

S A N

INAUGURAL DISSERTATION,

ON

Milk Sickness.

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Milk Sickness

This peculiar and horrible endemic disease, which prevails, in some of the middle and western states, made its appearance in the extreme western part of North Carolina, about the year 1830. From that time, up to the present, the disease has been rapidly increasing. The localities in which, the disease generally prevails, are broken, much diversified with hills, mountains, and valleys.

Symptoms. There are two forms of this disease, the acute and chronic. They are however, the same disease, produced by the same cause, and differing only in degree. In the chronic form of this disease, the individual is languid, unable to make much

excretion, impaired appetite, torpid bowels, palpitation of the heart, torpor and stiffness of the limbs, trembling nausea, and syncope if any considerable exertion is made. The pulse varies considerably in the disease, though generally slower than natural. The individual may linger a long time in this form of the disease, (Chronic) for weeks or months, but unless removed by the sanative powers of water or some other remedial means, the disease will assume the acute form.

Acute form.—The individual is suddenly seized with extreme nausea, protracted vomiting, syncope, and great prostration. The temperature of the body and extremities, are now greatly reduced, the skin cold and clammy, great distress and anxi-

ity are depicted upon the countenance
of the individual; the breath acquires
a peculiar fetor, the tongue generally
swollen and coated with yellow or dark
fur. A complete retroverted action of
the stomach ensues, and at every off-
ord of vomiting, a fluid is ejected of a
green or dark colour. The eyes have a
greenish colour, pupils dilated, dimness
of vision, intolerance of light, and giddi-
ness. The bowels are always obstinate-
ly constipated, and when the discharges
are obtained, they are very dark, and
so offensive, that it is almost impossible
for any one to remain in ^{the} room with
the patient. The pulse is slow and
easily compressed. Delirium and tenui-
tis acutum are present in this stage.

but, most commonly confined to Children.
The peculiar fever of the bronch is pres-
ent throughout the whole course of the
disease. As the disease advances, the
patient complains of acute gastrics
pains and intense sense of heat or burn-
ing in the stomach, ^{esophagus}, and fauces,
causing him to call out, every few minu-
its, loudly for cold water to allay the
burning sensation. The pulse more
increases in frequency, but is still easily
compressed. The extremities and body
are bathed in a cold and clammy sweat,
the eyes are half closed, vomiting so violent
that every article of diet, drink, or
medicine is immediately ejected.

During the intervals of vomiting, the
patient lies on his back, tossing his

nts. of the infected localities have suffered greatly from its poisonous influence; however, they did not suffer as much from it, when it first visited the country, as they do at the present time. When it first visited the country, it was supposed by some to be a kind of malarial Fever, while others considered it to be a species of Congestive Fever. At the present day, it is considered, by some, to be a species of typhoid Fever. Observations have proved to me, that it is neither malarial, congestive, nor typhoid Fever, but that it is a peculiar disease all caused by some unknown poison taken in the system.

Wherever this disease prevails in

the human species, the lower animals,
that feed upon vegetation, are liable
to a peculiar and fatal disease, called
Trembles, and that, in the human spe-
cies, the origin of the disease is in
some specific poison, obtained, univer-
sally, from the milk, butter, cheese,
and flesh of animals that feed in
these infected localities, producing
the disease (Trembles)

What is the local cause or, specific
virus, that invades these localities, pro-
ducing the disease, we know but little.
There are no two who have attempted
to investigate this subject, agree
I believe, that all agree that the disease
in the human species is caused by
eating the milk, butter, and flesh &c.

of animals affected with the poison
There are various notions about the
direct cause of this fatal disease.

Some attributed the infection of the
cattle to their having eaten of some
species of *Rhus*, or a peculiar fungus,
as the mushroom or something of that
kind. Others contend that it is caused
by the water that the cattle ^{drink} but
this is not true, from the fact, that it
appears, in localities, where there is
no water, and moreover, water, in which
the poisoned flesh was boiled, remains
entirely unaffected, while the meat
still retains its poisonous properties.
This proves clearly to everyone, that
the poison is not soluble in water.

From my own observations, I think
that it is of a mineral origin, existing
in the soil. Accounts conflict, as each
observer judges from the prominent
features of his own locality, which
may differ in some respect from that
of another. The disease makes its ap-
pearance in certain kinds of soils but
and cultivation does not destroy the ho-
nor. The cause, whatever it is, affects
the cattle grazing at night and in the
morning while the dew is on, during
the day, there is no danger of the
the cattle being affected with the
virus. Those animals, that have been
gradually accustomed ^{to} the range or
pasture of affected districts, suffer as
much as others unaccustomed to it.

Cows exposed to the poison during lactation, generally escape, while their offspring die.

While grazing and browsing animals, only, are affected by the original disease, their flesh will reproduce it in all animals. Carnivorous animals never have the disease, only after feeding upon the carcasses of herbivorous animals that have died of the complaint. Those persons, that have been affected, once by the disease, are more liable to be affected again, than others. If an individual has the disease once, he never will get it finally over it. He may be able to do common labour, but if he overheats himself, he will feel it sensibly.

The disease does not prevail in the winter and spring. I never have seen a Case sooner, in the year, than the twentieth of June, & it prevails mostly in the fall, September, October and November.

Mortality, prognosis &c. The mortality is variously stated, some say three out of every six, or one half. Others five out of six & I have been practising, in the infected localities, four years, and have treated a great many cases of Milk Sickness, with good success. I never have lost a case of Milk Sickness in all my practice, and I have more or less cases ever fall

Of the anatomical characters I know nothing as I never have had an opportunity to make a post mortem examination.

When the disease is overcome by remedial agent, the heart begin to return to its natural pulsation.

The irritability of the stomach subsides gradually, and the vermicular motions of the intestines are perceived; the skin and extremities take on their natural heat

Treatment. The prominent indications in the treatment of Milk sickness are to remove constipation, to allay gastric irritation, and to counteract debility and exhaustion. Blood letting and emetics do harm in this disease. Consequently they should never be used.

Constipation must be removed by active cathartics and stimulating injections. Stimulants must be given freely, as soon as the constipation is removed, and before, if the patient is bad.

Peach brandy and carbonate ammonia are the best stimulants for the disease. I generally take a pint of peach brandy and 100 grains of carbonated ammonia and a gill of cold ^{water} and put them into bottle and sweeten it with honey, and make the patient drink it all in twelve or twenty four as the case may require.

The bottle must be shaken always before taken it. Three grains of blue mass should be given every night or two. The bowels must be acted on every day by castor oil. Large blisters should be applied early in the disease (upon the stomach)