

AN
INAUGURAL DISSERTATION

ON

Acute Rheumatism

SUBMITTED TO THE

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FOR THE DEGREE OF

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BY

Charles G. Peild

OF

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White Rheumatism

It will not be expected of me
in this essay, to add any
thing to the stock of
knowledge which we possess
concerning this disease;

Dedicated

to

Prof Wm H Bowling, M.D.

of

Nashville Tenn

It is a disease which is
to be distinguished from
other affections with a
certain amount of
to which all parts of the
are liable. It is a disease
we are to be distinguished
Rheumatism, which is
one part of the system as

Acute Rheumatism

It will not be expected of me in this essay, to add any thing, to the stock of knowledge, which we have concerning this disease; but simply, to endorse that which has been said by those that are capable of enlightning the medical mind.

Rheumatism is defined to be a constitutional affection, attended with a peculiar irritation or inflammation, to which all parts of ^{the} system are liable, From the above we are led to believe that Rheumatism will attack one part of the system as

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soon as another.

But if I recollect aright
Prof Bowling, in his lectures
on Rheumatism, stated.

"That it was sure to attack
that portion first where
the greatest amount of
white fibrous tissue was to
be found; and in travelling
from one joint to another
or from one portion of
the system, where white
fibrous tissue abounds to
another, that in this way,
it involved the muscles
secondarily;" and from what
I have seen I am inclined
to believe with him
For I don't recollect of ever

having heard of a case that did not first commence where there was white fibrous tissue It was formally confounded with Gout; and according to Dr Chapman, The application to it of the name of Rheumatism first occurs in Ballonius' Treatise published in Paris in 1642. Some Writers treat of Rheumatism under the heads of Muscular and Articular; but as Muscular Rheumatism appears to be always a secondary affection; or in other words the mere foot prints which it leaves behind in travelling from one of its places of abode to another.

I conclude therefore that it is not a proper division and that the division given by Dr Wood is the best. He divides it according to its different grades. They are.

First, The Acute, In which there is a high degree of inflammation with considerable fever

Second, The Sub-Acute, In which the symptoms are in a mitigated form. Third, The Chronic, which is characterized by a long ~~duration~~ duration and the lowest grade of inflammation

Fourth, The Eborous, In which there is simply irritation without any fever

The one which I have

selected for the subject of my
essay is the Acute form.

This variety usually attacks the
largest joints, If the theory
advanced by Prof. Bowling be
correct, the cause of this can
readily be explained, but if
it be abandoned I do not
see how it can be.

The disease may be confined
to a single joint or to several
at the same time or ~~at~~ alterna-
tely, almost frequently it attacks
a large joint and then travels
to neighboring ones.

It may in this way involve
the whole exterior surface of the
body. Dr Wood in his work
states "that whenever this last

event does occur, one side of
the body is more severely
affected than the other,
There is always considerable fever
in this variety, either commencing
with or soon following the
local inflammation. The fever
is of a stenic character.

The Pulse full and strong,
The Tongue thickly furred,
Excessive pain in the joint
affected, much increased by the
slightest pressure or motion
There is also at times a copious
acid perspiration.

It is very apt to change its
locality, and be erratic in its
movements, travelling from
place to place, as a Prof Bowling

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says "it is a perfect raga bond
going from joint to joint; or
wherever there is white fibrous
tissue. It may commence in
one knee and leave that for the
other or for the hip elbow
or wrist; sometimes
attacking neighboring sometimes
distant parts

It generally disappears in one
part after fixing upon another

In its movements it
may affect some of the inter-
nal organs; giving rise to a
dangerous complication

The blood when drawn exhibits
an increase of fibrin; which often
amounts to ten parts in the
thousand; At times the

affection comes on gradually, beginning with a feeling of stiffness or uneasiness, in some part of the body, which soon amounts to positive pain; at other times the person is attacked with sharp and lancinating pains while attempting to turn in bed or rise from a chair. Heat and swelling soon come on; and the pain is generally moderated after tumefaction.

The swelling is generally tense and elastic; and the surface redened, though the natural color remains often unaltered. The swelling does not immediately

decline with the pain, but becomes soft, and will pit ~~for~~ upon pressure.

It is no surety because it has left a joint void, that it will not return again even unto the third or fourth time or more.

The swelling, is generally greater in the more superficial joints than in those better protected by muscle.

In severe cases the Patient experiences the most intense suffering. The pain is so great at times that he dreads the approach of anyone, and dare not move for any cause. The surface though warm is not as much heated

as in most of other fevers

The bowels are generally constipated. The urine scanty and highly colored, letting fall a laticitious sediment upon cooling, The suffering is generally greater in the evening

Disease of the heart is a frequent attendant upon Rheumatism

The frequency of which affection was first pointed out by Boissland; and also its existence in many cases where the ordinary symptoms would not direct our attention to it.

Dr Wm Budd states that out of forty three cases of which he kept accurate notes, the symptoms of Rheumatic inflammation

of the heart was unequivocal in
 Twenty one, Disease of the
 heart may always be suspected
 whenever in the course of Acute
 Rheumatism, pain or oppression
 in the precordial region,
 difficult or hurried breathing,
 palpitation, increased frequency
 of the pulse, an anxious
 disturbed or peculiar expression
 of the countenance, supervenes.
 Children when affected with
~~the~~ Rheumatism are more
 liable to this complication than
 adults. Women are said to be
 more liable to it than men
 next to the membranes of the
 heart, the pleurae are perhaps
 the most frequent seat of

internal Rheumatism; and
we then have the symptoms
of Pleuritis,

The membranes of the Brain
are also sometimes affected.
Large doses of quinine in acute
Rheumatism are said to have
produced this complication,
Acute Rheumatism may gener-
ally be cured in two or three
weeks; when judiciously managed
though it may continue for
months. During the course
it often exhibits signs of
amendment; and both the
Patient and attendant flatter
themselves that he or she will
soon be well; when all at once
without any assignable cause it

attacks some other or the same part with renewed vigor; and it may continue in this way for months. A decline of Acute Rheumatism is attended with diminution of pain and the swelling which was tense and elastic before will now pit upon pressure

To some extent the swelling, soreness, stiffness, and weakness, are apt to remain after convalescence has been established

The Anatomical Character of the parts affected is what we might have suspected from our knowledge of inflammations in general; except that pus is never found as one of the modes by which

Rheumatic inflammation terminates, The parts that have been affected are found congested and softened.

The exciting causes of Acute Rheumatism are cold and moisture, Moisture acts by being a better conductor, of than dry air. The Winter of 1855 & 56 being the most severe one that we have experienced for a great number of years; we have had as a consequence of it; more suffering from Acute Rheumatism than was ever known before, There is also a peculiar predisposition to this form of inflammation in some persons. A previous attack predisposes to a second.

Some writers also say, "That it is hereditary."

The age at which the system appears to be most susceptible of an attack is between fifteen and forty. Women are less subject to this disease than men.

Probably because they are less exposed to the exciting cause,

Diagnosis,

Gout is the only affection from which there is much difficulty in distinguishing Acute Rheumatism,

Gout is found most frequently among the Wealthy, the Luxurious and the Physically idle.

It is also more frequently hereditary, so much so that at one

Time to have had Gout was to
 prove to the world that you
 were of noble birth, and no one
 dared question your right to
 mingle with the first,

On the other hand it is ^{seldom} ~~never~~
 heard of among those subjected
 to labor, privation and exposure
 With Rheumatism it is just
 the reverse; Rheumatism
 affects the largest joints; while
 Gout attacks the smaller.

There are cases in which Rhen-
 matism and Gout appear to be
 blended together in such a
 manner that it is impossible
 to separate them

Acute Rheumatism comes on
 generally without any prelimi-
 nary

symptoms, while in Gout there are various functional derangements which precede its full development.

Uric acid is found in abundance in the blood of those affected with Gout; while only a trace of it can be found in those laboring under acute Rheumatism, Various Diagnostic Symptoms are given by Authors; but taking into consideration; the age of the person, his occupation, The mode of attack the part affected; and we will generally be led to a right conclusion

Treatment of acute, Rheumatism
 When the pulse is full and

Tense bleeding is generally well
~~borne~~ borne, We are advised to be
 cautious about too much bleeding,
 for it cannot cure the disease and
 may tend to set up so much
 irritation in certain important
 organs, which thus become
 centres of attraction for the
 Rheumatism,
 Detentive purging is always proper
 and the bowels should be kept
 steadily open, by sulphate of
 Magnesia and thirty drops of
~~colchicum~~ ^{colchicum} ~~Refrigerant~~ Refrigerant diaphoretics
 are useful, and Dovers powders in
 full doses are to be given at bed-
 time, to procure rest,
 If the disease does not give way
 in two weeks, Mercury in

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combination with Opium should
be resorted to, If it is disposed
to move about, Colchicum and
Morphia should be used,
Quinine in large doses is some-
times attended with great advan-
tage, It is indicated by perspira-
tion during sleep,

If complicated with cardiac
affection; bleed generally and
locally; Blister; and commence
the mercurial course at once,

The Lemon Syrup was used
by Sydenham; The juice is
now highly recommended by
some,

Large doses of Tartar Emetic
with Opium have all
been tried and enjoyed some

reputation, I know a Practitioner
 er who treats it almost entirely
 by cupping along the spine;
 with the addition of the leech
 or juice, With regard to the
 local treatment, all cold
 applications should be avoided
 for fear of repelling it from
 the joint to the internal organs;
 The part should be protected
 by flannel or carded cotton
 or we may apply a hop poultice
 or rub the joint with an
 anodyne liniment to relieve
 pain

The Patient should always
 be well clothed in good
 linsey, all over