After proper depletion by the lancet and leeches over the region of the inflammation we may gain large advantage from the derivative effects of a large blister over the abdomen. Sinaquisimo to the extremities we frequently have to resort to stimulants such as wine and ammonia and often after all our active efforts the patient sinks so we are left of nothing to boast but of the Lord's power to give & to take away.