



AN

INAUGURAL DISSERTATION

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Actus

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BY

James A. Ridley

OF

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The medical student feels a degree of im-
barassment, in eduting ^{a subject} upon which to
write an essay, because every subject has
undergone the scrutiny of science, but
yet, it is no small comfort to feel
that its beacon lights stand out promi-
nently to ward him off the shoals &
breakers, and rather than complains;
how deeply deserving our gratitude are
those who have shed their light before
us, if our little bark is not the first
to sail in regions unknown, its sails are
the wider spread, and it makes ~~no~~
retrograde course, but shows onward
confident of what is before, and
the more surely arrives into port laden
with fruits if not so soon, richer and
more abundant.

Cholera is a very common

form of dropsy and authors differ as to the relative frequency of this as compared with other forms of it. The patient first discovers tightness and he then perceives an enlargement at the lower portion of the abdomen, it being lowest, the water very naturally accumulates first at this part. as the water increases, the enlargement becomes uniform. It is probable that this watery accumulation exists much more frequently than is supposed I think it likely that in many cases of oedema of the lower extremities following as a sequent of debility induced by fever and other causes, that we have more or less water in ^{the} abdomen, so small an amount however, that we can not detect its presence by ordinary means. Pericrion is an important means

which comes to our aid in making out our diagnosis in this disease should there be water present in the belly, there will be dulness of sound under percussions instead of the normal resonance which is described as being a hollow sound.

The difference in the normal and abnormal sounds are something like the difference in the sound of a ripe and unripe melon. The sound will be much modified, by the pressure or absence of the bowel under the part percussed. The bowels being light accord as far as their attachments will let them endeavouring to get upon the top of the fluid. Consequently we will have greater dulness as we depart from the pressure of the bowel, greater below and more normal as we advance

near the thorax Pregnancy has been taken
for this disease, and vice versa, some con-
vict therefore be taken in making
out our case The patient should be
placed upon the back and if it be
water in the abdominal cavity there
will be greater flattening of the belly
in front, by the water tending to the
sides and bulging them out posteriorly
and laterally In pregnancy if the patient
be thus placed, the belly will retain more
of its wanted soundness, or the obliquity
of the gravid uterus to one or the other
side would be plainly seen I do
not think a tympanitic belly could
deceive us, though it is mentioned by
authors as being one of the conditions
that might The tympanitic sound I
think would be unmistakable

I suppose the liability to take the statement of the patient in this, as in the other ^{cases} would be more likely to get us into error, the statement of the patient should be received with some caution should the two cases exist together the diagnosis will be more difficult, the early history of the case the use of the stethoscope and percussion in connection with the symptoms generally, carefully considered would clear up the diagnosis

I met with an old negro fellow some years since who had been prostrated by fever and had some oedema of the lower extremities with a tightly distended abdomen I thought at first he had anitis I interrogated him as to his urine and he stated he had urinated several times in two or three days but he thought not enough

I asked him how long since he commenced swelling, his reply was three days since I concluded that was rapid, for a^{fter} I introduced a catheter and drew away an incredible quantity of water I have no doubt he had urinated but it could have only ^{been} the overflowings of the bladder, Much the most frequent cause of the disease is an obstruction to the normal circulation of the blood through the great portal circulation the liver enlarged may by pressure upon the great descending Cava or more frequently the organ perverted by disease, thus obstructing the circulation through the minute ramifications of the vessels, and therefore damming up the blood from behind and continually

supplied by the arteries from behind
the water seeks its way through the
tissues as best it can, the doctrine of the
exhalents does not explain all the phenomena
attending this disease it seems to me
that the doctrine of congestions irritation
or inflammation in congestions with
the agency of the exhalents being the
main cause is not susceptible of
impeachable proof that an unexplained sur-
face can not and does not discharge
excess fluid to any great extent is
well known, and it is an established
^{fact} that the absorbents are more so active
as when farthest from inflammation
there is no promotion absorption by
first subdividing inflammation. And
an analogy would seem to prove that
the exhalents are as much incapacitated

or crippled as the absorbents and (vice versa),
this is likely explained best by both being
obstructed or closed up by swelling and
compression as a consequence, the tender-
ness indication of peritoneal inflammation
is perhaps secondary, but yet important to
be removed before the water can be
carried away by the absorbents, in part,
the veins likely perform an important
part. Ascites is frequently cured espe-
cially when it depends upon causes
that are ^{not} organic and incurable. It is
reported as being cured some times spon-
taneously, after unsuccessful efforts on
the part of the physicians when depen-
dent upon disordered liver, either from
chronic or acute inflammation it is
often relieved by administering reme-
dies to that organ. Should it depend

upon any general cause such as ^{to produce} ~~some~~ anasarca
independent of any local lesion of the
viscera it is curable. I do not say
any thing of anasarca dropy, it ^{is} ~~is~~ dis-
tinct in its origin and treatment as to
be run out of place.

The most valuable remedies in this form
of dropy are perhaps the cathartics, especially
the Hydragogue kind. as a means of re-
moving promptly the fluids, but in course
time of the liver being much the most
frequent cause of the disease, calomel
as a final restorer of the derangements of
that organ perhaps ranks higher in the
scale of remedial agents than any
other. Small doses of Calomel, and downy
powder at night, followed next morn-
ing by pulverized Gamboge grs. Enamor
Zartar grs. 16 at a dose repeated every hour

or two, according to circumstances, will generally remove the fluid. This remedy should be repeated as long as the patient will bear it, provided the necessity exists for its repetition. After the water has been removed give of Tincture of iron in the morning, at dinner, and at night, alternating with the first remedy. Say you give the first dose one day, and then give the iron the next.

Should the patient not bear so much purgation we must be governed accordingly and rely more upon demulcent remedies, we may combine with these small doses of Colomel, in fact Colomel can hardly be out of place as an ingredient in any of the mixtures we shall mention, especially when there is the hepatic derangement mentioned above,

Squill is a very ancient, and a very
valuable remedy especially when com-
-joined with Colomel R. Salt pulverized
gr. ʒ Colomel gr. ʒ and nitrate of Potash
gr. ʒ 10, give at a dose and repeat every
two hours until there is produced
respirive distress, This treatment looks
very much like it will succeed and
if so honor to our worthy professor
of Practise. Emetics as a Hydragogue
is very highly appreciated as a remedy
for carrying off water, Mercurials
should not be carried too far,
never beyond a slight effluvia of
the gums, They should be pursued
in continuation for a long time,
occasionally for several months
Frictions with Soderin ointment daily
or twice a day over the region of the

liver. Should there be cancer, tubercles or cir-
rhosis of this organ all our remedies
will prove ineffectual, but owing
to the uncertainty as to the precise con-
dition of the organ it is best to try
mercurials perchance it may be
amenable to this remedy

Should there be inflammations
Cups, leeches, blisters to the abdomen
A large blister is some times of much
value Care being taken not to apply
it in cases of extreme debility, especi-
ally when the coats of the belly are
anaesarcous, I have seen very striking
effects from bandaging the legs when
oedematous, and why not be as
serviceable in scitis Well regulated
compresses by giving support and
overcoming the laxity of the parts

I should think would help much
in taking up the water.

Fortunately
we have a long catalogue of remedies
for this disease Digitalis is no doubt
a good remedy, sometimes, promoting
a powerful diuresis and thus relieving
the disease Doctor Withering
is of the opinion that it is better ad-
apted to patients of feeble constitution,
pale, with lax fiber, and edematous
limbs pitting under pressure rather
than to the vigorous and strong
In whatever form it be employed
its effects should be carefully watch-
ed and the appearance of a diseased
impulse of any kind should
be a signal for a cessation of the
remedy, or temporary suspension.

In a disease ~~happening~~ happening in its
beginning ~~and~~ character our treat-
ment must be varied. There are some
general indications however which
we should keep in view, that is
to correct as far as we can the
particular pathological conditions
upon which it may depend.
The strength of the patient should
be supported under treatment against
the prostrating effects of the remedy
as of the disease. Securities perhaps
~~are valuable~~
~~in such cases~~, on account of
debilitating the patient by these
purgatives. Cream of Tartar is an
old and common diuretic, with
which many a case has been cured
without the aid of any thing else. It
should be given in such manner as

to act freely upon the kidneys, which is
best done by small doses repeated often
Large doses such as an ounce or two
never act upon the bowels, therefore
but little is taken up and carried to
the kidneys should the grossly purge
the patient, remedies such as laudanum
should be given to check its action
and turn it to the kidneys

A number of other salts, entitled diuretics
are employed, among the number, are
nitrate of potassa, this is more likely to
produce gastric irritation and is now
more generally given as an adjunct
to other remedies, the skin should
be acted upon as a means of con-
valescence The best remedy perhaps is Opium
and Spessuantha combined given so
as to induce profuse perspiration, and

could continue for a length of time, in
fact all our remedies have to be preserv-
ed in for the disease is generally slow
in its beginning, slow in its progress,
and the cure is slow. Paracentesis is
the last resort as a source of relief
and rightly so, it should be used
where serious meningitis arises from
excess in accumulation and respiration
is disturbed. It has had, and perhaps
now has its advocates as a means of
cure I can not conceive how it
could cure a case, unless when water
is entered it wounds within itself
a source of disease. Some can must
be had not to ^{emit} away suddenly the
water as it sometimes acts as so
much stimuli with drawn from
~~from~~ the patient and he sinks
in a few minutes.