

AN
INAUGURAL DISSERTATION

ON

Pemicious Fever.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
Doctor of Medicine.

BY

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Pernicious Fever.

Pernicious fever being a common disease of this climate I have selected it for the subject of investigation.

The term congestion being applied to other affections of various kinds is calculated to lead to confusion.

The term pernicious is not applied to all dangerous cases of intermittent or remittent fever. This term is confined to cases where there is great and sudden prostration of the nervous power. This disease is easily cured when a clear and correct diagnosis is made in the early

stage. It is not every case of pernicious or miasmatic fever that ends fatally when left to nature.

When this is the case each paroxysm becomes milder and milder until nothing but the ordinary intermittent fever is left.

Pernicious fever can be intermittent remittent or continued.

It is not continued fever under two or three days duration. This disease is distinguished by certain phenomena.

In some cases the organic functions are affected and in others the animal.

In the former the organic

of digestion respiration
 circulation and secretion are
 affected. In the latter most
 generally the brain. Sometimes
 this disease commences at once
 with its own peculiar character.
 But most generally the
 first symptoms are like those
 of ordinary miasmatic fever.
 When this disease is fully
 formed the following symp-
 toms are presented.

The face hands and feet have
 livid paleness. The features
 shrunken. The eyes often sunk
 in their sockets. The skin
 contracted, and the fingers
 shivelled. The extremities cold
 and sometimes the body,

after the secretions of the
 salivary glands are checked
 and there is a burning
 and unquenchable thirst,
 This is one of the most
 prominent symptoms, but
 the most frequent symptom
 is vomiting. Whatever he
 takes in his stomach to quench
 his thirst is almost immedi-
 ately thrown up. Sometimes
 bile may be discharged
 from the stomach but gener-
 ally a mucous fluid.
 The patient will complain
 of being cold externally
 and at the same time
 complain of being up
 internally.

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The pulse is fine irregular, sometimes corded and often full. The respiration is like that of ureasies. The bowels have an inclination to run off each discharge being often tinged with blood. With these symptoms I have mentioned there is sometimes great ureasies.

The patient has an anxiety to move a boat. The course of the symptoms are various. sometimes there is attempts at reaction from a period varying from one to three days.

When not relieved by remedial measures will terminate in

death. When this is the case
 The coldness commencing
 at the hands and feet
 invading sometimes the whole
 body, except a small portion
 near the heart. The respiration
 becomes retarded and weaker.
 The pulse becomes retarded
 also until they cannot be
 felt in the extremities for
 several hours before death.
 The cerebral functions fail
 and the patient dies easily.
 Most generally after continuing
 for three or four hours there
 is sometimes tendency
 to reaction; The pulse becomes
 stronger; The skin warms
 and the colour increased, but

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There is still a degree of prostration stamped in the patient. The vomiting and purging if it before existed has a tendency to stop.

The pulse becomes more frequent and the death like hue is thrown off as if about to be restored to health. Respiration is sometimes increased, commencing at the heart and gently expanding over the whole body.

sometimes the patient will have full and good pulse as if in health, and some return of appetite and appear as almost free from disease.

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This is only an intermission. If the disease is not arrested by artificial means the same symptoms will make their appearance at the regular time, with increased violence and sometimes will end fatally. If the third paroxysm is allowed to pursue its self it is almost certain to end fatally.

But as I have said before it is not every case of pernicious fever that ends fatally when left to nature.

In noticing this disease where the organic functions are chiefly concerned, we find sometimes the seat of the disease at the

heart, and then we find
excessive prostration of the
circulation,

When this is the case if
the patient is not cured
with remedies he will die
of pure syncope.

In other cases the coldness
is the most prominent symp-
tom, gradually increasing over
the whole surface of the body,
without much primary change
in the pulse, or disorder
in the digestive organs.

The heart at length perishes
in the first or second
paroxysm,

Disturbance in the animal
functions,

I have said before that when this disease affected the animal functions that it most generally affected the Brain.

This may be diagnosticated by the stupidity of the patient both mentally and physically. Usually the disease will begin by affecting the patient with simple drowsiness. The patient will quickly forget what he may have done or said. This will gradually increase into deep comas. When if great skill is not displayed in treatment the patient will not be aroused.

The pulse is full and sometimes corded stronger in some

case, than in others,
 The respiration is some what
 like that of apoplexy,
 Those symptoms are generally
 completely established in the
 second or third paroxysm,
 If not arrested in the third
 by remedial means it will
 generally prove fatal by
 passing off like an apoplec-
 tic attack.

It is of great importance to
 diagnose this from the
 ordinary forms of miasmatic
 fever, for the patients safety
 is dependent on the skill
 of the practitioner, and the
 practitioners skill will be
 dependent on his diagnosis.

Not unfrequently in this disease the first paroxysm offers nothing to alarm the practitioner, and not apprehending any danger in the second he will neglect the most important opportunities for the use of remedies. There are certain symptoms that the practitioner should always appreciate. First great weight or oppression at the epigastrium; and frequent and copious vomiting a sense of chilliness, and a feeling of heat; while the extremities are cold; and have livid paleness; There is a want of uniform heat after reaction.

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The bowels have a tendency
to run off. There is fullness
and irregularity in the pulse,
There is much anxiety and restlessness.
The above symptoms should
warn the practitioner that there
is danger for him to contend
with; therefore he should
commence applying the means
for relief.

Anatomical characteristics.

The mucous membrane of
the stomach is very soft
or soft and pulpy, that it
may be scraped off in the
form of pulp.

In some instances it has been
found of a bright red colour
and in others of a blackish

colour, in some instances of a whitish colour.

From dissection a bloody effusion has been found in the spinal cord, also in the ventricles of the brain,

The liver has been found variously affected from congestion. In some cases it is found to be enlarged, yellow dry and brittle, in others red and soft.

The spleen is nearly always enlarged and much congested.

Cause.

The cause of this affection is an unhealthy air and an exhalation producing disease.

How is it that this unhealthy air produces this disease?

It is produced by being carried in the system like the oxygen that purifies the blood.

How is this unhealthy air produced! There has been many theories advanced on this subject, some contend that it is caused by the decomposition of vegetable matter. Others contend that it is caused from the heat of the sun from sixty to eighty deg, pouring down on water situated in such a manner that it is impossible for it to evaporate. This is Dr Bowdler's Theory,

Now it is of importance here to know how long this mias-

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matic poison will be in
the system in a state of
incubation, I have experienced
the manifestation of it in
January. Now according to
Dr Wood's Theory, this poison
must have been in my
system some two or three
months. He says that this
poison cannot exist when the
thermometer is down as low
as sixty ~~or~~ as high as eighty.
He also says it is destroyed
by frost. This is acknowledged
by all.

Now as a general thing we
have frost by the first of
October. From the first of
Oct to the first of January

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is. Three months, so we find that it was in my system three months before developing itself. How much longer it will be in the system has not as yet been ascertained. Dr Whorler says that young persons are more susceptible to this form of disease than old persons. Why is this? is it not caused by the absorbent vessels being more vigorous and active, it certainly is. What is it that gives rise to this peculiar form of miasmatic fever? It is unknown, we may say that it is a more intense action

of the miasmatic poison
 or an unusual susceptibility
 to its influence. Dr. Parry
 tells us that in Indiana
 while the ordinary bilious
 fever occupies the table lands
 this form of miasmatic fever
 has been observed to prevail in
 the low grounds skirting the
 rivers. This shows that it
 is a more intense action of
 the miasmatic poison or
 that there is more taken
 in the system.

Latitude seems to have some-
 thing to do with its effect.
 While in the country north
 of Ohio it generally assumes
 the intermittent form.

In the southern states it becomes more obvious.

Dr Parry says that while newcomers in a miasmatic district are more subject to common bilious fever, the residents are more subject to the pernicious form.

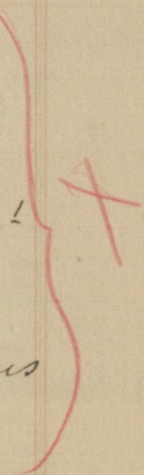
It is also observed that persons about twenty or thirty years of age are more subject to this disease, while persons of ten years of age are seldom affected with it. The reason of this I have given before.

It is also observed that when intermittens presents itself in old persons especially those that are prostrated by

debility from chronic affections
are most apt to take on
the pernicious form.

Nature.

What is it
that imparts the peculiar
character to pernicious fever!
Nervous prostration. What is
it that prostrates the nervous
system! it is inflammation
and congestion.



Treatment.

If the patient
is seen first in a paroxysm
it is the duty of the attending
practitioner to bring about
reaction that the nervous
system may be aroused from
its lethargy, and to restore the

The organic action.

There are two modes by which reaction may be brought about. It may be effected first by artificial heat or second by the cold bath. The mode of applying artificial heat is to apply it to the extremities by means of something that retains it. The whole body may be immersed if convenient in a hot bath, or the feet may be placed in mustard and hot water, sinapisms may be applied over the extremities, and over the whole abdomen and along the spine. With these we should not neglect internal remedies.

When we have copious abrine discharges, Opium is strongly indicated for its stimulating and antientic properties, and for its influence in checking those abrine discharges. When the Stomach is retentive Laudanum may be preferable on account of its quick action. When the Stomach will not retain Laudanum nor Opium one of the salts of Morphia may be substituted in an equivalent dose.

The only circumstances which would contraindicate the use of Opium is the existence of some obvious disease of the brain, such as active delirium =

or stupor. In some of the cerebral cases with full and strong pulse, venisection is indicated.

Acetate of Lead is strongly indicated for its astringent properties, and may be given with great propriety, when the evacuations are copious and hemorrhagic.

As a stimulant the best probably is the oil of Turpentine and cayenne pepper.

Cayenne pepper is highly recommended for its stimulating properties, and may be given if retained in the stomach. If those fail reason may be had to ammonia especially,

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if there is tendency to syncope.
Sulphate of Quina may be
given even in the paroxysm
with great propriety.

Alcoholic stimulants should
not be used if possible to
avoid it, on account of the
subsequent reaction.

In most cases of this disease
we find complete inactivity
of the liver. Then calomel
is decidedly called for.

When the disease approaches a
continued form we should
establish the mercurial influ-
ence. The proper combination
and dose of those remedies
and time of administering are
almost as important as the

remedies themselves.

As a general rule when the head is not affected and the bowels are passing off those alvine discharges, Opium should be mixed with most all the other medicines.

Sulphate of Quina calomel and Opium combined in the proportion of two grains of Quina two grains of calomel and ~~and~~ a half grain of Opium will make one of the best pills that is used given every half hour with about five grains of cayenne pepper.

While in the interesting half hour, if the patient is

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attended with profuse bloody
discharges. This may be given
Two grains of Acetate of Lead
a half grain of Opium and
five grains of Kino made
into two pills.

Time of administering medi-
cine should vary, according
to circumstances, when time
is of more importance
Those medicines should be
given more frequently.

When calumel has been
taken until the gums are
affected with it we should stop
giving it. When the symp-
toms vary we should vary
our remedies accordingly.

I mentioned that there was

another mode by which
reaction may be brought about.

This mode of treating puer-
peral fever is by applying
cold water to the surface
of the patient or by the
use of the cold bath.

This treatment looks almost
contrary to common sense
to those who do not under-
stand the philosophy of it never-
theless it should not be hastily
rejected.

Nature seems to point it
out to us by the burning
heat of which the patient
complains and the great com-
fort which he derives from
the use of this remedy.

Dr Gustin tells us that he once immersed a patient in a cold bath while in the last stage of a prostrum with a cold skin and nearly or quite pulseless but complaining of the burning heat which was consuming him.

Dr Gustin tells us that this bath had the happiest effect. The nervous sensasation is chiefly in fault in those cases, as strong impression is made on that system by the application of cold to the skin.

If there be any power of reaction left it is apt to be awakened by the sudden

shock. Care should be taken
not to carry this remedy
beyond the production of
a chilly sensation or a
slight shivering.

When this is done wipe the
patient dry and put him
in bed and give him some
warm stimulants.

As soon as reaction or an
intermission has been obtained
there is but one course of
treatment and that should
not be delayed for no
symptom whatever.

This remedy is sulphate of
Quina. This should be the
first and almost the only
thought of the practitioner.