AN INAUGURAL DISSERTATION
ON
Acute Peritonitis

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Acute Peritonitis

According to the custom of this Institute, all candidates for graduation are required to write a thesis upon some medical subject. On compliance with this rule, I have selected Acute Peritonitis, and in so doing I do not expect to be able to present any new claims in this branch of particular regard, but still endeavor to offer you a concise comparison of the most approved opinions of the profession upon the subject under consideration. There are various forms and modifications of this disease. To enter into a detailed history of each would be not only tedious but unnecessary. I shall therefore confine myself to the ordinary form and shall not, more than briefly notice the special and most frequently accidental varieties of this affection. All the varieties of this
disease are not only painful but exceedingly
unpleasant, but more especially that form
which is usually denominated Puerperal Pain.

Puerperal. The very name of which fills the
mother with horror and dismay. This form
as its name implies is confined to woman
in childbed. But the ordinary forms of
this disease may attack all classes of perso-
ners, male and female, old and young, the
sick as well as the healthy. But as a gen-
eral rule it selects its victims from those
already of delicate health or becomes a con-
sequence of some other disease especially
any chronic affection of the bowels.

With the above brief history of this
disease I shall now proceed to detail
its symptoms.

Puerperal Convulsions. Puerperal is somet
times ridden in by a chill or rigor, but
more frequently it begins with pain and not infrequently both these phenomena occur simultaneously. The pain commonly is most commonly in the lower portion of abdomen, Hypogastric or one or both of the Pubine areas and rapidly extends itself over the whole abdomen. The pain is sharp and lancinating sometimes the pain concentrates itself as it were, in one spot and then in various points of the abdomen and is not infrequently attended by a sense of heat or burning. This is often quite distressing to the patient. The abdomen is universally tender to the touch when the slightest pressure is made upon the bowels. The patient complains of intense and suffering. Also whatever causes any contraction of the muscles
of the abdomen produces the same effect. Vertically, the act of defecation, a deep inspiration, or any motion of the body produces pain. The patient lies with his legs drawn up to protect the abdomen from the weight of the head, which is intolerable to the patient. Also he lies on his back with a piece of cloth on the neck of the abdomen and in some degree of obliquity. The presence of the bowels upon the peritoneum, Professor Woods remarks that the supine posture is not as vertical as might be supposed. He mentions one case which was the worst he ever saw in which the favorite position of the patient was upon his left side, with his legs drawn up close to his abdomen, in by far the majority of cases the pain is general
yet sometimes in no cases in which it is confined to one or more parts showing conclusively that the inflammation is local and not general as when the patient complains of pain over the entire abdomen, on examination as soon as the disease has fairly commenced there is a feeling of hard ness which increases and general hardness about the abdominal walls and soon the abdomen becomes firm and swollen which increases as the disease progresses and finally as it draws to a close becomes sympathetic. In some few cases however there is little or no swelling from the first to the last, but on the contrary the bowels are compressed by the condition or drawing of the muscles.
...ing like a tumor diffused over the whole abdomen, which sometimes becomes permanent. But generally the swelling is uniform, and general, during the first stage of this disease resonance upon percussion greater than usual. It is discovered, but at a more advanced stage of this affection the sound becomes dull, especially in particular parts. After the disease has progressed for several days the abdomen upon auscultation presents to the ear a sound like something rubbing together called the friction sound, as is observed in cases of pleurisy, rendered rough by the effusion of lymph which has become coagulated.

The above symptoms are common to this disease, but there are many...
which may be added which exist either from sympathy or which are dependent upon the rapidly contagious character of inflammation which characterizes this disease and which is propagated directly to contiguous parts, which may happen to be of the same character of tissue. Nausea, Vomiting, Thirst, Deafness or entirely suppressed voice. Constipation of the bowels are usual phenomena. Vomiting is frequently very distressing, Constipation is not as frequent as the former of the several symptoms above mentioned. But is generally confined to those cases in which the mucous coat of the bowels has become involved in inflammation or irritation. Even under the latter circumstances diarrhea...
the opposite exists. One symptom peculiarly characteristic of this disease is the peculiar phenomena which the pulse presents being full and contracted and presenting the appearance of great anxiety and distress, being no peculiarity characteristic of that the physician ever having seen. These will never forget them. The pulse is constantly frequent, beating from one hundred to one hundred and forty per minute, and is evident wing and sense, though according to one an. When it is sometimes full and at

this certainly an exception to a general
rule. The tongue is generally slightly coated with a white or yellowish film is frequently moist, though it is some
times not dry or nearly natural in
appearances, the patient is weak and complains alternately of heat and chilliness. But there is one thing worthy of remark that during the whole course of the disease the patient does not feel much worse than in ordinary health. Peritonitis is one of the most rapidly fatal diseases almost of which we have any knowledge. Death not unfrequently takes place in twenty-four hours and commonly terminates in about a week. The degree of tenderness of the abdomen the pain together with other symptoms indicate the progress of the disease. In fatal cases the pain ceases or nearly subsides, frequently altogether subsides which not unfrequently leads the mind to conclude that the patient is better. But it ought to be regarded as the
most resounding symptom, unless there is a corresponding amelioration of the other symptoms. As the affection advances, if fatal, the pulse becomes extremely frequent and feeble; the face ghastly and haggard. The patient appears disturbed. The abdomen becomes tympanitic and often dilated. Although it is often exceedingly distressing, accompanied by occasional regurgitation of black gruneh matter from the stomach which seems to come from him without any apparent effort, the bowels sometimes commence discharging a black mucus similar to that thrown up from the stomach. Convulsions come on not unfrequently. The hand signs of the fatal result. But those cases which do not terminate in death
but recovers are recognized by the gradual subsidence of the fever and tenderness over the abdomen; cessation of vomiting; the pulse becomes less frequent, more full and soft; the constipation is 20

ghastly; and anxious; and not infrequently recovery is indicated by a free secretion from the stone kidneys; bowels; some cases. The recovery is complete; all the above symptoms entirely subside. In others the recovery is very slow and often imperfect; sometimes owing to the formation of pus which eventually finds its way into some of the hollow vessels of the abdominal; though which it is cleared and makes its escape. Again the pain and tenderness may continue for an indefinite time; the frequency of the pulse may continue in some degree till after the
patient once walked about; finally the acute
form grew gradually, fell into the chronic
form indefinitely postponing and rendering
the results uncertain. Besides the varieties
of Peritonitis as above described there are
several other varieties which I shall only
briefly allude to. There is a form of this
disease which is sometimes entirely local
and which seems confined to one or more
portions of the peritoneum and may be
produced by any violent blow upon the
abdomen or may extend by contiguity
from any contiguous organ, such as infla-
mentation of the liver. The result, the associa-
tion enlarged spleen or ovaries, sometimes it is
produced by obstruction or intussusception
of the bowels or hernia or any other cause
of a similar character. When produced by
either of these causes it is attended with the same
alarming symptoms of dissimulating malady and of inscrutable constitutional which follows as a necessary consequence. In such having for their origin inflammation of the Peritonitis which covers the liver, it follows almost as a consequence that the eyes, skin and tongue are somewhat yellow, which produces some obstruction in the junction of that organ, which throws a portion of the bile out of its natural channel (the bowels) into the circulation. Peritonitis Though a most painful disease as general thing, yet sometimes it arises very insidiously, with little or no tenderness, so pain and may produce death without even being suspected. But fortunately such cases are rare and only occur as complications of other.
discusses by which it is disguised. Sometimes this affection is attended by a typhoid condition of the system from the beginning such as an tongue sores about the mouth or other gum and delirium and come with all the symptoms which ordinarily attend cases of regular typhoid fever. Another form of Peritonitis is that produced by the discharge of any matter such as the contents of the bowels or pus into the peritoneal cavity. This form is often necessarily fatal. Lastly there is another form which attacks women after confinement within three or four days or a shorter time which is called Periperal Peritonitis and is by far the most fatal form of this disease especially when it prevails in an epidemic form which it sometimes does.
Diagnosis. When this disease is uncomplicated and attended by the ordinary symptoms it is not difficult to distinguish it from all other diseases from all affections affecting the bowels. It can be easily recognized by the fixed and not paroxysmal character of the pain. The supine posture with the legs drawn under the abdomen, by the paralytic motion and anxious consternation and the small, weak, thready, and frequent pulse, and the frequent constipation of the bowels. In conclusion of this part of the subject, I will mention one of the many symptoms (all of which) I deem unnecessary to mention, and that is that there are many affections of the bowels attended by pain, but in
none is the pain so constant and which is aggravated in proportion to the amount of pressure.

Anatomical Lesions

The lesions which are discovered upon post-mortem examination of course depend upon the causes which may have produced the disease and also the duration. If the disease be of long duration and produced by the ordinary causes of inflammation only, the phenomena which ordinarily attend inflammation of serous surfaces will be present, such as exudate fibrous exudate upon the membranes of the surface. Sometimes the cavity contains a free liquid. If the disease have continued for some length of time, a copious secretion of a thick yellowish or greenish
evolution, which may cause the bowels to adhere to one another or to the sides of the abdomen. Sometimes there is an effusion of blood which is sometimes taken for mottled ulcer, sometimes pus is found in the peritoneal cavity. This disease being dependent upon such a variety of causes (of course) gives rise to a variety of phenomena dependent upon the cause which produced it.

Cold intemperance in eating or drinking or the suppression of any habitual discharges, whether healthy or otherwise, cutaneous eruptions, etc., may produce this disease and are the ordinary causes. Sometimes it occurs secondarily as a complication of other
disease, especially of those organs which are covered by portions of the peritoneum such as the stomach. Sometimes it is produced by propagation of particular epidemic influence and by a variety of other causes which it is unnecessary to mention. But suffice, that it is produced ordinarily by variations of weather, as any other inflammation.

Prognosis.

It generally unfavorable depending upon the violence of the attack and the exciting cause; but when it exists in a person of good constitution and is unpropagated and is treated early and efficiently, it yields to treatment. But it is always a dangerous affection.
Treatment

Depression and early depletion is chiefly to be relied upon. The pulse being coiled and tense cannot be relied upon as a certain guide, from the fact that the heart is answered by the violence of the local affection and also from the fact of the pulse being frequent and coiled are inexperienced physicians might be misled. As a general rule the pulse becomes more developed under the fever, the quantity of blood must depend upon the constitution and its effect upon the pulse and also the time of the disease at which depletion is employed. Sometimes it is necessary to repeat the bleeding time and again. At the beginning a large dose of saltpetre to be followed by
caustic oil to fully eroseate the bowels should be given. Then it should be kept up actively in small doses con-
companied with some preparation of opium to restrain the bowels, as active purgation has been found to be deadly hurtful by increasing the peristaltic action of the bowels and also the friction of the already inflamed surface of the intesti-
nal canulations. After bleeding and purgation of the bowels reverse should be had to the use of opium to keep the bowels unformed for twenty four hours or more, for reasons above mentioned. A stone should be applied to the abdomen followed by warm fomentations. Slight doses of Spermacanthus may be given to act upon the spine.
Blister should be applied to the abdomen if the disease advances and mercury should be employed in small and repeated doses so as to produce slight mercurial impression which is frequently the harbinger of recovery. Having given the general outline of this disease in relation to its treatment without entering into a detailed history of all the remedies which have been suggested, I will now draw to a close by asking your kind indulgence in the perusal of this imperfect treatise.

[Signature]

January 12th, 1867