AN INAUGURAL DISSERTATION

ON

Stomatitis Malina

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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OF

Tennessee

1857

JOHN YORK & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
Stomatology Materna

This we regard as being the most appropriate name which could possibly have been given to it, indicating as it does the nature or character of the disease, and also that class of the human family who are its victims, thereby enabling us to recognise it more readily than we might otherwise do. This is a disease which demands of and should receive a reasonable share of attention from every member of our profession, especially those of the South and West; for no man can expect to practice his profession in this Southwestern Country long without having more or less of it to treat as it is becoming more common with each succeeding year and will no doubt continue to do so.
Through all coming time,
this is a disease which seems to be of
very recent origin entirely unknown to
those who have preceded us in the heal-
ing art for when we come to trace its
history back into the past we are
forced to the conclusion that our
Fathers knew nothing of it as a
separate and distinct disease as it is
now recognized by the profession.
Sir looking up material for this
paper I have searched in vain
all the various systems of practice
both foreign and American. They
all speak of it over in silence with
the exception of the last edition
of Woods practice and he merely gives
it a passing notice without dwelling
at any length or attaching to it any
Great importance.

The first article of any importance which I have been able to find in reference to the disease under consideration was written by Dr. E. Hale to the Massachusetts Medical Society in the year 1830, in which he states that he had seen it in the vicinity where he was then practicing. From that period down to the year 1840 we have been unable to find any other article either in the scientific works on practice or in the Journal Literature of the day. In 1840 Dr. Backus of Rochester, New York wrote a Communication to Dr. Bond of Philadelphia which was published in the American Journal of the Medical Science for...
January 1846 in which he gives a very brief description of the disease. About this time it seems to have taken considerable hold upon the medical mind and several distinguished lights in the profession began to investigate and bring it more fully before the medical world.

In the year 1851 Dr. P.S. Shields of New Albany, Indiana read an article before the New Albany medical society which was published in the Western Journal of Medicine for January 1852 in which he expressed his astonishment that the disease had not been more frequently alluded to in our Western Journals stating at the same time that his attention
had been called to it in 1855 by the distinguished Dr. A. Clapp who was then his preceptor.

The last article which I have been able to find is one written by that distinguished member of the medical profession Dr. W. H. Byford of Evansville, Indiana, and published in the American Journal of the Medical Science for April 1853 in which he gives a very graphic and minute account of the disease in all its varied forms. This completes so far as our knowledge and research extends from its origin down to the present time the history of this disease.

We now propose to take up and enumerate the symptoms by which it is to be recognised and distinguish-
heal from all the various and ennumera-
able maladies to which the human
family are subject.
As the name indicates it attacks
the mother during the period of lacta-
tion, though there has been and is
still some dispute upon this point
some very eminent men distinguished
in their profession have and do
still contend that the pregnant
female is liable to be attacked with
the disease. while others equally
distinguished contend that the
mother alone is subject to its attack
with these latter gentlemen we feel
disposed to coincide for we have
never seen the disease except during
the period of lactation and we doubt
whether any other condition of the
System is sufficient to develop a well-marked case of stomatitis unless it be in second pregnancies where they have suffered from previous attacks. In all the cases which I have seen witnessed the first symptom indicative of an attack is a disarranged condition of the digestive organs manifested by the souring of almost every thing taken on the stomach with acid eructations Cardialgia &c.

These symptoms may remain for several days without any other manifestation. They are then followed by an eruption of the mucous membrane of the mouth accompanied by a burning sensation as if the entire mucous membrane of the mouth had been seared. With a profuse flow
of watery saliva almost hot and acid enough to erode the parts with which it comes in contact. The pain and irritation in some cases is so great as almost to preclude the possibility of nourishment sufficient to sustain the patient. In extreme late cases the articulation becomes difficult and indistinct. There is generally an entire loss of appetite when this is not the case we have a morbid appetite, the whole digestive apparatus being in an impaired condition.

The troubles in the early stages of the disease is confined exclusively to the mouth and tongue sometimes confined to the under surface of the tongue alone, and it may continue without any intermission gradually
increasing from week to week accompanied by amelioration and a long train of nervous symptoms rendering the woman exceedingly wretched indeed beyond all description. I have generally found the bowels constipated and where I have found diarrhea it has alternated with the same month the one taking the place of and relieving the other. The pulse during the early stages of the disease is generally very little disturbed either in volume or in frequency. The skin generally retains its natural condition some times becoming more soft and relaxed and is attended with a profuse perspiration which proves very exhausting to the patient. Though I am rather inclined to the
opinion that this is an exception to a general rule and that in a majority of cases this symptom will be found wanting.

sometimes is extensive involving the whole mucous membrane of the mouth with the soft palate the tongue becomes broader and thicker but seldom if ever more than slightly coated. The tip presenting a sound clean relish appearance scarcely ever becoming involved in the disease. This condition may last for one two or three weeks and then without the use of any remedies for its relief it will suddenly disappear almost every trace of the disease leaving the patient to all appearances well remaining so for a few days. It will then return in
a more aggravated form to run again
the same course, wearing the patient out
by eczema.
In all the cases which have come under
my observation there has been a copious
secretion of milk though the woman
might be reduced almost to a skeleton
the child would look fat and healthy.
We never saw a woman labouring
under a genuine case of stomatitis
materna who did not nurse a fine
healthy child.
Dr. Shields says that there is always
an abundant secretion of milk or
a preternatural richness of the same.
If the disease be suffered to run on
undisturbed for a considerable length of
time its tendency is to extend following
the track of the mucous down into the
Stomach thins through the entire alimentary canal producing chronic and often fatal ulceration. In case of this kind I witnessed myself where the patient finally died of an exhausting diarrhea superinduced by extensive ulceration of a large portion of the alimentary canal which no art or skill could heal.

If there exists any predisposition to phthisis it is apt to extend through the trachea into the bronchial tubes setting up inflammation there proceeding into active existence that most fatal of all diseases pulmonary consumption.

Dr. Byford says he has known it to enter the nasal passages into the different cavities of the skull or maxillary
antrum and there induce permanent inflammation or through the Eustachian tubes to the tympanum and then to the mastoid cells he relates one case in which it produced permanent deafness in one ear. Of these facts we have no doubt from what we know of the disease and its tendency to follow the mucous passages.

The most common course of the disease is to the lungs and alimentary canal and it is more apt to prove fatal when taking this course than any other. We come now to treat of the physiological condition of the system upon which the disease is dependent and in looking up the authorities upon this point we find a variety of opinions and a multiplicity of theories while each man is contending.
earnestly for his own favourite theory, some contend that it is purely and simply a disease of celebrity which opinion we regard as being altogether unfounded for if it was alone dependent upon celebrity it would have been a disease of no recent origin but on the contrary our fathers would have been perfectly with it and it would not have remained for a Heath or a Byford to have first received the honor of first directing the medical profession to it as a separate and distinct disease. That celebrity plays a very important part in its development and maintenance we have no doubt, but apart from other influences celebrity might exist for an indefinite period of time, and yet we would not have that form of Stomatitis which we are considering. There must be some
other cause acting in conjunction with debility before we can have Stomatitis Materna, we may and often do have some form of sore mouth which may be developed under various circumstances, differing widely from the one under consideration and yet too often mixed together and described as the same disease.

When we come to trace the history of the diseases of this country and particularly of the valley of the Mississippi in which this disease seems to be most prevalent we find that in the last few years there has been a well marked and decided change in the character of almost all the diseases of this valley owing no doubt to some peculiar epidemic influence which has been brought to bear upon the Constitutions.
of our people changing them in such a manner as to favour the development of this and all other diseases which have a tendency to the mucous membranes of the alimentary and all other mucous surfaces. A few years ago and Typhoid Fever was unknown to the profession now we can scarcely have a fever of any name unless it is one of the eruptive fever that does not partake more or less of a low Typhoid Character with a peculiar tendency to involve the mucous membrane of the bowels in consequence of which we have been compelled to abandon the heroic antiphlogistic treatment of our fathers and substitute in its stead an opposite course consisting of stimulants tonics &c.
We have now enumerated two causes which are regarded by medical men as being very efficient in the production of Stomatitis; and yet every day observation proves conclusively beyond all controversy that these causes may both exist together for almost an indefinite period of time without producing the disease; for we have both of these causes acting conjointly upon both male and female the young and the old, the married and unmarried without the slightest trace of Stomatitis manifest. We come now to notice the third cause which we regard as being more efficient than all other causes and one which we have always found to exist in every case which has come under our observation.
As before stated there is always an abundant secretion of milk or it is exceedingly rich nourishing the child at the expense of the mother. Now it is evident that nature has made provision in the economy of the mother to meet this drain when the system is in a proper condition and the drain does not go beyond the limits which nature has indicated, but when the system of the mother is impregnated with all the external influences which we have enumerated and taxed by them to the utmost extent of its capacity to sustain the functions of the animal economy the blood reduced in quantity and quality then add to this an abundant secretion of milk thereby extracting from the
blood a large portion of those vital principles which are indispensibly necessary for the maintaimence of health. Then and then only we have a sufficient cause for the development of this peculiar disease. 

As to what change the secretion of milk produces upon the blood it is impossible for us to say unless we could see all the vital and chemical changes which take place in the blood when subjected to the influence of lactation. But we know there are principles extracted from the blood of the mother which are so nearly vitalized as to require but feeble powers of digestion to render them subservient to their appropriate use in the economy of the child.
And these principles of themselves, if taken from the blood in sufficiently large quantities for a considerable length of time may produce the disease without the ordinary signs of enemies.

We come now in the last place to hint at the plan of treatment which has proved most successful in our hands. And of the pathology the outlines of which we have endeavored to portray be correct the course of treatment to be pursued is plainly indicated, for if as we have endeavored to prove the strain upon the system produced by lactation be the chief cause of the disease, it is evident that if the strain be cut off nature even true to herself will come forward
and accomplish the cure. Therefore, if the child be weaned before the disease has progressed too far, the woman will often recover without the use of any remedies in the way of medicines, but it may not always be convenient to wean the child, and experience has taught me that it is not always necessary to do so, for if the case is a mild one and does not manifest a disposition to extend rapidly to the mucous membranes of the bowels and the lungs, we may by the use of proper remedies such as the different preparations of iron with such other remedies as may be indicated, stop the progress of the disease and enable the patient
To nurse her child the proper length of time without any great inconveniences. Local applications we have found to be of but little benefit to the patient but if in the progress of the disease it should become necessary as it sometimes does to use local applications to relieve the distressing local symptoms we have always found a solution of the nitrate of silver the best. Though we can only expect to gain temporary relief by the use of any of the local remedies as the disease is not local but constitutional therefore permanent relief can only be gained by such remedies as act through the medium of the constitution. Therefore when amelioration and debility exists as is apt to be the case before we are
called in to treat the case we must mix it with nourishing elixirs such as animal food in as liberal quantities as the stomach will bear. and at the same time using some tonic and I have found nothing to act better than the following. it is recommended by Dr. M. J. Balfour. E. B. Polapa Sulph. Fer. 1/3 to 1/2 Gum Arabic Mucilage 3 parts pulverize the Polapa and dissolve in the mucilage then pulverize the Sulph Ferri mix well in an earthen mortar close one half ounce three times for clay gradually increasing to as much as the stomach will bear. this preparation acts very finely when there is not too much irritation about the bowels. Sometimes owing to irritation of the bowels we can not use it without
producing too much chancrea when
this becomes troublesome a combination
of the emulsion of silver and opium will
ften greatly to its relief we may also
use astringent injections with great
advantage in many cases.
Some physicians speak very favourably
of the use of cod-liver oil as a remedy
in this disease this is an article with
which I have no experience though
I regard it as being a very good
remedy in many cases, and I am
disposed to the opinion that it is
a very good prophylactic and by
commencing its use at a proper time
where we have reasons to expect an
attack we may prevent it and save
the patient a great deal of suffering
it is worth a trial

W.D. Senter