

AN
INAUGURAL DISSERTATION

ON
Stomatitis Malorum

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES AND MEDICAL FACULTY

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DOCTOR OF MEDICINE.

BY
William D. Linton

OF

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Stomatitis 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 at 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 practise his profession ~~long~~ 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 recognised by the profession.
In looking up material for this
paper I have searched in vain
all the various systems of practice
both foreign and American, they
all pass 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 or 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 1840 in which he gives
a very vivid description of the disease.
about this time it seems to have
taken considerable hold upon the
medical mind and several ~~high~~
distinguished lights in the profession
began to investigate and bring it
more fully before the medical
world.

In the year 1851 Dr P. S. Shueles of
New Albany Indiana read an
article before the New Albany med-
ical Society which was published
in the western Journal of medicine
for January 1852 in which he expresses
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 distin-

hed from all the varied and enumer-
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 attacks
with these latter gentlemen we fully
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 deranged condition of the digestive organs manifested by the souring of almost every thing taken on the stomach with acid eruptions Cardialgia &c

These symptoms may remain for several days without any other manifestations 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 scalded with a profuse flow

of watery saliva almost hot and acrid enough to scorch 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 ^{taking} nourishment sufficient to sustain the patient. In extreme bad cases the articulation becomes difficult and inelastic. 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 sores 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 emaciation and along 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 sore mouth 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 it extends 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 reddish 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 degrees.

In all the cases which has 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 Shillito says that there is always
an abundant secretion of milk or
a pretermatal rictus 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
^{membrane}

Stomach thines 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 giving into action 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 thence 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 pathological condition of the system upon which 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 favorite theory,
some contend that ^{it} is purely and simply a
disease of debility which opinion we regard
as being altogether unfounded for if it was
alone dependent upon debility it would
have been a disease of no recent origin but
on the contrary our fathers would have
been perfectly ^{familiar} with it and it would not
have remained for a Hale or a Byford to
have first received the honor of first
directing the medical profession to it
as a separate and distinct disease.
That debility plays a very important
part in its development and maintenance
we have not doubt, but apart from other
influences debility 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 miscell 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 ^{canal} 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 some of the eruptive fever that does not partake more or less of a low Typhoid character with a peculiar tendency to involve the mucous membranes 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 oposite 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 ~~a doubt~~ 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 congorintly upon both male and Female the young and the old the married and unmarried without the slightest trace of Stomatitis materna. 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 expence of the mother. now it is evident that nature has made provisions 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 impregneled 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 indispensably necessary for the maintenance of health 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 successfull in our hands, and if the pathology the outlines of which we have endeavoured to portray be correct the course of treatment to be pursued is plainly indicated, for if as we have endeavoured to prove the drain upon the system produced by lactation be the chief cause of the disease, it is evident that if the drain 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 enter 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 inconvenience.
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 some
times 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 anæcdia and debility exists
as is apt to be the case before we are

Called in to treat the case we
must meet it with nourishing diet
such as animal food in as liberal
quantities as the stomach will bear
at the same time using some tonic and
I have found nothing to act better than
the following. Recommended by Dr
W. H. Byford. Carb Potassa sulph Ferri
A griss Gum Arabic mucilage $\frac{3}{4}$ lb pulv
the Potassa and dissolve in the mucilage
then pulverise the Sulph Ferri mix
well in an earthen mortar close one
half ounce three times pr day grad-
ually increasing to as much as the
stomach will bear. This preparation
acts very finely when there is not too
much irritation about the bowels
some times owing to irritation of the
bowels we can not use it without

producing too much diarrhoea when
this becomes troublesome a combination
of the nitrate of silver and opium will
tend 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 Coal 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