

AN  
INAUGURAL DISSERTATION

ON

*Malarial Dropsy*

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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W. T. BERRY & CO,  
BOOKSELLERS AND STATIONERS,  
NASHVILLE, TENN.

## Malarial Dropsy

Man, in all ages of the World, since the fall of our first Parents, has been the subject of disease. In consequence thereof, the Profession of Medicine arose, & of necessity, many false theories, by which, unprofitable and even mischievous practice is induced. Nevertheless, there are always some watchmen on the walls who are ever vigilant for the well being of their fellow man. And we flatter ourselves that this number are being increased every day, and that the time will come when, by the wisdom of the Profession, many diseases, now so loathsome and painful, will only be known as historical facts of past ages. By cutting off and

Throwing from the profession all that is found hurtful or useless, it is becoming a science of almost mathematical certainty; in many respects quite so. —

But to the particular forms of disease, or rather, I should say, results or symptoms of disease, to which we propose devoting a few pages. That Dropsy is caused by many and very different, diseases is well known to all who have thought of its causes. And that it stands boldly in the list of the *Opprobra Medicorum* in some of its forms none deny. Who could be so vain as to expect to cure Dropsy caused by aific deposit obstructing the flow of blood through the arteries and veins?

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But that form of Dropsy which is fully explained by our title, may be considered a curable result of disease. This form of malady is perhaps better understood in the great Valley of the Miss. than in any other part of the United States. In this vast extent of densely populated country the attention of the profession is, yearly, called to the treatment of Remittent and intermittent Fevers. These diseases are, I believe, universally, said to be caused by Malarial effluvia generated in the bounas of this fertile valley. The cause of this disease, on this form of it, has long been, by many, misplaced. By the indefatigable industry and perseverance of our

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Medical Philosophers, however, many facts are being bro't to light, and which being thus illucidated, bias defiance to the disease and renders comfortable, many a poor sufferer, who, otherwise would be compelled to drag out a most miserable existence. And The form of Dropsy to which this article is devoted, may be said to have undergone the scrutinizing search of the good and great. It was known to Physicians in this Malarial District that enlargement of the Spleen is almost a universal result of of Remittant or rather Intermitant fevers. I believe a long spell of Intermitant seldom terminates without some dropsical effusion on

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This being the fact, and be<sup>ing</sup> well known  
are that, congestion of the venous  
radicles was necessary to its produc-  
tion. So its cause was at once  
sought for, and a very pretty theo-  
ry established, to wit. That the  
whole system is overlaid with a  
net work of cellular tissue, each  
muscle and fiber of muscle has  
its particular covering of this ex-  
ceedingly distensible tissue. Now as  
it was known that venous obstruc-  
tion would produce congestion of  
the venous radicles. & as, this kind  
of obstruction was known to be  
necessary to the effusion of the  
serous fluid found in the cellu-  
lar structure. They thus account for  
it, by saying that, the spleen becomes

so much enlarged as to press on  
the Vena Cave ascendens and thus  
the flow of blood through the vessel  
is so prevented as to produce cong-  
estion in the venous radicles and  
by this congestion absorption is  
prevented while exhalation is eith-  
er increased, or at any rate not di-  
minished. And thus, serum is con-  
stantly being poured out while the  
veins, being already full, are wholly  
unable to absorb or take up any part  
of it. This we say, is a very pretty  
theory if it was only true. And we  
wish it was true, for, we should  
be very glad indeed to know of  
some office for the Spleen to per-  
form, if it is only a source of  
anoyance. Let us examine some

of the testimony against this  
useless organ and see what we  
can make against it? In the  
first place, we, upon examination,  
find it situated immediately  
below the Diaphragm in the left  
Hypochondriac region with the Stomach  
between it and the vena cava  
ascendens. We find also the aorta  
between the vena cava and Spleen  
so that before the Spleen, by any  
enlargement, can press upon the  
venacava, it must press with  
such force upon the Stomach as  
to exert that pressure through this  
thick muscular organ before its  
pressure can reach the veins. And  
moreover, the relative position  
to the aorta, of the veins, is such



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That the caliber of the veins could not be reduced more than one fourth its natural size before the aorta would be involved by the pressure, which is known not to be the case in common Malarial Dropsy. So we set this down as proof positive that Dropsy from congestion of the Venæ Cavae is not caused by enlargement of the Spleen.

We must then, search for the cause else where. The size, position & vascularity of the liver at once, excites our suspicions.

And here, let us say, we take the position, that absorption and exhalation are both suspended. For if, there is such an increase in size and altered condition, both

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of Solids & fluids as is represented,  
and as must be true, We will certainly  
only have the exhalents so pressed  
together as to close their mouths and  
entirely prevent the passage of any  
serous fluid through them. But  
that the fluid is effused in a way  
which we propose showing after  
a while. Now all who are acquai  
nted with this affection know it  
to be a more frequent result of  
remittant than Intermittant  
diseas we also know that the Spl  
ene is often much enlarged when  
there is no dropsical effusion, &  
that there is dropsical effusion  
when there is, no, perceivable, en  
largement of the Spleen. The liver  
we find situated to the right side

directly below the Diaphragm and  
extending into the epigastrie and  
~~partly into~~ into the left Hypoco-  
ndria. It is above the Stomach &  
directly anterior to the vena Cava  
ascendens. being thus situated  
and an exceedingly vascular organ  
subject to much increase in size  
it is easy to imagine how it could  
press upon the vein and thus  
prevent the flow of blood from  
the extremities. This being the  
case the venous radicles become  
engorged and enlarged, their walls  
become very thin from distension  
and so altered in structure as to let  
the watery part of the blood pass  
through while at the same time  
the vessel is so full as to prevent

The absorption of any portion of serum that may be exterior to them. These venous radicles being very numerous and very closely situated to each other and the ephalasts being situated among them and entirely surrounded by them, we can imagine without much effort that their caliber is so firmly closed as to prevent ephalation entirely. And thus we have neither absorption nor ephalation, & still we have dropsy, and, as we think we can clearly see, for the very reason of these two facts

Symptoms of Dropsy.

We suppose the patient to have been for some time, the subject of some malarial form of disease, from

which he imagines himself fast  
 recovering; is able to walk about his  
 room, finds his appetite returning &  
 is slowly regaining strength and vigor  
 both of body and mind. After thus  
 congratulating himself, his mind is  
 ill prepared for bearing up under the  
 approaching symptoms, hence the de-  
 pression of spirits so common. Then if  
 after such an attack of Malarial disease  
 we find our patient, after walking  
 about his room for some time, to have  
 swollen feet. And an increase of this  
 symptoms every day. We may suspect  
 that all is not well, and that very soon  
 we shall see an unmistakable train  
 of symptoms presenting. such as  
 hot dry skin upon one examination  
 and at another relaxed and throwing

off a sour unpleasant perspiration  
 Thirst very considerable, The urine very  
 scanty and high colored containing a  
 superabundance of salts, The tongue  
 coated white. Much general uneasiness  
 of mind. The pulse very variable, som  
 times being tense and hard, then  
 again quite soft and quick. We now  
 find the abdomen to be enlarged to  
 a very considerable extent. While the  
 most pendant parts are apt to be  
 one the subjects of much cutaneous  
 inflammation.

Prognosis. If upon examination  
 we find our patient to have laboured  
 under the above mentioned disease,  
 and feel sure that his present dropsic  
 al condition is a result of inaction  
 and a congested condition of the

lives our prognosis for the most part may be favorable.

Treatment. Finding the liver inactive, congested and enlarged, our remedies should at once be directed to that organ. Mercury in some form so administered as to gain its constitutional effect is perhaps the very best remedy we can employ in this condition of the organ.

The bowels being found in a torpid constipated condition, should be freely acted upon by such articles of the Materia Medica as will not only evacuate them of their contents, but excite free watery discharges.

We may use small doses of blue pill or Calomel with some diuretic added such as powdered squill

Should we find inflammation of any organ, the taking of a little blood every day till it subsides, if not counter indicated, would, perhaps, be the most reliable means of reduction of this troublesome symptom, and by this means, too, we prepare the system for other remedies which otherwise might not be admissible.

Perhaps the best Cathartic we can administer is the Super Saturate of Potash and Gargase, the Colomel and Dover's Powders or equal, proceeding it twelve or eighteen hours. The mercury should not be used beyond slight ptyalism. After producing this colomel effect we should resort to Iron in some form; The sulphate is the best given three or four times



a day in five grain doses and followed  
the next day by the Cathartic menti-  
oned. And thus used alternately

If from all this we find no good  
effect, our attention may be turned  
to the Kidneys. By exciting increased  
action in these organs much may  
be effected towards the relief of our  
patient. For this purpose, we may  
again resort to the Squill, Nitrate of  
Potash with very small portions of  
Colomet. If, however, the effects of the  
colomet begins to appear we should  
at once leave that article out and  
use the Squill & Potash say 10 Grs. of the  
Nitrate of Potash & 2 Grs. of Squill three  
or four times a day. Should all this  
fail there are a variety of other diu-  
retics which may be resorted to.

(Finiis)