AN
IN AUGURAL DISSERTATION
ON
Chorea Infantis
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BY
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Whoever engages in a pursuit which
has for its object the development
of the true Cause of natural phi-
omena is at once prepared to
admit that he has entered upon
a task which is arduous and
complicated in its diversified bearings;
and one which requires a perfect comp-
tion from the bias of preconceived
opinions, or notions which may have
a tendency to mislead the mind
in its oppositions of facts as they
really exist. But it is readily
conceded that there are comparatively
few who can direct themselves
of preconceptions and that profound
reverence which is entertained for
some particular doctrine, or authority,
exercise a commanding influence upon
the mind, in its efforts to develop facts, and often two often indeed the matter is referred only to the doctrine which we find in books, or to what is inscribed in lectures, rather than subjecting to the ordeal of personal and intimate observation, or investigation, such an unreasoning course. However I shall studiously endeavor to refrain from in the investigation of the nature and treatment of Childbed Inflammation.

It would seem that its principal operative cause is veiled in much obscurity, since so many different ones have successively been adduced and ultimately failed to account for the epidemic prevalence of this terrible form of disease.
This malady, when it prevails in the character of an epidemic, makes its visitations in the summer months, usually in the hottest ones. There seems to be a perfect coincidence in the predisposing causes of Cholera Infantum and atmospheric heat alone cannot rationally be regarded as the true cause of the disease.

And again, it might be supposed from the term infantile that there existed a radical difference between Cholera Infantum and Cholera Morbus. But there appears not to have been any made by the great "Sdenham" or the illustrious in "Hayne."

It is presumable that distinction.
as not made in order that the disease may be successfully treated, Cholera Infantum has been attributed to the operation of a variety of causes, and many have indulged in vague speculations respecting its origin.

The first then which I shall notice in the line of causation is dentition, which has been regarded as amply sufficient to produce Cholera Infantum.

It is universally admitted that this disease is measurably restricted to the summer seasons, and if this be true it cannot be fairly inferred that this process which is going on at all seasons of the year should be the cause.
and further no period of
infantile existence is exempt
from choleric attacks.
It is subject to this disease before
and after dentition, as well as
while this process is going on.
Besides dentition it has been
thought by some authors, that the
irritating effects of worms in
the alimentary canal may produce
the same disease. But notwithstanding
these malignant effects which
attend the presence of worms
and the alarming convulsions
which are frequently occasioned
by them, it would not be
a logical inference to say that
a disease which is prevalent
at one particular season, was
produced...
by a cause which is operating alike at all seasons, and further it is admitted by the ablest advocates of this theory that in a great many instances in which this disease has proved mortal, no worms have been discharged per rectum, nor have any been discovered on post mortem examination.

I do not pretend to say that worms do not occasionally produce symptoms which characterize the disease in question and that they may greatly aggravate it; for when the stomach and alimentary canal are already impaired in their physiological action, by the true cause of the malady, it is highly probable
that worms may add additional irritation to the effects of the primary cause. But as regards the remote sources to which Cholera infantum has been ascribed, there is no one which has monopolized a greater share of attention and support from members of the medical profession than atmospheric heat, and again it has been said from high authority that its frequency and severity are always in proportion to the heat of the weather, although this has come from one of the most distinguished men of this day, it cannot now be regarded as correct, in as much as it is in direct opposition to later observation, and well-established
facts, yet it is admitted that atmospheric heat is indispensably necessary to the prevalence of the disease in question.

But by reference to many valuable works it can be satisfactorily demonstrated that heat alone does not give rise to the disease, for we have reports from various portions of the country, where the heat was so intense that vegetation was destroyed, and even the Indian corn burned up, "Virginia Co. Virginia," in the summer of 1821, yet it was uncommonly healthy.

From this view of the subject it appears altogether conclusive that heat alone cannot be properly considered as the chief operative cause.
in the production of cholera infantum. It must therefore depend mainly upon the agency of some other for its existence and epidemic prevalence. The doctrine for the miasmatic origin of this disease is contended for on the ground of its being the most rational, and most in accordance with the united experience and observation of the land in all southern section of country. But abundant authority is not wanting to prove that cholera infantum is produced by the miasma which is admitted to be the cause of tertians, and other varieties of fevers which frequently assume an epidemic character, again it has been
remarked that it is a mere variety of diarrhoea, fever of our own climate, the force of which is turned upon the intestines. "Condi,"
Again the same writer remarks in reference to the origin of the disease, that a majority of children fall victims to Cholera Infantum in the neighborhood of marshes or in less wet and otherwise unhealthy situations.
This harmonizes with other writers who assert that Cholera Infantum and tertians depend upon some circumstance, the combined operation of heat and moisture, which will cause the effluvia alluded to, and without which epidemics would have no instance, "Condi."

This accurate observer has shown that the hottest seasons were not the most remarkable for the prevalence of this disease unless it was preceded by heavy rains. The main cause of Cholera Infantium is doubtless a combination of heat and moisture. The impure air of cities alone is not sufficient to produce the disease under consideration.

The attack of Cholera is often preceded for a longer or shorter time, by diarrhoea, but sometimes the vomiting and purging commence simultaneously. In fatal cases of short duration, the vomiting usually continues to the end, but when the disease terminates favourably,
or is much contracted, it very often subsides considerably, or ceases altogether, leaving the diarrhoea; occasionally the disease is exceedingly violent, the stomach rejects every thing swallowed, even cold water, the intervals are marked by great languor, and distress with more or less spasmodic pain of the stomach, and bowels; if relief is not afforded prostration comes on accompanied by a cold and clammy skin, pallid, and shrivelled features, half closed eyes, insensibility, coma, and death in three or four days or sometimes even within twenty-four hours; much more frequently however the attack is attended with fever...
Symptoms, and the case protracted to one two or three weeks or more. In such instances the
pulvis frequent, small, and weak or Coriol, the mouth is hot, the
tongue somewhat furrowed, and the surface of the body irregularly heated.

The head and trunk being often above the healthy standard of
Temperature, while the extremities are cool. Writers in general
describe the fever as remittent,

And state that the exacerbation
occurs in the evening. It is
sometimes attended with delirium
or stupor, indicating a morbid
state of one of the brain...

The abdomen though usually flat
or sunken, is sometimes swollen
which occasionally continues unabated to the close, with the symptoms already mentioned, but more frequently it diminishes or ceases, leaving a chills, which runs on for several weeks, and gradually wears out the patient.

In the progress of the complaint, the child emaciates rapidly, the flesh becomes soft and flabby, the skin hangs loosely about the neck, the features shrink, the eyes becoming sunken and the whole surface pale and either cool and clammy or harsh and dry. In the more advanced stages various morbid phenomena are presented. The abdomen is tumid or
much sunken. The mouth moist and aphthous; or,  surrounded and dry. Pustules occasionally appear upon the surface of the body, with a small vesicular eruption on the breast. The skin sometimes a dull, dirty hue, and the conjunctiva appears blood shot. The emaciation is extreme. The circulation in the lowest state of languor. The patient is often exceedingly restless, rolling the head from side to side, and tossing the body in various directions, and uttering plaintive cries, at length coma sets in and the scene is closed, not unfrequently with convulsions, or apparent hydrocephalic symptoms. Throughout the complaint
The child generally sleeps with the eyes partially open. There is almost no thirst, though this symptom is not invariably present. Sometimes the patient desires the usual articles of food. The discharges are in a high degree various in character. At first, they consist of the previous contents of the stomach and bowels, and the matter vomited is always liable to be modified by substances swallowed, being frequently mingled with milk. After the discharge of ingesta and feculent matter, the evacuations are for the most part thin and copious, sometimes colorless, but usually more or less tinged with green, yellow, or brown, and met
unfrequently a deep green, along with the more liquid parts. The stools often contain concrete or semiconcrete matter. At an advanced period they are often copious and dark colored or reddish. The washing of putrifying flesh, when the disease has degenerated into a lingering diarrhea,Select it very commonly happens that more or less appetite remains, without the power of digestion, and the ingester passes from the bowels little if at all changed.

The duration of the disease varies from a few hours to weeks or even months. When terminating in diarrhea, it often runs on for a long time. The sufferer sometimes improves under treatment, or
with the diminished temperature of the air, and then again relapsing when the favourable circumstances change, until at length the system is worn out, or the permanent return of cool weather turns the scale in favor of health.—"Treatment.

The first indication in the treatment of Cholera Infantum is obvious; to remove the cause, while the continuous to act, the most judicious efforts of the practitioner will for the most part be either useless, or but partially successful. The patient may be relieved, may even be apparently cured, but the disease will often return under less favourable circumstances of constitution than at first. And though a partial restoration
may be again affected, and this alteration of relief, and relapses may occur several times, yet there is great danger that the powers of vital resistance may be quite broken down before the most efficient cause shall cease with the hot seasons. The patient should be removed from the heated, confined and impure atmosphere by which the disease has been generated, to a situation where he may enjoy the advantages of cool air and free ventilation. In general the happiest change in the disease speedily follows this change of atmosphere; and with proper attention to diet and clothing the child will almost always recover.
The infant should be confined to the breast, if cooled, we must correct any errors of diet either as to quantity or quality, and as a general rule substitute a bland milky, or farinaceous diet for any kind of animal food. When the complaint is of longer standing, and the irritation of the bowels has had time to deepen into inflammation, the success of this measure is less striking, though even then it will be found the most effectual. It is also highly important to examine the mouth of the infant at once, and, if the gums are swollen and painful, to lance them freely. These points being
attended to we shall next speak of the medicines we should employ in the treatment of the disease. And in relation to the medical treatment the indications appear to be, to remove all sources of irritations from the alimentary canal by secretions, and antacids, to promote the hepatic secretions, and thereby remove portal congestion. By colon or some other purgative. To divert excitation externally by diaphoretics, and by measures addressed to the surface, to relieve irritation by analgesics, to treat excessive evacuations. In the advanced stages by astringents, to modify the morbid
of the affected membrane by alterations, and finally to sup-
port the patient with stimulants when greatly debilitated, under
this treatment we will generally succeed in the
cure of the disease under consideration.

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