On Tabes Mesenterica.

I. Definition.

Many a name has been devised to characterize that disease peculiar to childhood, which has its principal seat in the glands of the Mesentery. Thus, whilst it has been vulgarly called "Carreau" in France and "Tambare" in the Mauritius, science has variously designated it as the "atrophia infantium," the "mesenteric scrofula," the "entero-mesenteritis," the "Phlemonic" or "Enphraxie du Mesentère," and a host of other appellations which it would be tedious to enumerate here. So many denominations for a single malady seem only to prove that authors have not hitherto fully agreed upon its real nature; I shall, therefore, discard all the names above mentioned, and simply confine myself to the word...
"Tales Mesenterica," derived from its most striking phenomenon, which I have always observed to be the case in that affection of the mesenteric, namely, the emaciation attendant upon it.

The remote sources of the disease are to be sought in the differences of locality and climate, of age and sex, of social rank, and perhaps also, of race. For it is much more common in damp, marshy and crowded places, than elsewhere; under the Tropics than in colder latitudes; amongst children that are about their seventh year, than at any other period; in boys than in girls; and amongst the offspring of the poor than those of the rich. But, as regards the differences of age and condition of life, I believe that the frequency of the malady should be attributed, in the former case, to the change occurring in the character of the
child's growth; & in the latter, to the number of disadvantages which befall the children of unwealthy parents. — Nor do I consider the very nature of the organs affected, & of the tender temperament of Infancy, to go for nothing in the causes of Redispersion. We know, in fact, that the lymphatic ganglions, very abundant in the fullgrown person, are still greater in number & size in the child; whilst, in both early & adult age, they are aggregated for the most part in the peritoneal duplicature which supports the bowels. The extreme delicacy of their texture; the compactness of their respective masses; their favourite situation between two folds of a thin membrane which surrounds & retains in due position an enormous bulk of viscera; the constant friction to which the various surfaces of that membrane are exposed, & which the
lively movement, comparatively large abdomen of the child, only favors & increases; are all ′juvenia′ to the liability of the mesenteric glands to organic & functional lesions. Moreover, the development of these local causes is materially aided by the singular constitution of childhood, which almost always has, amongst other peculiarities, a marked tendency to the acid diathesis.

It may appear strange to state here, that predisposing causes also reside, not uncommonly, in those children who look fair, plenipotentiary, strong & robust, — in a word, the very image of health. But experience teaches us that such an appearance is often treacherous & deceitful: no cautious medical man should ever trust to it. Still less should he trust to the look, however healthy, of the child whose early physical education he knows...
to have been too badly neglected. I mean to say, whose mother has not given it the breast soon enough after birth, whereby the thorough evacuation of the meconium could not have taken place in due time; or has preferred, although being able to do it herself, entrusting a mercenary nurse with the important charge of milking the baby; or—paying unwise attention to the child's diet, by excess or by deficiency of food, by nutritious substances given too soon or bland ones continued too long,—has not checked, may too frequently perhaps, ignorantly encouraged the natural propensity of the young stomach to gorgery;—such a mother, I say, has already deposited in her tender offspring the germ of a disease which, if it does not lead to fatal, will most decidedly pave the way for very lamentable, results.
Disregard to the rules of Diet & Hygiene, always productive of baneful consequences at any period of life, is particularly so in childhood; and amongst the commonest diseases which it gives rise to at that tender age, the one which occupies our present attention indisputably holds a prominent rank. In fact, if to a child, professing, some how or other, in a more marked degree than usual, any of the peculiarities just mentioned,—food (both solid & liquid) be injudiciously given with respect to quantity as well as to quality, such, especially, as cakes, pastry, fruits, & wines, spirituous & malt liquors, & even water when cold or too hard; if that same child be kept in an impure, dense, confined, atmosphere, & in a state of uncleanness;—then, no wonder, if their...
combined circumstances, most of which, indeed, have been rightly looked upon as the great promoters of the development of pulmonary consumption, be still more favorable to the production of that modified form of phthisis which spreads its chief ravages in the abdomen of the child, viz. Tapes mesenterica. But, in all the preceding considerations, we have taken for granted that the young constitution is untainted by congenital blood-disease. Should it, however, be either serofulous or syphilitic, rickety or sthenous, or both; it will clearly appear, from what has already been said, that such a constitution must afford to the disease a nidus from which the utmost efforts of our art cannot dislodge it. We shall close this part of our subject by including under the same head four other categories of children: (1°) those undergoing the painful process of denti-
(2°) those whom some unfortunate accident or other obliges to submit to surgical operations; (3°) those who are still within the time of convalescence from previous diseases, especially when these have been of a severe and lingering character; (4°) and lastly, those in whom certain cutaneous eruptions are suddenly observed to disappear, without any assignable cause.

The effect of any of the leading circumstances which we have so far discussed, either singly or concurring with others, is to induce inertia of the vital powers which preside over the processes of absorption and assimilation, whereby a tomy is produced in the intestinal mucous membrane, and as results of this, weakness in function and dyspeptic disorders. The chyle, therefore, which has the origin of its ducts all along the
alimentary tract, is no longer properly absorbed by these channels; these become perverted in their functions, and such perversion obviously leads to gradual congestion and obstruction of them. It is in this plugging of the mesenteric chyliferous vessels, that the morbid action virtually and essentially exists; for this gets worse and worse, the more the impediment encroaches upon the course of the conglutinate glands, which, after all, are nothing else than the ducts rolled and coiled upon themselves in numerous convolutions so as to form tough and compact bodies. After a certain period, the inflammation excited by the obstruction produces a series of structural changes which lead in the ducts to deposition of tubercles, the development of which is powerfully aided by the cacoplastic state to which the blood has already been reduced from insufficient and deteriorated supply.
of chylase's principles: insufficient, because the greater part of the chyle passes with the feces; deteriorated, because the succession of pathological changes just enumerated naturally tends to lower its normal properties. The malady, as it increases in intensity, not only develops the bulk of the abdomen (and frequently to an enormous extent), but also imparts to it that peculiar feel which, once well ascertained, accuracy & nicety of palpation can never fail to detect in subsequent similar cases. At that period of the disease, such in general cachexia invades the patient's system, that the affection has by this sign alone been characterized under the name of "Afroptikia Iatrophorum." The atrophy begins by taking projection of the limbs before any other part of the body; & it is generally the inferior extremities that are first affected, causing
the knees & legs of the child to become so weak, as to make him feel as if they cannot support him. All the other secretions, in the mean while, fall by degrees much below the healthy standard; their vitiated character being most conspicuous in the mildness of the urine, the acidity of the perspiration, & the over-acidity of the gastric juice. Upon this last phenomenon principally depends the inordinate appetite which, in the vast majority of cases, is observed in the young patient; who, then, even after a hearty meal, will swallow, unnoticed, almost every thing he finds in his way, such as thread, pieces of straw, feathers, sand, &c. And it is to this circumstance also, more than to any other, that we must attribute the diarrhea & peculiar appearance of the stools which infallibly supervene sooner or later during the progress of the malady;
a progress which often brings on, in addition to the other 'cedentia', suppuration of the obstructed & inflamed ganglia. Then, only then, do we see a concatenation of circumstances, all more or less 'fertically', establishing itself in the course of the malady now verging to a fatal termination. If fever or pyrexia does not set in, dropy or peritonitis are seen instead: dropy, from pressure of the enlarged glands on some important bloodvessels; peritonitis, from some of the ganglia discharging their morbid contents into the abdominal cavity. Nor is it by any means uncommon to see phthisis pulmonalis, hitherto in a dormant state, suddenly rousing to claim its share in hastening the poor patient's steps towards the grave.

From these considerations it will be inferred, that the symptoms of the disease may
be successively examined under its three stages of glandular obstruction & enlargement, when this occurs, and fatal termination. But, if we keep in mind the acknowledged fact, that a great many points which the systematic pathologists describe at a sectic cadaveris, cannot at all be satisfactorily ascertained by the clinical semiologies on the living subject, we shall be at once convinced of the utter impossibility of our adopting a methodical classification in the present instance;—fully aware, as we are, that at the commencement of Tabea Mesenterica, sometimes throughout its whole course, the local symptoms are so obscure & the general ones so common to several other allied morbid conditions in children, that it is only when the disease has made some progress, that we can, with a moderate amount of certainty, fairly set down what
that particular affection is, which we have to deal with. Nevertheless, whatever progress it may have made, remember always to make yourself thoroughly acquainted with the previous history of the child's health which you are called upon to examine. If, then, if, in that same child, you observe a general emaciation of the body; a tense, swollen abdomen rebounding under pressure, accompanied at times with excruciating pains, at others with very little, if any; a pale, leaden, livid, every hue of the whole skin, especially of the face; attended with a desquamation bordering on ulceration, in the parts exposed to friction, such as the tip of the ear, behind the ears, at the axillae, groins, joints, generally, inordinate appetite, and diarrhoea with fetid greenish stools, as also the unhealthy physical characters of the other secretions already
adverted to; if, lastly, that same child be feverish & restless, with a look of anxiety & pain; then, putting together all these signs, you may be pretty sure, that the little sufferer labors under Tables, Mesenterica.

The presence of worms in the intestines may sometimes produce many of the symptoms which have been already enumerated; but it will generally be diagnosed by its giving rise to dilatation of the pupil, to a bluish areola round the eye, & to facets of breath; but especially by the use of purgatives & emollients which will help their expulsion from the alimentary canal. Besides, cases are on record in which peculiar sensations produced by induration of the epiploon, enlargements of the liver, scirrhous Kidneys, & peritonitis, have been taken for indications of the mesenteric
disease which we are considering. But such occurrences are very rare; and nowadays one feels inclined to believe, that the error in diagnosis must rather have arisen from an imperfect examination of the case, than from the obscurity of its symptoms.

The disease may in a great measure be prevented by avoiding the causes which give rise to it, & which have already been fully discussed in the second division of our subject (Etiology). For that purpose, care must especially be paid to Diet & Hygiene; & the child must be made to follow a tonic regimen. If he be suspected to have some predisposition to the disease, either hereditary or otherwise, then chicken & turtle's broth, aromatic herbs, grilled mutton & beef, beef Bordeaux & Burgundy wine, with pure spring water, must form the chief articles
of his food, which it is to be regulated as much for its quality as for its quantity. At the same time, gelatin, alkaline salt baths should not be overlooked, besides gentle walks in pure country air, to the seaside several times a day. Some practitioners also recommend equestrian and other hygienic corporeal exercises, if the child is old enough to practise them.

When once the disease has fairly set in, it has hitherto, alas! too often baffled the efforts of the best medical men. All the remedies of the Materia Medica have been tried with more or less success, and even in those cases in which cure has been attributed to some of them, such as Iodine, Mercury, &c., &c., it is to be doubted whether the diagnosis was correct. I shall not, therefore, trouble myself with enumerating
the Pharmacopoeian Recipes which have been recommended for its treatment; but I shall simply state what has been the result of my observations of cases of genuine Tabes Mesenterica in my native isle, the Mauritius, where, unfortunately, that children's affection is but too common. And first I must premise, that the scientific drug which there, has proved most successful, is the "lait chloro-iodo-ferreux," a French preparation; but even its success is not to be compared with that of certain "Tisanes," principally "Mad. Carter" s, the secret of whose nostrum, however, has not yet been thoroughly known. Some other "Tisanes" which, although empirical, have led to radical cures, even in the worst forms of the disease, are prepared from plants either indigenous to, or
cultivated in the Mauritius. These plants, of their families, thirteen in number, are subjoin below, together with such French, English & Indian names, as we have been able to ascertain:

1° Ampelidées:

- Leça Sambucina
  - Rois de Sureau
  - Rois de Berg
  - Rois de Courbe

2° Apocynacées (Doctanes):

- Venca Rosea
- Pemenche
- Pirevinkle
- Gul-i-Strang

3° Asphodelées:

- Dracena Ferrea
- Rois de Chandelle
- Salicairr
- Rois des Vierges
- Dragon bleu
- Bygole-chaff

4° Composées: (Asteracées):

- Siegebeckia Orientalis
- Herbe de Flacq
- Flacq Herbe
- Herbe grasse: Herbe divine

5° Euphorbiacées (Sangrants):

- Phyllanthus Nivei
- Curanelli
- Pironelle

6° Filiées (Ferne):

- Adiantum Capillus Veneris
- Capillaire
- Maïden
- Davallia Semigfela
- Petite fougère
1° Leguminosae: (Fabacea):
- Cæsia Occidentalis. Cassé juvante.
- Desmodium Calypus. Petit tigle.

2° Ophiopogae:
- Ophiopogon Ovatum. Oreille de souris. (L'un dans l'autre.

3° Orchidaceae:
- Angraecum Fragrans. Taham.

10° Rubiaceae:

11° Umbelliferae:

12° Urticaceae:
- Ficus rubra. La Touche. Red Afoche.

13° Zanthoxylaceae:
- Zanthoxylon lanceolata. Pate de poule.
- Tagara Heterophylla.

The above list is quoted from Mr. Louis Bontonic manuscript on the Mauritian
Medical Flora; and the following, taken also from the same pamphlet, are the different "Tisanes" before alluded to:

A. Of the *Tajara Heterophylla*, the daily dose is about one drachm of the dried powdered leaves boiled in two pints of water. When the child is suckling, let the nurse take the infusion, & a notable change will soon be observed in the physical character of her milk.

B. Of the *Adiantum Capillus Veneris*, the daily dose is only a teaspoonful, containing 1 D or so, (that part of the plant, is not stated), given as a decoction both to the nurse & child. To be continued for four or 5 days; then a dose of castor oil is administered; after which let the *Adiantum* be resumed for two weeks; at the end of which it is to be replaced by a preparation of the *Desmodium communis*. 
C. A decoction of the bark of the Ficus rubra to be taken in the morning on an empty stomach. If colics supervene, let an infusion of the rasped root of the Toddalia lanceolata be exhibited.

Other "Tisanes," still less satisfactory & accurate than the three preceding ones, as to their modes of preparation & administration, are the four which follow:

D. One composed of the Vaccia Occidentalis, Lsea Sambucina, & Vinca Rosea.

E. Another, of the three first plants just mentioned, together with the Dracena ferrca, Guilandina Bongue, "Herbe la mare" (the botanical name of which plant I am not acquainted with), & the 4°, 5°, 10° & 11° species of Mr. Bonton's list already given.

F. The third drug consists in an infusion
of the Chirioeum ovatum, Aegracum fragrans, & Davallia fenestrata, mixed together.

6. And the loss is made up of the Dracaena geniculata, Davallia fenestrata, & Desmodium capifolium. If we have been unable to give a more precise account of the doses & preparations of the useful drugs just enumerated, it is because they are compounded in the Mauritius by empirics alone, who, fully aware of the complete failure of all the Pharmacopoeian medicines prescribed by scientific practitioners, & of the full success of their own, are naturally very reluctant to make the chemists or botanists acquainted with anything of their prescriptions, beyond the names of the plants which compose them.

But here it may justly be asked, why Mauritian druggists, knowing the plants themselves, do not try to prepare them according
to the rules of art, & thus rightly wrest
from the hands of quacks the secret of
the successful treatment of Tuber Mesenterica,
which, in the present state of medical
science, doubtless forms, of its most important
desiderata? To this question, indeed,
we are sorry to be actually, unprepared
to give a satisfactory answer. All we
can say for the present, & even can vouch for,
is this, (and I must candidly confess it,
however painful to my feelings), namely,
that medical men in the Mauritius have
nowadays almost entirely given up to
quacks the treatment & care, of Tuber
Mesentericaalone, but also of certain forms
of obstructive Dysentery. This strange fact of diseases
diagnosed by Science & cured by Empiricism,—
the former, as it were, yielding the palm to the latter,—
could easily lead us to curious considerations,
if it were our province to investigate them here.
But, as we must, for the present, bring this Inaugural Dissertation to an end, we shall conclude in stating that, in working it up, the chief authors we have been able to consult are: Copeland, Evanson & Meurice, Pillier & Barthay, and Baumes.

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