

AN  
INAUGURAL DISSERTATION

ON

*Acute Rheumatism*

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BY

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## Acute Rheumatism

A spirit of emulation with an honest desire to arrive at a certain point of honorable distinction in doing my duty, coupled with the knowledge of ~~the~~ fact, that my critics are men, not piquees striving to ~~subvert~~ the author, prompt me to make an attempt to do that which I'm conscious of my own inability. Of the many, and various abnormal conditions under which we find mankind, few there be productive of more real suffering; and upon which account brought more directly under the care of the Physicians, should elicit his warmest sympathies; he being from the nature of his calling oftentimes liable to be affected.

Acute Rheumatism which has been  
until within the last few years,  
and still is by some looked upon  
as one of those maladies that have  
a definite course to run, and that  
tis' meddling; the interference of the  
Physician, but this idea is at the  
present stage of scientific medicine  
too erroneous to be discussed; therefo-  
re I shall proceed = This disease  
partakes of a grade of inflammatory  
action peculiar, or specific in tendency,  
scarcely equalled in activity by that  
of any other disease; producing a  
state of active febrile excitement  
accompanied by a local inflamma-  
tion of some of the tissues, especially,  
the fibrous & serous of the joints, and  
those of larger size taking precedence;



attended as they are with all the ordinary symptoms of inflammation; redness, heat swelling, pain &c. Many are in doubt as to whether the local inflammation is the cause of the fever or its attendant; this is a very important point, for much of the pathology, and treatment will depend upon its elucidation; not immediately in connexion with the disease as it exist in the stage of which I write; for the same remedial measures, such as bleeding, purgation &c, are necessarily employed taking either view of the subject; but 'tis, when the disease has assumed that grade called chronic, that truth and reason shall have their full sway, without which the

Treatment must be vacillating  
and unsuccessful. I said that  
Rheumatism attacked in preference,  
the tissues composing the large artic-  
ulations; viz. the Hip, knee, ankle,  
shoulder, elbow & wrist; this is true;  
but we frequently meet with it  
in the muscles often in those of  
the back; One of the, and greatest  
peculiarities of this disease is its  
tendency to migrate or metastatize;  
that is to shift from one joint to  
another or from one portion of the  
body to another; Sometimes it  
leaves a joint and locate itself  
in some internal organ in which  
case death sometimes results almost  
instantly. This peculiarity gives to  
Rheumatism much interest; and from

This cause, it should be watched with the greatest vigilance. One of the worst sequences that a part is liable to, especially the joints after being affected with Rheumatic inflammation, is, the swelling and stiffness; this is owing to the organizing of the Fibrin which has been deposited in the earliest stage of the disease, but which by Time and the assistance of proper measures may be finally absorbed, & the joints resume their natural size & form. Two varieties of Acute Rheumatism are described. So wit. Fibrous or diffused and synovial. In the former there is great vascular excitement, the pulse rises to an hundred & twenty and sometimes even higher, it is full and strong, tongue thickly coated

with a white fur; urine scanty and  
high coloured, deposits a brick dust sediment  
after standing; profuse sweats of  
an acid character, turning blue red;  
the odour is peculiar and can be recog-  
nized on entering the apartment in  
which the patient is confined; This  
is one of the best diagnostic symptoms  
of Acute Rheumatism and will  
scarcely be ever looked; in this  
variety, (the fibrous) the joints are very  
much swollen and painful, the redness  
disposed in streaks according to some  
writers, it is undoubtedly the case in  
mild forms of the disease; but I have  
seen it diffused over the whole surface  
and that of such intensity as to resem-  
ble the redness of erysipelas, and on  
passing the finger over the part affe-



ted, the redness would follow it as in  
the above mentioned disease. The patient  
labouring under this variety lies  
perfectly still in bed, seemingly  
unable to move hand or foot on  
account of the severe pain produced  
by the slightest exertion to alter  
his position; in some instances he  
is unable to turn himself in bed;  
a little later in the course of the  
disease the affected part becomes soft,  
fits an pressure, this is evidently pro-  
duced by effusion into the cellular tissue  
adjacent. In the synovial variety  
there is but little pain in the begin-  
ning, the swelling increasing very grad-  
ually; while in the other variety it  
was rapid from the beginning; in  
this, there is also effusion, but instead



of the cellular tissues being the seat, the effusion occupies the synovial sack, the parts feel elastic, tense and fluctuates; there is but little puris at any time, tongue, but slightly coated, pulse almost natural, secretions, but little altered; but a still more characteristic difference between those two varieties is, that the synovial never changes its position, and is, from this fact, not considered dangerous. These being some of the most marked signs of differences between these two varieties of Acute Rheumatism; I shall come now to speak of the causes. They are divided by all writers into exciting and predisposing, of the former, (or exciting) I believe it is considered by all who have written

on this subject; that cold is the most prevalent; cold applied to the body which has been previously heated; sleeping on damp ground, wearing, wet clothes for a length of time, currents of cold damp air passing over the body while sleeping are also very frequent sources of this disease. While these are some of the most common exciting causes, and most liable to produce it, and does in many persons, we know they will not in others; hence persons are said to be predisposed, or by others to have a hereditary tendency; of this last suggestion I know but little; but from my limited knowledge, am inclined to believe there is but little if any truth in the assertion; ~~for~~

for the apurition has as yet but little  
to support it. It is said by writers  
to be produced by exposure to cold &c,  
in those of bad constitutions, and  
that it occurs in the male oftener  
than in the female, even of the  
same family. Now if it is herid-  
itary, why does it not occur in  
females and among those of the  
higher grades of society as often  
as in the males of the same cond-  
itions of life? The answer, <sup>of</sup> the books  
is this; "that they have not been exposed  
to the same exciting causes;" To wit,  
cold, wet, bad & insufficient clothing,  
unwholesome food &c. It would be  
useless for me to mention other reasons  
why I do not consider this disease  
hereditary, as I'm sure all who

read this, think as I do on the subject—  
Of the causes called predisposing I can  
more fully understand, for when  
we recollect, that when several  
individuals are exposed to the same  
causes and at the same time, some  
will be from that cause, affected  
with Pneumonia, some with Pleurisy,  
others with Catarrh & others with  
Rheumatism; while not infrequently  
persons may escape altogether without  
no disease. Now when a person thus  
attacked, he is said to be predisposed,  
to that particular disease—A previous  
attack of Rheumatism is one of the  
strongest predisposing causes, and  
persons of a worn out constitution  
are also frequently affected. The predis-  
position is governed to a considerable



extent by age. Those from the age of  
fourteen to forty are most likely  
to have the disease, while persons under  
& over that age are more exempt.  
When it does make its appearance  
in old age, it is generally in those  
who have been affected between the  
dates mentioned above. Writers on  
this subject say, that there is a <sup>peculiar</sup> ~~predilection~~  
Rheumatic diathesis in some persons,  
and when well marked is alone  
sufficient to develop the disease  
without any exciting cause whatever.  
Persons are said to have this diathesis  
who have large joints, a relaxed mus-  
cular system. Whether this condition  
be peculiar to Rheumatism or not, is to  
me uncertain, but persons of this  
diathesis are likely to have Rheumatism

or any other inflammatory disease. The diagnosis of acute Rheumatism is not difficult to make out. The disease with which it is most likely to be confounded, is gout, and with a proper degree of judgement it will rarely be difficult to distinguish the two maladies. In gout rarely more than one joint is affected, and for the most part the smaller, and has but little disposition to shift, but remains in the joint first affected, while Rheumatic inflammation attacks the larger joints and has a great tendency to metastasis, you frequently see it, in one place to day and on your visit to see your patient tomorrow, may find the disease affecting a remote part from the first.

The pain in Rheumatism is increased by motion, whereas in gout it is not, rest mitigates the suffering in the former, but does not in the latter.

Gout occurs in those of the higher walks of life, those that are blessed with nutritious food, while Rheumatism most frequently attacks those in opposite circumstances, and are much exposed to the vicissitudes of weather; gout may attack persons of all ages, Rheumatism (acute) from youth to old age. These and many more that might be easily adduced are sufficient to make the diagnosis, easy so I shall now proceed with the prognosis which depends very much upon the character & severity of the accompanying inflammation, as well

as the treatment employed for its cure.  
There should always be some anxiety  
as to the treatment of Acute Rheumat-  
ism when the fever runs very high;  
that great tendency which this disease  
is liable to assume, should always be  
kept in full view by the Physician.  
While the disease confines itself to one  
or more of the joints but little  
danger is to be apprehended, but  
when metastasis is very common,  
sometimes affecting the membranes  
of the brain, or some other internal  
organ as the heart, in which case some  
organic lesion may be produced  
cutting short the life of the patient, or  
producing hypertrophy by disease of  
the valves; this in succession produce  
dropsy, and so on until if the patient



escape the primary disease, he falls  
a victim to some ~~of its~~ sequenses;  
but the heart and its membranes are  
not always affected by translation;  
the disease sometimes originate in these  
tissues, in the form of carditis &  
pericarditis) this very natural, as we  
find the same kind of tissue enter-  
ing into the composition of the hearts  
membranes as we find in the joints,  
and I'm of the opinion that it's only  
owing to the less exposed condition  
of these membranes, that we find the  
disease so rarely originate in them;  
this is proven by the great aptitude  
they exhibit in taking it on, when  
it exists in another part of the  
system. So liable is this organ or  
some of its appendages to become

affected by translated Rheumatism  
some writers contend that one  
half who are affected with the disease  
suffer from some affection of the  
heart. If Acute Rheumatism is subjected  
to an active and proper course of  
treatment from the beginning, the  
chances of the patient to escape this  
much dreaded result, are, much increas-  
ed, but when neglected or improperly  
treated the chances are three to one  
that some internal organ will be  
affected by inflammation; but in  
some cases, where the constitution  
is good, and the disease but slight,  
the inflammation may subside without  
much injury being done in any  
way, and the patient is soon up  
and about his business. Now that

I have described most of the leading symptoms of acute Rheumatism; its diagnosis and prognosis, now nothing is left me to state: but the indications to be fulfilled in the exhibition of remedial measures—these, the indications are simple and plain—(but the means to be made use of are many and different) as is the case in the Treatment of nearly all other diseases—One will advocate a certain set of remedial means, and another another. The indications being to diminish fever, subside inflammation, allay pain &c. As the treatment is very simple, & will be understood by all, I think unnecessary to mention—beside I have written as much as any time <sup>will</sup> allow

Chas. M. Green

Jan 21<sup>st</sup> 1859