

AN  
INAUGURAL DISSERTATION  
ON

*Remicous Fever*

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BY

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## Pernicious Fever.

I believe the term Pernicious is employed by the European continental writers, and Professor Wood, in preference to Malignant, or Congestive. Professor Wood says; It not having been generally applied to other diseases, it may be conventionally received as designative of a particular morbid state of great danger, to the exclusion of others, which may be equally dangerous, but in a different way. The term malignant is either employed in a general manner to express extreme danger or fatality, or is appropriated to cases in which the blood has become greatly depraved, giving rise to certain peculiar phenomena, as in malignant typhus. If that epithet, was applied to the affection in question, we could not refuse to embrace under it, all



extremely fatal varieties of bilious fever, or at least, those which embrace violent typhoid symptoms.

He also says the term Congestive is still more exceptionable; because, besides belonging to a vast number of other affections of all possible degrees, and of wholly distinct characters; as for example to cases of arterial or active, as well as venous or passive congestion; it is moreover calculated to lead into erroneous views of the nature of disease.

This form of fever may be either, intermitent, remittent, or continued; I say it may be continued, but it is not continued longer, than from two to three days; for if the patient lives over this period, it is sure to assume an intermitent form, or in other words to become paroxysmal.

Sometimes it assumes the quotidian, but more frequently the tertian-type

The symptoms vary in different individuals; thus in some the brain is the part affected, in others the stomach, and bowels, in others again the surface of the body.

The attack may either occur in the day, or in the fore part of the night, but never during the hours of sleep.

Frequently the symptoms are those of an ordinary intermittent, and it may continue thus for an indefinite period; giving no alarm to patient, or physician; when all of a sudden a regular congestive chill is formed with all of its terrors; hence the importance of observing closely, all miasmatic fevers, where this form under consideration is common.

Very often it comes on in convalescence from bilious fever, while the patient is in a debilitated condition, and more susceptible to the causes that give rise to it.



When the paroxysm is fully formed, (in cases in which the sensorium is not affected) the following symptoms are generally present. The face is of a livid paleness, and the hands present the same phenomena; the features are shrunk, and expressive of alarm, which the patient does not feel. The skin looks contracted, as if long soaked in water, when it is pinched up it remains so, as in collapsed cholera; the eyes are sunken, and beneath there is a leaden color.

The extremities are cold, and frequently this coldness extends over the whole body, and covered with clammy sweat standing in isolated drops; the patient complaining at the same time of burning up, and begs to be fanned.

The tongue is sometimes cold, and pale, and frequently dry, and sometimes the same as in health.

There is always a feeling of oppression about the epigastrium, and some tenderness on hard pressure.

Vomiting is a very constant symptom, if not there is considerable retching.

The matters discharged by vomiting are the substances just swallowed, bile, and other liquids mixed with blood.

The bowels are sometimes confined, but more frequently there is diarrhoea.

There is always great thirst, the patient begging for cold water, and seems as if he cannot be satisfied.

The pulse is very frequent, being sometimes irregular, and corded, amounting to from one hundred, and ten, to one hundred, and fifty, or thereabouts.

The respiration is variously affected; sometimes it is hurried, irregular, and panting, sometimes interrupted; Dr Parry says this is a fatal symptom.

Among the other symptoms are great restlessness, it being almost impossible.



To keep the patient in bed. Sometimes there is spasm of the muscles of the legs, together with trismus.

The symptoms belonging to those in which the brain is affected are somewhat different, and more regular. The paroxysms are attended with a more or less degree of stupor, the patient stammers, and frequently stops in the middle of a sentence, and forgets what he is saying; this gradually increases in deep coma. The breathing is stertorous as in apoplexy. Sometimes there is great difficulty in deglutition, and an inability to protrude the tongue.

The duration is various, sometimes the symptoms continue to increase in violence; the coldness gradually steal over whole body, the respiration becomes less frequent, and the pulse sinks, and often entirely ceases at the wrist sometime before death.

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But happily this is not all the terminations of the disease. The symptoms after continuing for a more or less length of time being gradually to abate. The respiration becomes more natural; the pulse becomes fuller, and reaction is established at once, and the patient freed from danger.

In others it is not so fast; for there seems to be several efforts of the system before reaction is established.

Diagnosis. It is very important, to distinguish this, form, from other Miasmatic fevers, for the treatment should be more energetic in this than any other; for of all those forms of fever this is the most rapid in its course. Frequently the first, or second paroxysm terminating in the death of the patient.

A want of chilliness, and at the same time the extremities are cold; and the patient complaining of being hot; this is regarded by Professor Boiling, of the University of



Nashville, as being almost Pathognomonic  
 There is never in this fever as perfect a  
 reaction, as in the other forms of  
 Miasmatic fevers; there is also greater  
 uneasiness of the stomach, and irregularity  
 of the pulse.

There is always more solicitude, with  
 greater restlessness; the patient all the time  
 wishing to get up, and walk about the  
 room.

This disease very much resembles cholera,  
 and I believe is frequently mistaken for  
 it, when it is prevailing. The only  
 distinguishing characteristics, that I know  
 of ~~the~~ are; The discharges in Pernicious fever  
 does not have that peculiar rice water  
 appearance, that obtains in cholera, and  
 the fatality in the latter is somewhat  
 greater than in the former; moreover  
 in congestive fever we may have one,  
 two, and sometimes three distinct  
 paroxysms, while in cholera we have  
 no such periodicity.

In regard to its Pathology, I have nothing to say, as it would be borrowing from other sources; for I never have had an opportunity of examining for myself.

Its causes are the same as other miasmatic fevers; of which there has been a great deal written which I will not repeat here.

The Prognosis is always unfavorable, Dr Parry says about three fourths die, whether subjected to treatment, or not. If there is distinct intermissions, and remedies be properly given the disease can certainly be cured.

The treatment should be varied according to the three different stages; namely, that during the cold, the heat, and the intermission. Some make another division, the sweating; but I consider this to be nothing, but the intermission, or crisis.

During the cold stage artificial heat may be applied, by means of hot bricks,



placed around the patient, or by blankets rung out of hot water, and at the same time immersing the feet in a hot pedilivium, we may also administer warm drinks, and place mustard poultices along the spine, and to the extremities.

The cold dash is said to be by Professor Winston, a powerful agent in establishing reaction, and judging from its good effects during the prevalence of cholera in Memphis, in the winter of forty eight, and his recommendation I would not hesitate in its employment.

Opium is another remedy on which great reliance may be placed, both in regards its Anti Emetic properties, and its power of establishing reaction, and also to check the discharges from the bowels, which are sometimes alarming. I know there are objections to the use of Opium, on account of its producing cerebral congestion, and if any such tendency existed it should not

be used, if not I should be certain to give it, for I would dislike to give up the use of so potent a remedy.

The Acetate of lead may be used, if Opium is contra indicated, and sometimes it may be advantageously combined with Opium.

Kino is also a good remedy, and should not be lost sight of; if the stomach is too irritable to retain it, it should be administered by injection.

The plan that I think more favorably of, is to give a pill composed of Colomel, Opium, Camphor, and Capsicum, every hour, or as often as the violence of the symptoms require, and if the bowels are very active, to give injections of Kino, and administer Laudanum as often as the case will admit.

Powerful Stimulants are sometimes used, such as Sulph. Ether, Brandy, oil of Turpentine; all these there may be resorted to in their turn.



Emetics are used by some practitioners, under what circumstances, I do not know, but they may bring about reaction by rousing the system, when the stomach is not already in a state of irritation. As regards the practice of cutting short the attack, by bleeding I am not qualified to pass an opinion, but would be very cautious in resorting to it.

If the brain was oppressed, exhibiting a ~~so~~ full slow pulse, with stertorous breathing, I would not hesitate in its employment either generally, or topically, or both, in addition cold water or ice applied to the head would constitute an essential part of the treatment.

During the hot stage there is not much to be done; we may administer cold drinks; procure operations from the bowels, if the medicine already given does not produce that result.

The intermission is the time to cure the disease, which can be done by the proper administration of Ipecacuanha which should be given in sufficient doses to procure its specific effects, for when this result is obtained there need be no fear of a chill.

I do not know what dose would suit all, but I suppose this is like other remedies; for what would procure the specific effects in one would not be felt by another. I suppose from five to six grs every hour, or two during the whole intermission, increased, or diminished, as required, would be about the quantity. If the intermission was very short I would give double this quantity. One thing is certain I would be sure to give enough.

A. Webb