

AN
INAUGURAL DISSERTATION

ON

Pernicious Fever

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
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BY

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Handwritten text in a decorative, cursive script, possibly a signature or a name, rendered in dark ink on aged paper. The text is arranged in two lines. The top line contains a single word or name, and the bottom line contains a longer, more complex phrase or signature. The script is highly stylized, with many loops and flourishes.

Pernicious Fever

is the theme that we shall endeavor to base our remarks. Although, we feel our weakness and know our inability and see our incompetency to treat this subject as it should be treated. Fever is a disease that has been making its ravages among mankind from time immemorial down to the present moment. Febrile diseases have in all ages and climes, formed the great and chief outlet of human life. Even in the days of the illustrious Sydenham, his estimate was that two thirds of the human family fell victims to its mortality. Yes, even from the proudest King that ever sat upon

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a Throne, or wielded a sceptre down to the most innocent babe have shared equally alike. None are exempt from its Herculean grasp. Yet, some of the soundest minds that have ever adorned the Medical world spent their valuable lives endeavoring to investigate and set forth its true cause. But alas! their attempts have been comparatively in vain, and none have been able to exclaim in the language of the venerable old Grecian Eureka! Eureka! I have found it I have found it. In vain did I say, yes, But nevertheless they have discovered many of the mysterious causes that infect the human system, and thus they have prolonged life.

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But many mysteries remain yet, to be fathomed and doubtless will ever remain hidden, unless some bright star of the 19th Century solves the difficult problem. Now, for the sake of elucidation we are constrained to as we think to digress a little from the subject that our essay is headed. We do not ^{think} we could do our theme near justice unless, we dilate freely in our course. Now as an axiom is a self-evident truth we must have a beginning or no end. Hence we propose to the ^(give) Definition, Phenomena and various theories of fever before taking up the subject under discussion. In the first place we will limit it to two distinctive

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terms. Fever is a name used to signify a peculiar morbid condition of the system common to many diseases, and again the term is used in a special sense to designate them individually, or collectively. Thus certain complaints presenting certain characters as Typhoid and yellow fever &c. The term signifies that it is taken in a general sense and is applied to the morbid affection of the system found in each and all of these diseases, giving them a character which entitles them to their common name. Hence any disease that presents this phenomenon, in general, must

be entitled to the name, Hence the definition is an acute affection of the system in which all the functions are more, or less deranged. The most perceptible are the sensorial, or nervous irregularity accelerated pulse increased heat and denial of food. Hence the definition would appear to be a universal derangement of all the functions but still some one of these various affections may be temporarily absent. Sometimes the circulation instead of being excited is depressed hence the same is in regard to calorific functions but fever is not complete unless some derange

ment of the circulatory and caloric functions. Therefore heat is the characteristic that fever has received its name. We deem it unnecessary to give the various symptoms of fever in this connection, but we will speak briefly of its course and cause. Its course is very variable it may last only a few hours, or it may last many days it depends entirely upon the condition of the system and the type that it assumes. As for the various theories that have been advanced we think unnecessary to speak of any but the present. we believe it to be the nearest correct of any that

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has been advanced. It brings forward the idea that the cause of fever is some poison, or virus that is absorbed into the system probably, through the air passages through ^(the) lungs into the blood. This conclusion is based upon Anatomical, Microscopical & Chemical, investigation. Thus we propose to end our preliminary remarks and resume our subject which heads this Caption under the title Pernicious fever, a name given by our European and Continental writers, which answers to our common name Congestive fever.

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We do not give it this name as purporting to its dangerous character, nor for its beauty, but simply that the practitioner may look forward with a far seeing eye, that he may be ready to meet it at the threshold. But scientifically speaking it receives its name from the nervous powers being greatly deranged. This disease is strictly Idiopathic its cause originating from Miasmatic poison, or virus absorbed into the blood in certain localities such as cane breaks river banks and various other places where miasma may exist. we will now

in as brief a manner
as possible give the sympt-
oms of Pernicious fever
some of which have fall-
en under our observation
This disease exhibits different
Phenomena according to
the direction of the morbid
innervation. & sometimes
the Organic functions are
especially, affected in others
the animal. When it seeks
, or strikes the Organic the
Digestive Respirative Circu-
lative Calorificative and
Secretive functions are, most
violantly, shocked and weak-
ened. When it falls on the
Animal functions the

brain is affected mostly. &
 But there is much diversity
 even in these. Sometimes
 the force of the morbid cause
 seems to fall directly upon
 the heart, others upon the
 alimentary canal and
 again upon surface of the
 body. It may make its attack
 during any time of the day
 or night often it comes on
 at once but usually as a
 simple intermittent, or
 other miasmatic fever not
 differing the first, and second
 day when, on the third it
 assumes the congestive
 type, or in other words the
 symptoms are chilliness

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ere pains in the back limbs
and head, frequency and
irregularity of the pulse,
flashes of heat alternating
with slight perspiration,
when gradually, or suddenly
the case may take on an
alarming form. When
the organic functions
are especially affected the
patient presents a striking
appearance which can in
nowise be mistaken if we
know our duty. The face,
hands and feet are of a
livid paleness, which is
owing to the derangement
of the circulatory system.
The features are shrunken

The Eyes sunk in ^(Their) Sockets though,
Still clear and even bright,
The skin is contracted
fingers shriveled, as though
they had been souked in
water for a long time.
The extremities may even
the Trunk is sometimes
cold though not felt by
the patient himself. The
surface of the body is often
moistened with clammy
perspiration then again
the body and abdomen
is morbidly hot when
the other extremities are
remarkably cold. The
Tongue is sometimes very
dry and hot then, again

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very little altered. There are
always oppression and
tenderness about the Epigas-
trum and often great
internal heat with unque-
rable thirst, The patient
calling incessantly for water
and cannot be satisfied
exclaiming Oh! that a river
of water was near so that
I could lie in it. But
even when he drinks his
Stomach will not retain
it and in a few minutes
he vomits it all up, sometin-
es bile may be thrown off
but often it is the contents
taken into the Stomach than
otherwise. again evacuations

may take place from the bowels
 often mixed with blood,
 sometimes highly bilious
 which we should regard as
 a favorable omen, The state
 of perspiration is a noted
 characteristic the breathing
 is like a succession of deep
 sighs, and after each inspir-
 ation is interrupted in its
 progress and affected as if
 by a double effort. The state
 of the pulse is generally irreg-
 ular sometimes corded but
 often feeble and fluttering
 almost always very quick,
 rising from one hundred
 and twenty to one hundred
 and sixty, also when the

patient is in a critical situ-
 ation the symptoms ^(are) more
 marked and prominent,
 he shows signs of great rest-
 lessness general uneasiness
 and fuctitation & Hence
 the course of symptoms is
 variable sometimes they per-
 sise the course above men-
 tioned for two or three days
 and terminate in death,
 coldness extends over the
 whole body except near the
 heart and the patient dies
 as if fallen into a deep sleep.
 as a general rule the anim-
 al functions are no less af-
 fected than the Organic.
 Usually the symptoms are:

Simple drowsiness, the patient when interrogated forgets quickly, what he has said often stops and stammers when talking, this dullness continues until he is engulfed in a deep coma from which he can never be aroused. The respiration is somewhat stertorious and noisy as in apoplexy The pulse is full and generally accelerated although, it is in some cases tolerably strong Sometimes the patient is seized with tetanic closure of the jaws and barely can be forced open hence deglutition rendered difficult & In some cases

The Comatose symptoms occur in the first, paroxysm but more frequently they are completely established in the second, if the Comatose paroxysm does not prove fatal after a variable duration the patient is apt to take on slight perspiration and we may have some hope of his recovery, but more frequently he continues somewhat in a soporose state through the interval, But the next paroxysm will doubtless, like an apoplectic attack prove fatal unless we use prompt and proper treatment aided by our deepest thoughts and greatest Energy &

We have now come to speak upon the critical part of our Subject which is The Diagnosis critical did I say, yes, a Time that tries man's sympathies his intellect and his soul. Can the hardest heart that ever pulsated behold his fellow man prostrated on his couch burning of fever and dieting with pain say, I can not sympathize. Now it behooves us as lovers of our fellow creature to stretch forth our highest and deepest thoughts in order that we may be able to mark well his true case. A correct diagnosis is of the utmost importance to the

Physician, we should be ready at a moments warning to distinguish this fever from ordinary miasmatic fever with which it is so closely allied and so much resembles. But we believe that we are able to set apart the difference in due symptoms in the first, ^(place) ^(we mark) Pernicious, or congestive fever from a malignant remittent by its presenting descriptions only, secondly by comparative absence of cold sweats, thirdly by showing less reduction of temperature fourthly, there is more delirium and less apoplectic drowsiness and hence with these exceptions

The symptoms are almost identical with malignant intermittent, but with one more symptom we are at once enabled to detect this disease, in a true case of Pernicious fever there is no time when the fever is absent whilst in other forms of miasmatic fever there are always invariably intermissions. We now turn to the Prognosis which in a majority of cases terminate fatally unless we meet them by timely and prompt means. If we lose the proper step our attempts to arrest it are in vain to this we should look forward

and be ever on the alert to save our fellow creature from the iron grasp of death. We have already spoken sufficiently as to the cause of this disease. We now propose to notice its nature, what it is that imparts this peculiar character to this fever we cannot specifically tell we do not think it inflammation or congestion because inflammation is a process that can't be set up extinguished so suddenly. Nor do we believe it to be congestion from the simple fact that we find it in all other complaints presenting no such results

We see it in syncope and
convulsion of the brain hence
we find it in all cases where
the system has received vio-
lent shocks such as surgical
operations and severe injuries
Yet, in all of these cases it is
not congestion but it is the
nervous prostration that we
so bairnfully fear. Hence it is
this peculiar innervation
that we are to look for the
source at once of the symptoms
and danger therefore the nerv-
ous powers may be affected
generally, or only partially.
All parts of the organism
must receive a sufficient
quantity of nervous power

Hence when one function
 is deficient the whole series
 will take on likewise. The ex-
 treme vessels are probably as
 much affected as any of
 the larger organs In this dis-
 ease the innervation of the
 extreme vessels fails and
 they cannot perform their
 part effectually in the circen-
 lation. The blood enters them
 with difficulty, in their en-
 feebled state, and it is carri-
 ed on very imperfectly, Hence
 the paleness and lividness of
 the surface and coldness
 doubtless, arises from the
 languid circulation and
 morbid change of the blood

The respiratory system suffers ever equally, as much. The Pulmonary Capillaries fail to carry forward the blood with usual rapidity and due aëration does not take place and hence this accounts for the oppression in the chest, hard breathing, deep sighs &c. The deranged innervation in cerebral cases is chiefly in the lobes of the brain. Therefore knowing the primary cause and seat of this disease, we proceed to give the treatment our first and most avowed care is to bring about nervous reaction and produce an equal momentum in the

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Circulatory System. If, we
chance to see the patient
during the first Paroxysm,
if the symptoms indicate
a highly cerebral affection
pulse strong and full we
may take blood from the
arm, or locally from the
temples. But should these signs
not be prominent our course
of treatment should be en-
tirely reversed and our efforts
should be to rouse the nervous
system from its lethargy and
restore organic action. Our
first and most important
remedies are artificial heat,
such as heated bricks bottles
filled with hot water placed

along the spine and limbs
the body may be immersed
in a hot bath with a quant-
um of mustard seed added,
Sinapismus must be applied
to the extremities and over
the whole abdomen and all
other important parts, or
frictions made with Cay-
enne pepper and brandy, or hot
oil of Turpentine and what
is still better we think would
be chloroform. And hence to
keep up a steady excitement
we must apply blisters to the
inside of the legs and arms
But internal remedies should
not be neglected. Opium should
be given if the head is not

implicated, which is shown by active Delirium or Stupor, for its Stimulant and anti Emetic effects and influence of the alvine discharges, if the Stomach is irritable one of the salts of morphia must be substituted if the evacuations should be very copious they must be met by astringents, such as acetate of lead and Kino *Pro re nata*, if the Stomach will not bear it we must supply the remedy by injection when we see our patient in a dangerous situation we should not hesitate to give our medicine in short intervals until some excitement is shown upon

the system. Calomel doubtless stands at the head of the list combined with opium and Quinine will do the work if we can bring on constitutional effects which can not be done unless we administer promptly and energetically. In this disease we must be ready at all times to seize our chance if, we see the least remission, then we should place our efforts and energies upon sulphate of quinine we should not be deterred by any symptoms but give it in large and free doses. It is acknowledged by all Physicians to be the best antiperiodic known our profession. Hence if it

cannot be borne by the Stomach we must repeat the dose with the hope that a portion may be retained if the Stomach is so irritable that we cannot gain its constitutional effects through this medium we should administer this agent per se. Hence if great debility should present itself we should resort to the best stimulating agents such as wine, whey, Brandy &c with a hope that we may sustain the patient and bring about reaction, And lastly we have one other remedy yet to adduce in the treatment of this disease

and one that has by chance
come under our own obser-
vation This remedy is cold,
water. It was first practiced,
we believe by Dr Gusting of
Natcher miss, and one that
is now so effectually used
and recommended by our
worthy Professor of this glorious
institution, whose experience
we had as soon reply upon
as any star that ever rose in
yonders far off, eastern city, or
ever twinkled over, our own
Philadelphia. Nature seems
to promote this agent by the
heat that the patient compl-
ains and the comfort he
derives from the remedy.

Hence we know that it is the nervous centers that are most affected, therefore the application of cold water arouses the irritability of the muscular fibres and will doubtless bring on reaction when our most potent remedies have utterly failed. The mode of administration is truly simple when the symptoms are fully indicated as we have already described first we should place the patient in a suitable and convenient position so that we can turn the water upon his head allowing it to run down along the spine and also immersing the whole

surface of the body, or we may apply it by means of wet sheets. This course should be continued, until the patient begins to feel a sense of chilliness, then he must be thoroughly wiped dry and then placed comfortably in bed. If reaction does not take place we may repeat the wet douche, with a hope of much benefit as soon as reaction is produced, we may then employ simple means as in ordinary inter-mittent Fever. J. C.