AN INAUGURAL DISSERTATION
ON
Acute Rheumatism

SUBMITTED TO THE
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BY
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OF
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Dedicated to

Prof. Wm. H. Drummond, M.D.
of Nashville, Tenn.
It will not be expected of me in this essay to add anything to the stock of knowledge, which are have concerning this disease; but simply to endorse that which has been said by those that are capable of enlightening 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
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 compounded
with Geoff; and according
to Dr. Chapman, the applica-
tion to it of the name of Rheu-
matism first occurs in Ballo-
ning's Treaties published in Paris in 1642.
Some writers treat of Rheumat-
ism under the heads of muscular
and Articular; but at 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 and the lowest grade of inflammation.

Fourth, The Chronic, 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 alternate places. Most frequently it attacks a large joint and then travels to neighboring ones.

Dr. awy in this way involves 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 sthenic 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 delirium and perspiration. It is very apt to change its locality, and to erratic in its movements, travelling from place to place, or to Prof Bowling.
says, "it is a perfect vagabond 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 internal 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. Head and swelling soon come on, and the pain is generally moderated after transpiration.

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 so pretty because it has left a joint once; 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 reddish 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 Bonnlland, and also its existence in many cases where the ordinary symptoms would not direct our attention to it.

Dr. W. R. Budd states that out of forty-three cases of which he kept accurate records, 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 of 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 Rheumatism, are more liable to this complication than adults. Women are said to be more liable to it than men unless 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 generally 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 advance
without any assignable cause. 
attacks some other of 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 sink 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 this is never found as one of the modes by which
Rheumatic inflammation usually affects 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 was 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 God wait 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 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 Rheumatism 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-
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 a life 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, 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.

Active purging is always proper and the bowels should be kept steadily open, by sulphate of magnesia and thirty drops of colchicum. Refrigerant diaphoretics are useful, and Dorens powders in full doses are to be given A bed-time, to procure rest.

If the disease does not give way in two weeks, Mercury in
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 sometimes attended with great advantage. It is indicated by respiration during sleep, if complicated with cardiac affection, blood generally and locally; Blister; and commence the Mercurial course at once. The Lemon Syrup was used by Sydenham; The quin is now highly recommended by some, large doses of Tartar Emetic and Opium have all been tried and enjoyed some
reputation, I know a Practitioner who treats it almost entirely by cupping along the spine, with the addition of lemon 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 plunnet or carded cotton or we may apply a hot poultice or rub the joint with an anodyne liniment to relieve pain. The Patient should always be well clothed in good clothes all over.