AN INAUGURAL DISSERTATION
ON
Penicillae Foem.

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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. This 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 system. This disease is easily cured when a clear and correct diagnosis is made in the early
stage. It is not every case of puricous or pneumonic fever that ends fatally when left to mature.

When this is the case each paroxysm becomes milder and milder until nothing but the ordinary intermittent fever is left. Puricous fever can be intermittent interval or continued. It is not continued from 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.
of digestion, respiration, circulation and secretion are affected. In the latter must generally be the brain. Sometimes this disease commences at once with its own peculiar character. But most generally the first symptoms are like those of ordinary meazmatic fever. When this disease is fully formed the following symptoms are presented. The face, hands and feet have livid paleness. The features shrivelled. The eyes of the sunken in their sockets. The skin contracted, and the fingers shrivelled. The extremities cold and sometimes the body,
often 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 immediately thrown up. Sometimes it may be discharged from the stomach but generally a mucous or fluid. The patient will complain of being cold externally and at the same time complain of burning up internally.
The pulse is fine irregular, sometimes corded and often full. The respiration is like that of unsteadiness. 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 uneasiness. The patient has an anxiety to move a bout. 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. Short general after continuing for three or four hours there is sometimes insensibility to reaction; the pulse becomes stronger; the skin warmer and the colour increased, but...
There is still a degree of prostration stamped in the patient. The vomiting and purging if it before existed had 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. Haemorrhage 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.
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 present itself it is almost certain to end fatally.

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

In noticing this disease when 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 remedial, he will die of pure exhaus-
tion. 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 frac-
tum, distast 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 diagnosed 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 coma. 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 somewhat
like that of apoplexy.
These symptoms are generally
completely established in the
second or third paroxysm.
If not arrested in the third
by medical means it will
generally prove fatal by
passing off like an apoplectic
attack.

It is of great importance to
diagnose this from the
ordinary forms of miasmatic
fever, for the patient's safety
is dependent on the skill
of the practitioners, and the
practitioners' skill will be
dependent on his diagnosis.
Not infrequently 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 nostrums. 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.
The stools have a tendency to run off. There is pulling 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 continue with; therefore he should commence applying the means for relief.

Anatomical characteristics.

The mucous membrane of the stomach is very often so 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...
coliure, 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. Boulding's theory.
Now it is of importance here to know how long this nuisa-
metic 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 drawn as low as sixty degrees high as eighty. He also says it is destroyed by frost. This is acknowledged by all.

As a general thing we have frost by the first of October. From the first of October to the first of January...
Three months, so we find that it was in my system three months before developing itself. How much longer it will lie in the system has not as yet been ascertained. Dr. Morton 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 pneumatic fever? It is unknown. Men 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 other it generally assumes the intermittent form.
In the southern states it becomes more obvious.
Dr. Pang says that while newcomers in a malaria district are more subject to common bilious fever, the residents are more subject to the previous form.
It is also observed that persons about twenty to thirty years of age are more subject to this disease, while persons of five years of age are seldom affected with it. The reason of this I have given before.
It is also observed that when intermittent presents itself in old persons especially those that are prostrated by
debility from chronic affections are most apt to take on the purulent form.

Nature.

What is it that imparts the peculiar character to purulent from? Nervous production. What is it that produces 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 practitioners to bring a bout 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 are along the spine. With those we should not neglect internal remedies.
When we have copious abrune discharges, opium is strongly indicated for its stimulating and antiseptic properties, and for its influence in checking those abrune discharges. When the stomach is destitute of narcotics may be preferable on account of its quick action. Then the stomach will not retain Laudanum nor opium one of the symptoms of morphia may be substituted in an equivalent dose.

The only circumstance 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 central cases with full and strong pulse, venesection 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 list 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 recourse may be had to ammonia especially
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 some cases of this disease we find complete inactivity of the liver. Then colostrum is decidedly called for. When the disease approaches a continued form we should establish the mercurial influence. The proper combination and choice of these remedies and time of administering are almost as important as the
remedies themselves.

At a general rule when the head is not affected and the stools are passing off those albumin 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 one-half grain of opium will make one of the best pills that is used given every half hour with a quart of a cup of cayenne pepper.

While in the intervening half hour, if the patient is
attended with profuse urinary discharges. This may be given two grains of Acetate of Lead, a half grain of Opii and five grains of Kino made into two pills. Time of administering medicines should vary according to circumstances. Their time is of more importance. Those medicines should be given more frequently. When calomel has been taken until the gums are affected with it we should stop giving it. When the symptoms vary we should vary our remedies accordingly. As mentioned that there was
another mode by which
reaction may be brought about.
This mode of treating puer-
cilous 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 un-
derstand the philosophy of it; nor
that it should not be hostile
reaction.
Nature turns 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.
So Eustine tells us that he once impressed a patient in a cold bath while in the last stage of a paroxysm with a cold skin and nearly so quite pulseless but complaining of the burning heat which was concerning him. Dr. Eustine tells us that this bath had the happiest effect. The nervous sensovation is chiefly at fault. In these cases, a 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 awoken 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, give the patient soup and put him in bed and give him some winter stimulants. As soon as reaction or an intermission has been obtained, this is but one course of treatment and that should not be delayed for no symptom whatever. This remedy is sulphate of iron. This should be the first and almost the only thought of the practitioner.