

AN

INAUGURAL DISSERTATION

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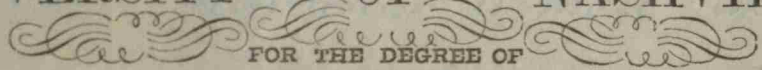
Tubercular Phthisis.

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BY

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OF

Tennessee



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To

The Faculty of the Medical Department of
The University of Nashville, this humble and
unpretending dissertation is most respectfully
inscribed, as a mark of respect for their high
moral and intellectual endowments, and
also as an humble tribute of my affection for
their uniform courtesy to the class now
in attendance

J. M. Robinson

Subaricular Phthisis,

This is one of the most important diseases the physician is called upon to treat, It is important in the first place from its frequency, & secondly from its mortality, being the endemic of the world, occurring every where, in every climate, on every shore, amidst the balmy breezes of the Islands of the sea, where perpetual Summer reigns, under the Skies of Italy, this destroyer of human life makes its home,

Many of the diseases to which the human family is heir, will yield to the judicious treatment of the physician, but ~~not~~ so with Consumption, and this is one of the considerations which give it its interest and importance, but there are others, It usually destroys life at that period of our pilgrimage when of all others it is the sweetest and dearest,

In infancy and childhood the value of life is not felt and realized, and in later years and old age, its richest fruits have been gathered, its burning goblets have been quaffed, and we may be more than ready to depart for that undiscovered country from whose bourn no traveller returns, But consumption usually fastens upon its victims at the very outset of active and responsible life, just when the future is brightest with promise, just when hope is rioting in blissful anticipations, just when love is whispering its melodies in the listening ear and weaving its witchery around the willing heart, just when glory is pointing aloft to the star that glitters upon the temple of fame, bidding the young and panting aspirant to seek after and obtain it,

How often does it happen that whole families as they arrive at maturity, and are

just ready to enter upon their several duties, and to participate in the fertile career of life, are arrested in their career, and go dropping off one after another in melancholly procession to the Grave.

The intellectual and moral relations of the disease render it one of special interest to the feelings and sympathies of the physician. Many diseases by the process is destroying life, also destroys the desire for life. The long and wearisome agonies of cancerous and cardiac affections often render death the most welcome of messengers. In other cases the transition from life to death is by a process of which the patient is entirely unconscious, and the last repose is literally a sleep, but in consumption all is far otherwise. The intellectual powers are not only unimpaired, but they often

exhibit, like the ⁴flush of the burning cheek
and the lustre of the fiery eye, an unwanted
and preternatural brilliancy. Hope too (al-
though the shadow of fear may have follo-
wed upon her pathway, and chastened the
radiance of her countenance,) still walks
by the side of the fainting pilgrim, begu-
iling the weariness of the present and
disipating the darkness of the future,

By Phthisis is meant a chronic dis-
ease the anatomical relations of which
are characterized by tubercular deposits in
the lungs. It is a constitutional disease
localizing itself in the lungs. It has two
distinct stages, first the stage previous to
the softening of the tubercle, and second,
that subsequent to the softening

On examining the lungs after death,
will almost always find two mor-
bid depositions, sometimes entirely dif-

ferent in their character, first minute bodies, varying in size from a millet seed to that of a pea, of a reddish grey colour, semitransparent, and semi-cartilaginous, called grey granulations, secondly crude tubercles, which are found in various parts of the lungs, varying in size from a small pea to that of the end of the finger,

The grey granulations are gradually converted into tuberculous, and sometimes their centres are already converted into this stage while in the form of grey granulations, These tubercles are of the consistence of cheese, and rarely rubed down between the fingers, Sometimes, however instead of being converted into the form of tubercles, the grey granulations after softening, become infiltrated through the tissue of the lung as we see pusas in the third stage of Pneumonia,

The crude tubercles, imbedded in the tissue of the lungs, after a longer or shorter period, soften from the centre outwards, into a matter of a thick creamy consistence, and like any other foreign irritating body causes, first inflammation, second ulceration, which throws it out into the small bronchial ramifications, where it is expectorated. But new tubercular particles are constantly forming cavities and abscesses in the lung as large as the first and it is exceedingly rare for them to be found in any other condition.

The deposition of tubercles generally begin at the upper and posterior summit of the lung gradually extending downwards, and consequently they are in a more advanced stage at the Summit than elsewhere. The soft substance in the cavities, is creamy and inodorous, and in the large abscesses the contents are of a reddish colour, composed of morbid mucus.

mixed with tuberculous matter, and besides the natural walls of the cavity, the matter is enclosed in a false membrane. Tubercles are generally found in both lungs, but more developed in one than the other,

We often have sympathetic lesions, first, the bronchial mucous membrane is generally inflamed, and ulcerated, by the foreign substance out over it, second, Secondary pneumonia occurs in many cases,

Physical Signs Before proceeding to point out the physical signs, it is important that we impress our minds with the fact, that this disease invariably exists in two distinct stages, the symptoms of one stage differing wholly from those of the other,

In the first stage there is modification of respiration, diminution of the respiratory murmur. second, the blowing or tracheal respiration, in which the

expiratory murmur is louder than the inspiratory, thirdly, dullness on percussion, more so on one side than the other, In the second stage the dullness on percussion is increased, also the blowing respiration is increased, in short a radical difference exists in the two stages,

General symptoms, A cough is one of the first symptoms of this disease, In the first stage the cough is moderately hacking, and by no means characteristic, Sometimes, or at some periods of the day, it is more troublesome than at others, Generally morning and night, In the latter part of the second stage the cough is more harassing and troublesome, and great efforts are made to dislodge the matter in the cavities of the lungs, to be thrown out by expectoration, Cough is a valuable diagnostic in this disease, as is apparent to every

one conversant with the diseases of the chest.
In the first stage the matter expectorated is
of a whitish transparent colour, and pothery and
is kept up for weeks or months, In this it
differs from common cold or catarrh, and
when this is the case alarming apprehensions
are justifiable, for it is the precursor of slow
but certain death, In the second
stage, the matter expectorated is in rou-
ndish masses and of a pale, streaked with dif-
ferent colours, and a few days before death
the matter becomes more fluid in con-
sistence, more purulent and dirty look-
ing, This Haemoptoe occurs in a large ma-
jority of cases, and is more copious during
the first stage than the second, The amount
of blood thus thrown off varies in cases, most
generally from half to a teaspoonfull during
the twentyfour hours, Haemoptoe when it
is not occasioned by rupture of blood

vessels in the lungs, is a pathognomonic symptom of pleuritis. It is singular that dyspnoea is so slight in such a condition of the lungs.

The respiration is generally accelerated more or less, and the patient will complain of being out of breath after much exertion. There is some pain in almost all cases, depending upon and caused by the dry local pleurisy of the neighbouring parts. The patient always has more or less fever, and during the first stage the fever is rather of an irritable character, but in the second stage it becomes hectic.

This fever is always accompanied by a hectic flush on a circumscribed portion of the cheek, and great heat of the extremities, the other parts of the cheek being pale. The fever generally comes on at night, and is usually preceded by some sensation of chilliness, or at least an increased susceptibility to the

to the influence of cold, and in the second stage, the fever is succeeded by moist and moist and exhausting night sweats, which are cold and clammy. The appetite is variable, sometimes urgent and sometimes entirely wanting. The pulse is almost always permanently accelerated. The tongue is variable, sometimes dry and a little furred and sometimes clear and moist. In the last stages of life, the tongue, in common with the inside of the mouth and fauces are coated with an albuminous exudation, resembling the aphthous condition of the mouth in children, and the patient will have a burning sensation of the tongue.

Diarrhea supervenes in almost all cases, and towards the termination of the disease, the patient will have from ten to twenty watery discharges during the twenty four hours,

Emaciation extends to nearly all the soft tissues of the body, and finally the cheeks become prominent, the eyes sunken dilated and of a pearly appearance, Occasional edema of the lower extremities, this being one of the latest symptoms, The mind is usually unimpaired to the last, though delirium supervens in a few cases, a few hours before dissolution, Generally the patient is sanguine of recovery, and endeavours to account for the symptoms from some other cause than the true one, Occasional deafness occurs from the deposit of tuberculous matter in the tympanum, There are collateral lesions of which it is unnecessary to speak particularly, such as ulceration of the epiglottis, The duration of the disease is variable in different individuals, Generally from three to twelve months, usually destroying the young sooner than middle aged,

Causes, Predisposing,

By far the most influential of these is inheritance, or as it is termed, hereditary taint. Whole families thus descended are frequently swept away by this fearful malady. Even when the immediate descendants of consumptive parents escape the disease, they nevertheless hand it down to their offspring.

Next, perhaps, in the degree of influence is cold. By the term cold, it is not meant the vicissitudes of weather which so frequently occasions attacks of inflammation, but its most pernicious agency is connected with its long continued application.

Exciting, Any thing which is capable of irritating the lungs, and consequently producing inflammation, may give rise to this disease. Pleurisy and Pneumonia are often the immediate forerunners of Phthisis,

Age is not without its influence, and the time of life at which is most likely to occur is immediately after the cessation of growth.

Sex. It is more common in the female than in the male, and there are apparent causes for this difference in the sex. First, their organization is more delicate, and second, their habits are more sedentary.

Sedentary occupations are more favourable for its development than those that require vigorous exercise.

Diagnosis. It is only in the early stage that there is any difficulty in recognizing phthisis. Bronchitis is the disease to which phthisis bears the closest resemblance, in its general symptoms, and with which it is the most liable to be confounded.

Prognosis. This is always unfavourable, after its full development. In one stage or another, it is said to be occasionally

to be cured, or at least ends in recovery,
 It is a very frequent occurrence to see threaten-
 ing symptoms of phthisis give way under
 suitable treatment, yet we cannot be positive
 that these symptoms were tuberculous,
 because the evidence of dissection is wanting,
 and a Treatment,

Tubercles when once formed, almost always
 run their course, notwithstanding all
 the remedies that can be employed, therefore,
 our treatment, for the most part must
 be palliative. A person of a tuberculous
 diathesis should take rigorous exercise in
 the open air, and this to be advantageous,
 should be long continued, and the best mode
 of exercising is upon horse back, or walk-
 ing. Perhaps next in importance to exercise
 is a proper regulation of the temperature
 of the body. In order to fulfill this indication,
 the patient should be well clothed and

Wear flannel next the skin, in order that its important functions may be performed. The regulation of the diet constitutes also an important ^{consideration} in the treatment of phthisis, under the first indication. As the objects are to sustain a vigorous tone of system, and at the same time to avoid the exciting influences of pulmonary inflammation and fever, the general rule is to recommend a generous diet, with the necessary restrictions.

Medicines are of less avail in this disease than the hygienic measures recommended, nevertheless they are sometimes highly useful as palliatives. Of these, the ones most applicable in this disease are cod liver oil and phosphate of lime, laudanum is useful as far as relieving the pain in the chest. Many other palliatives might be mentioned, but they will be suggested by the judgment of the practitioner.