

AN  
INAUGURAL DISSERTATION

ON

*Congestive Fever*

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BY

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## Conjunctive Fever

This disease has received various epithets from different writers; such as, *Pernicious*, *Intermittent* and *Remittent* Fever.

All of the terms I think are equally applicable, & I shall use them interchangeably; & it is from the habitual use of the former term, that I have selected it.

This disease presents various phenomena according as the morbid influence exerts itself upon the different functions of the system. Sometimes the disease first makes its invasion upon the organic functions, at another, it exerts its full force upon the animal system. Though it does not attack both systems with equal ratio. The organic functions are much more frequently attacked than the animal; & I think, that they are simultaneously affected, as often as the animal system is alone invaded.

2

This disease has several modifications. It may be intermittent, remittent, or continued, though rarely ever of the last mentioned form.

The first symptoms most generally are the same as those of ordinary bilious fever; & it may be the third, & probably not until the paroxysm before the pernicious symptoms ensue. Very frequently the premonitory symptoms come on very insidiously; the patient, experiencing but slight symptoms of disease, with only a feeling of depression of spirits and lassitude, or, in other words, he is unwell, during which time he is unable to locate his disease. When gradually or suddenly, as the case may be, the pernicious symptoms come on with all their apparently desperate character, threatening almost immediate dissolution.

## Disease of the Organic Functions

When the organic functions are alone affected, there is a singular expression of the Countenance, which is evidently produced from the contraction of the Skin. Although it is said by some writers, that there is a singular expression of Countenance, of amazement & alarm which the patient did not feel. But this is certainly a mistake. There is this expression of countenance, but it is in consequence of their being solicitous for their recovery. Though it is a fact, that there is an impassive expression of the features, but it is only when the animal functions are affected, more or less. The patient is of livid paleness, the features contracted, the extremities, & not unfrequently, the whole body is bathed in a cold & clammy perspiration. The tongue is pale & cold. There is usually a feeling of oppression over the stomach, with great internal heat & thirst. The pulse is more frequent, irregular

and feeble, amounting to 120 and not unfrequently to 160 in the minute, & sometimes wanting

It is said by Professor Wood, of Philadelphia, that the direct cerebral functions, including the will over the muscles, sometimes are, singularly undisturbed, that the patient will be able to walk over the room for hours after the pulse has ceased at the wrist. This doubtless was the case according to the observation of the learned Professor, but I think rarely if it ever occurs in the Mississippi Valley. But to the reverse. Even in persons of the most robust Constitution, after a perfect development of the disease, there is always great prostration. The Course of the Symptoms is various, proceeding in the manner alluded to, or mingled with unsuccessful attempts to establish reaction, for several days exciting but little

a alarm to the patient or his friends. When all at once, the disease develops itself, & the patient is found to be in the greatest danger; & such cases most generally terminate in death, even if promptly treated. But if the patient is seen in the first paroxysm, & judiciously treated, most generally reaction will be set up in a few hours, followed by a slight fever which soon subsides. The pulse now becomes natural or nearly so. This is a remission, or intermission, owing to its duration. And, if remedial measures be not resorted to for the purpose of warding off the next paroxysm, there will be a return of the disease on the next day or the day following, which almost always terminates in death. It is the prevalent opinion that the cause of death in the second or third paroxysm, is in consequence of the increased violence of the disease. But this is not so. It is in consequence of the constitution having been worn down by the former paroxysm,

and it is unable to bear the same force or amount of disease. Proof of this is, patients have died in the second paroxysm, when it was comparatively slight to the former, & others have died in the first, when it was but slight. This opinion arose doubtless from an observation of the rational symptoms and not in conjunction with the physical symptoms.

### Disease of The Animal Functions.

When the animal functions are alone affected, the disease might be mistaken by an inexperienced practitioner, or by a superficial examination of the most scientific, to be an attack of apoplexy. The premonitory symptoms are stupor & drowsiness which gradually increase into Coma. The respiration is sometimes loud and stertorous. The pulse is full and it may be somewhat accelerated, but most generally it is slower than in health. There is <sup>not</sup> infrequently tetanic spasm of the jaws, with difficult deglu-

7  
tion. Epileptic convulsions have also been known to occur. The duration of the paroxysm in this form of disease, is equally various as those of the organic functions. Though the intermission or remission is not ordinarily so well marked & there is frequently hebetude of mind in the interval.

When this disease affects the animal system alone, it is much more formidable in its character. It is very important to be always able to recognise any symptom, that might lead to the suspicion, that a patient was threatened with Congestive fever. Ever bearing in mind that the disease may come on in the mildest form of bilious fever. And many have been attacked & probably have died for the want of the necessary precaution of the attending physician. The most prominent premonitory symptoms are want of chilliness, while the extremities are cold; considerable palor & lividness of the countenance, & imperfect reaction after the cold stage, with prob-



ably faintness and a disposition to stupor and delirium

Anatomical Characters. Almost every organ has shown traces of disease after death from congestive fever. Though all of the organs do not evince the same amount of disease in each individual case, as some are apparently healthy, while others give unmistakable evidences of congestion and sometimes well marked symptoms of inflammation. Though it has been denied, that inflammation existed in any organ. But from the pathological condition in which the brain, stomach, liver, and spleen, <sup>have been found</sup> it would most certainly justify the conclusion, that it did exist in those organs, notwithstanding it may be rare.

Cause. The same causes that produce bilious remittent fever, produce malignant fever, as they prevail in the same climate & in the same season; scarcely ever appearing before the first of April or after the

first of November; and the former is frequently  
a precursor of <sup>the</sup> latter. And it is thought by all Au-  
thors, that the pestilential cause of either is mar-  
-sh miasmata. The production of which is caused  
by a combination of heat & moisture & vegetable de-  
composition. Climate exerts an influence over it,  
as the disease does not occur in all miasmatic regions  
Old age nor debility does not favor its occurrence,  
and it rarely ever attacks children under ten ye-  
ars of age

Nature. It has been thought, that congestion  
was the principle source of danger; has also been  
said, that inflammation was. Though at pres-  
ent, it is the received opinion, that it is the pecu-  
liar state of the innervation. Notwithstanding  
congestion has produced fatal consequences,  
& so, also, has inflammation; but these very prob-  
ably are only exceptions to the general rule.  
Can this peculiar condition of the innervation

produce, ~~the~~ coldness, paleness, disordered  
respiration, and the copious watery discharges  
from the bowels? It certainly can. It  
is an established fact, that a deficient action  
of the extreme vessels will produce and in  
this condition the blood circulates through  
them very imperfectly. The serum of the blood  
passes through them in this condition, as it  
would gravitate through dead membrane.

This also accounts for the paleness, the cold-  
ness, disordered respiration, and watery dis-  
charges from the bowels.

Prognosis. In all cases if the patient has  
not been worn down by former disease, or de-  
bilitated from old age, recovery will most  
generally be the result; if the patient be  
seen early be the type either remittent or inter-  
mittent. Though it is thought, that the chances  
for cure is more probable, if it be of the intermit-

11  
tent type. But if seen early & promptly treated, the chance for cure is equally certain in the remittent form.

### Treatment

If the patient is seen during the paroxysm, the first & most important indication is to bring about reaction as soon as possible. Every attempt should be made to arouse the nervous system, & bring about a healthy action of the organic functions, checking at the same time the profuse discharges from the bowels & skin. Heated bricks, rocks, bottles or jugs filled with hot water, placed by the limbs & body of the patient. Blitters should always be applied early to the extremities, & along the whole course of the spine, also over the stomach, more especially if there be any irritation of that organ. Friction applied to the outer side of limbs,

of warm oil of Turpentine or Cayenne Pepper, &c.

When perspiration is very profuse, dry friction over the whole surface with Cayenne Pepper or Mustard is an excellent remedy and if not at hand heated meal may be resorted to for the same purpose. By some of the Practitioners of the South it has been recommended to apply dry cupping along the spine. And it would probably be advisable in the early stage of the first paroxysm, to resort to them in conjunction with repeated frictions with ammoniacal liniments, as long as it could be borne by the patient, after which time blisters should always be resorted to, as a stimulant & to prevent emesis and for the purpose of arresting the profuse discharges from the bowels which so often accompany the disease. If the brain

is affected opium in any form should be omitted. Acetate of lead & tincture of kino have also been recommended in profuse discharges from the bowels

Stimulants are highly recommended and can not be dispensed with; oil of turpentine, Cayenne pepper, ammonia, brandy, ether, have all been advised. I think that Professor Bowling's aromatic mixture composed of Cayenne pepper, ginger, cinnamon, canella alba, and proof spirits, an excellent remedy when stimulants diffuse in their nature are called for

It has been remarked by many, that it is better to get the patient through, if possible, without alcoholic stimulants; for fear they might produce serious consequences in the subsequent reaction, but

This is never to be feared, as a reactionary fever is always slight compared with the former depression

The remedies from which the most permanent good is to be derived is yet to be mentioned. They are sulphate of quinia, and calomel. These remedies may be given in combination. Quinine should invariably be given as soon as the patient is seen, as it exerts the most powerful permanent effect on the nervous system. And as the liver is always inactive there is no remedy so much to be relied on as calomel. More especially if the case be of the continued form. Slight ptyalism should be produced as soon as possible.

In cases apparently desperate the

medicines above mentioned should be given every half an hour till some effect is produced Immersing the patient in cold water has been recommended. And I have not a doubt of its efficacy in the early stage of collapse. More particularly if other remedies had failed

When the animal system is alone affected, bloodletting should be resorted to; either general or local, applying always cold affusion to the head. Though they should not be employed to the entire exclusion of the remedies before mentioned; but should be used in conjunction with all others except opium