AN INaugural Dissertation

On

Tuberculosis Phthisis.

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By

G. W. Robinson

of

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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

G.W. Robinson
Subcutaneous 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, and secondly from its mortality, being the endemic of the world, occurring everywhere, in every climate, on every shore, amidst the balmy beeches of the Bahamas, of the sea, where perpetual summer reigns, under the sky 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 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 bearing goblets have been quaffed, and we may be more than ready to depart for that undiscovered country from whose bourne no traveller returns. But consummation usually fastens upon it, victims at the very outset of active and responsible life, just when the future is brightest with promise, just when hope is resting 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 clothing aloft to the starry glitter 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 further career of life, are arrested in their career, and go dropping off one after another, melancholy 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 of destroying life also destroy 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 flush of the burning cheek and the lustre of the beady eye, an unwanted and pretentious brilliancy. Hope too (al-though the shadow of fear may have followed upon her pathway, and shortened the duration of her countenance) still walks by the side of the fainting Hilgerin, bega-
iling the weariness of the present and dissipating the darkness of the future.

By Pottis is meant a chronic disease 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 dep,ositions, sometimes entirely dif-
Some in their character, first minute bodies, varying in size from a millimeter to that of a pea, of a reddish gray color, demarcated from the outer layer by a transparent, under which cellulose, called 'spring granulations,' deeply erode tubules, which are found in the foremost parts of the lungs. Varying in size from a small dot to that of the end of the finger. The gray granulations are gradually converted into tubercleous, and sometimes their centres are already converted into this stage. While in the form of gray granulations, or thick tubules, are of the consistence of these, and readily rubbed down between the fingers. Sometimes, however, instead of being converted into the form of tubules, the gray granulations of ten softening become infiltrated through the tissue of the lung as we see pieces in the Third Stage of Pneumonia.
The crude tubercles, embedded in the tissue of the lungs, after a longer or shorter period, soften from the centre outwards, into a mass of a thick caseous consistence, and like any other foreign irritative 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 fist 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 sextet of the lung gradually extending downwards, and consequently they are in a more advanced stage at the base 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 mucus membrane is generally inflamed, and ulcerated, by the foreign substance put 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 on 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
The inspiratory murmur is louder than the expiratory. 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 frequently
is kept up for weeks or months. In this it
differs from common cold or cutaeara, and
when this is the case alarming affumptions
are justifiable, for it is the precursor of how
but certain death. In the second
stage, the matter expectorated is in rou-
ndish masses and shake, streaked with dif-
frent colours, and it is few days before death,
the matter becomes more fleecie in con-
sistence, more prevalent and dirty look-
ing. Hemoptysis occurs in a large ma-
jority of cases, and is more conspicuous during
the first stage than the second. The amount
of blood thus thrown off varies in case from
generally from half to one ounce a day during
the twenty-four hours. Hemoptysis when it
is not occasioned by rupture of blood
Vessels in the lungs, is a pathognomonic symptom of phthisis. It is singular that dyspnea 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 obliteration of the neighboring bronchi. 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 most 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 clean 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 catarrhal condition of the mouth in children, and the patient will have a burning sensation of the tongue.

Discharge 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 greenish appearance. Occasional edema of the lower extremities, thus being one of the latest symptoms. The mind is usually unimpaired to the last, though delirium supervenes in a few cases, a few hours before dissolution. Generally the patient is sanguine of recovery and endeavors to account for the symptoms from some other cause than the true one. Occasional deepness occurs from the discharge of tuberculous matter in the tympanum. There are collateral liens, 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 occasion attacks of inflammation, but its most pernicious agency is connected with its long continued application. Exciting, anything 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 different 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 confused.

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 it recovery.
It is a very frequent occurrence to see threat-
tening symptoms of phthisis give way under
suitable treatment, yet we cannot be posi-
tive that these symptoms were tuberculous,
because the evidence of dissection is wanting.

Treatment,

Tuberculosis when once formed, almost al-
ways 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
condition should take vigorous exercise in
the open air, and this to be advantageous
should be long continued, and the best m-
ode of exercising is upon horse back, or walk-
ing. Perhaps next in importance to ex-
cercise is a proper regulation of the tempera-
ture of the body. In order to fulfill this indicat-
ion, the patient should be well clothed and
were flannel next the skin, in order that its important functions may be performed.

The regulation of the diet constitutes also an important 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, counter irritation 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...