

AN

INAUGURAL DISSERTATION,

ON

Trismus Nascentium.

SUBMITTED TO THE

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BY

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Trismus Nascentium.

This disease is confined to early childhood. Usually, the first symptom which arrests the attention of the mother, is the difficulty, which the child discovers, in taking the nipple. In making an effort to suck, it appears to be troubled with dyspnoea, and rolls its head to one side and screams, or makes some mournful noise. The symptoms becoming aggravated, the mother is at length alarmed, most generally apprehending that the child has croup. As the disease progresses, the jaws become stiff, and the child is no longer able to open its mouth sufficiently wide to take the nipple. Very soon the spine is affected, and at length, regular tetanic spasms supervene.

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Not unfrequently, upon examination, it will be found that the Cranial bones are displaced, and sometimes also, there is Strangury. In some cases, the disease sets in with greater violence from the first, and the paroxysms partake more of the character of Epilepsy; coming on with more or less frequency and increasing in severity, until in a few days at most, they carry off the little sufferer, blasting the hopes of the fond mother. The action of the heart, is always increased during the paroxysms.

As the disease becomes more confirmed, the rigidity of the back, jaws, and extremities, increases, the intervals between the paroxysms grow shorter, and frequently the child remains stiff as a board for several hours at a time.

There is no disease with which
 Trismus Nascentium is likely
 to be confounded, unless it
 be Croup or Epilepsy. It is ea-
 sily distinguished from the for-
 mer, because the characteristic symp-
 toms of Croup are absent, nor is
 it likely that so young a sub-
 ject would be attacked by this last
 mentioned disease. Neither is
 Epilepsy likely to come on at so
 early a period of life—more
 over the intervals between the parox-
 ysms in this disease are more marked,
 neither is it so fatal. The prognos-
 is of Trismus Nascentium is bad
 enough—almost hopeless. With res-
 pect to its pathology and Causes:—

In the medical journals of the
 day, the idea is advanced & cases
 cited in support of the theory,

that the disease is caused by a displacement of the bones ~~of the~~
~~base~~ of the Cranium, thereby producing compression or irritation of the bones of the Cerebral map, and giving rise to all the train of unmanageable symptoms that present themselves. Although in many instances the disease may have originated in this manner, yet it is by no means probable that it is the only cause. It is a circumstance which goes strongly to disprove this hypothesis, that it is a custom with some tribes of Indians to compress the heads of their children soon after birth, in order to shape them fancifully. Now if a displacement of the bones of the Cranium, were in all instances, attended or indeed very often

attended with fatal consequences, it seems improbable that such a custom could long have prevailed.

On the other hand, there are others who contend that the disease has its origin in a want of proper attention to the dressing and after treatment of the funis; they think that by properly dressing the umbilical chord, and by keeping the parts clean and dry, the disease may be prevented. This view of the case has been ably sustained by Professor Watson, who has demonstrated conclusively, that by proper care and attention with respect to the funis, the disease may almost always be avoided. He enjoins cleanliness and the removal of the dressing, whenever ^{wet or} soiled by the

experiments of the child. His instructions with respect to the removal of the dressing when soiled, and also with regard to the treatment of the chord, are very plain and precise. Since the publication of Dr. Watson's pamphlet, I have adopted his plan of dressing the funis, and have found ^{it} very neat and convenient.

A number of other circumstances are said to give rise sometimes, to the disease under consideration; as for instance, coarse and rough dressing applied next to the very delicate and tender skin of the child; also cold and improper diet. Inasmuch as the disease occurs so soon after birth, it is not probable that it is caused by improper diet; however ~~this~~ ~~is~~

any danger arising from this cause, may as well be guarded against, by directing that the child be placed at its mother's breast, as soon as she is sufficiently rested from the fatigue and exhaustion of ~~xxx~~ labor, to allow of it. If however, her milk should be too tardy in coming, for the safety of the child, it will be proper to direct that a little sweet milk, diluted and sweetened, be administered to the child occasionally. That is supposed to be a prolific cause in the West Indies, where many deaths occur from this disease, as well as in our own Southern States. Instead however of attributing the disease to heat or cold, or to a displacement of the bones of the cranium, it would be much more in accordance with common sense and sound philos-

ophy, to refer it ^{to} the improper man-
 agement of the children, especially
 of the negroes of the large planta-
 tions of the South, amongst whom,
 Carelessness and inattention are prover-
 bial. Amongst them, it is much more
 probable that the disease is caused
 by want of proper dressing for the
 delicate infant, and the habit of lay-
 ing the child upon its back in the
 lumpy trough cradle, than by heat
 or cold, or by the displacement of the
 bones of the Cranium. In Smith Coun-
 ty, where the disease has not been un-
 common, I remember that my
 preceptor had several cases under
 treatment during my pupilage.

He referred the disease generally
 to a want of attention to the fu-
 nis, but was of the opinion that
 it might sometimes, have its origin

in the circumstance of pins concealed about the body of the child & piercing it, owing to the Carelessness of the nurse. He advised me therefore, in all instances when called to see such Cases, not only to have an eye to the pins, but to cause the Child to be undressed & closely examined, lest there might be pins sticking in its body.

With respect to the treatment of the disease, I do not expect to make any suggestions that have not been frequently discussed in the journals of the day, or in the regular works on the diseases of Children.

The bowels should be kept open, and for this purpose the cold prepred Castor oil, or Hydrargyrum Cum Creta, or Calcin'd Magnesia in sufficient doses, may be exhibited. After the bowels have been moved sufficiently

I have found the purgative elixir exhibited in doses large enough to ~~produce~~ induce sleep and relieve the spasms, to be of great benefit.

I have seen the little sufferer, after taking a well regulated dose of it, quietly fall into a sound sleep and rest for hours, waking up with appetite much refreshed, with appetite improved, and awakening the fond hopes of the distressed mother—alas! but too often doomed to disappointment. Particular attention should be paid to the condition of the umbilicus; if the Chord is not yet detached, it should be carefully examined; and if the dressings are not dry and clean, but on the contrary, hard and stiff, from being previously saturated with the excretions of the parts, they should be immediately removed, and clean soft

dressings applied. If upon examina-
 tion, the parts around the Chord are found
 to be excoriated or inflamed, they should
 be carefully dried, and touched with
 a solution of lunar caustic; or, Caus-
 tic lint may be applied for a short
 time. If the lint be used, immediate-
 ly after its removal, the Umbilicus
 should be dressed with some sim-
 ple cerate. If the Chord has fallen off,
 as is frequently the case, the Umbilicus
 should still be carefully inspected,
 and receive such attention as it de-
 mands. The condition of the bladder
 should be closely watched, and if it
 should be found to be distended at
 any time, bee tea or some other diu-
 retic should be administered until
 relief is obtained. Should there be any
 displacement of the bones of the Cranium,
 as for instance, an elongation of the head

or a sliding of the edges of the bones at the different sutures, they should be replaced for the sake of the beauty of the shape of the head, if for no other purpose. As is usual with some, I will send my unsuccessful cases to the Catacombs of the fathers, (merely saying that they were bad enough) having never treated but two cases successfully.