AN
INAUGURAL DISSERTATION
ON
Pernicious Fever
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BY
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To
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Pernicious Fever

is the theme
that we shall endeavor to base
our remarks. Although, we feel
our weakness and know our inabil-
ity and see our incompetency
to treat this subject as it should
be treated. Fever is a disease
that has been making its ravage
among mankind from time
immemorial down to the pres-
ent moment. Febrile diseases have
in all ages and climates formed
the great and chief outlet of human
life. Even in the days of the
illustrious Sydenham, his es-
timate was that two thirds of the
human family fell victims to
its mortality. Yet, even from the
proudest King that ever sat upon
a throne, or wielded a sceptre down
to the most innocent babe have
shared equally alike. None are ex-
empt from its Herenleanc grasp.
Yet, some of the soundest minds
that have ever adorned the Medical
world spent their vulnerable lives
endeavoring to investigate and
set forth its true cause. But alas!
Their attempts have been comparativ-
ely in vain, and none have been
able to explain in the language
of the venerable old Grecian
Erretta! Erretta! I have found it.
I have found it. In vain did I say!
Yes, but nevertheless they have discov-
ered many of the mysterious causes
that infect the human system,
and these they have prolonged life.
But many mysteries remain yet, to be fathomed and doubtless will ever remain hidden, unless some bright star of the 19th Century solves the difficult problem. Now, for the sake of consideration we are constrained to as we think to digress a little from the subject that our essay is headed think we do not we could do our theme near justice in lieu, we dilate freely in our course. Now as an axiom is a self-evident truth we must have a beginning or no end. Hence we propose to the Definition, Phenomena and curious theories of event before taking up the subject under discussion. In the first place we will limit it to two distinctive
Fever is a name used to signify a peculiar morbid condition of the system common to many diseases. And again the term is used in a special sense to designate them individually, or collectively. Thus certain complaints presenting certain characters as typhoid and yellow fever, etc. The term signifies that it is taken in a general sense and is applied to the morbid affection of the system found in each and all of these diseases, giving them a character which entitles them to their common name. Hence any disease that presents this phenomenon, in general, must
be entitled to the name, hence the definition is an acute affection of the system in which all the functions are more or less deranged. The most perceptible are the sensorial, or nervous irregularity, accelerated pulse, increased heat and denial of food. Hence the definition would appear to be a universal derangement of all the functions but still some one of these various affections may be temporarily absent. Sometimes the circulation instead of being excited is depressed hence the same is in regard to calorific functions. But fever is not complete unless some derangement...
ment of the circulatory and calorific functions. Therefore, heat is the characteristic that fever has received its name. We deem it unnecessary to give the various symptoms of fever in this connection, but we will speak briefly of its course and cause. Its course is very variable; it may last only a few hours, or it may last many days; it depends entirely upon the condition of the system and the type that it assumes. As for the various theories that have been advanced we think unnecessary to speak of any but the present. We believe it to be the nearest correct of any that
has been advanced. It brings forward the idea that the cause of fever is some poison, or virus that is absorbed into the system probably, through the air passages through lungs into the blood. This conclusion is based upon Anatomical, Microscopical and Chemical investigation. Thus we propose to end our preliminary remarks and resume our subject which heads this capture under the title Remic fever, a name given by our European and Continental writers, which answers to our Common name Congestive Fever.
We do not give it this name as far as affecting to its dangerous character, nor for its beauty, but simply that the practitioner may look forward with a far seeing eye, that he may be ready to meet it at the threshold. But scientifically speaking it receives its name from the nervous powers being greatly deranged. This disease is strictly idiopathic in cause, originating from miasmatitious poison or virus absorbed into the blood in certain localities such as cane brakes, river bollies and curious other places where miasma may exist. We will now
in as brief a manner as possible give the symptoms of Perinickis fever some of which have fallen under our observation. This disease exhibits different phenomena according to the direction of the morbid innervation. Sometimes the organic functions are especially affected and the animal. When it seeks or strikes the organic the digestive, respiratory, cutaneous, calorific, and secretory functions are most violently shocked and weakened. When it falls on the animal functions the
brain is affected mostly. But there is much diversity even in these. Sometimes the force of the Morbific Cause seems to fall directly upon the heart; others upon the alimentary canal and again upon surface of the body. It may make its attack during any time of the day or night often it comes on at once but usually as a simple intermittent or other Miasmatic fever not differing in the first and second day when, on the third day it assumes the congestive type, or in other words the symptoms are chilliness...
ere pains in the back limbs and head, frequency and irregularity of the pulse, flashes of heat alternating with slight perspiration, when gradually, or suddenly, the case may take on an alarming form. When the organic function are especially affected the patient presents a striking appearance which cannot widely be mistaken if we know our duty. The face, hands and feet are of a livid paleness, which is owing to the derangement of the circulatory system. The features are shrunk
The Eyes sunk in sockets though still clear and even bright. The skin is contracted fingers shriveled as though they had been soaked in water for a long time. The extremities may even the trunk is sometimes cold though not felt by the patient himself. The surface of the body is often moistened with clammy perspiration. Then again the body and abdomen is morbidly hot when the other extremities are remarkably cold. The tongue is sometimes very dry and hot then again
very little altered. There are always oppression and tenderness about the Epigas.

Trism and often great internal heat with insuperable thirst. The patient

calling incessantly for water

and cannot be satisfied by
claiming oh! that a river

of water was near so that

I could lie in it. But

even when he drinks his

stomach will not retain

it and in a few minutes

he vomits it all up. Sometim-

es bile may be thrown off

but oftener it is the contents

taken into the stomach than

otherwise. Again evacuations
may take place from the bowels often mixed with blood. Sometimes highly bilious which we should regard as a favorable omen. The state of perspiration is a noted characteristic. The breathing is like a succession of deep sighs, and often each inspiration is interrupted in its progress and affected as if by a double effort. The state of the pulse is generally irregular sometimes corded but often feeble and fluttering almost always very quick rising from one hundred and twenty to one hundred and sixty, also when the
The patient is in a critical situation. The symptoms more marked and prominent, show signs of greatest sleep, general sneezing, and prostration. Hence the course of symptoms is variable sometimes they persuade the course above mentioned for two or three days and terminate in death. Coldness extends over the whole body except near the heart and the patient dies as if fallen into a deep sleep. As a general rule the animal functions are no less affected than the organic. Usually the symptoms are
Simple drowsiness, the patient when interrogated forgets quickly what he has said often stops and stammers when talking. This dulness continues until he is engulfed in a deep coma from which he can never be aroused. The respiration is somewhat stertorous and noisy as in apoplexy. The pulse is full and generally accelerated although, it is in some cases tolerably strong. Sometimes the patient is seized with a tonic closure of the jaws and barely can be procured open hence deglutition rendered difficult. In some cases
the comatose symptoms occur in the first paroxysm but more frequently they are completely established in the second. If the comatose paroxysm does not prove fatal after a variable duration the patient is apt to take on slight perspiration and we may have some hope of his recovery, but more frequently he continues somewhat in a soporose state through the interval. But the next paroxysm will undoubtedly, like an apoplectic attack prove fatal unless we use prompt and proper treatment aided by our deepest thoughts and greatest energy.
We have now come to speak upon the critical part of our subject which is the Diagnosis Critical did I say, yea, a time that tries man's sympathies his intellect and his soul.
Can the hardest heart that ever pulsated behold his fellow man prostrated on his couch burning of fever and writhing with pain say, I can not sympathize. Now it behooves us as lovers of our fellow creature to stretch forth our highest and deepest thoughts in order that we may be able to mark well his time case.
A correct diagnosis is of the utmost importance to this
Physician, we should be ready at a moment's warning to distinguish this fever from ordinary miasmatic fever with which it is so closely allied and so much resembles. But we believe that we are able to set apart the difference in the symptoms in the first, febrile, or congestive fever from a malignant remittent by its presenting symptoms only, secondly, by comparative absence of cold sweats, thirdly, by showing less reduction of temperature fourthly, there is more delirium and less apoplectic drowsiness and hence with these exceptions.
The symptoms are almost identical with malignant intermittent, but with one more symptom we are at once enabled to detect this disease. In a true case of Pericocitis fever there is no time when the fever is absent whilst in other forms of Miasmatic fever there are always invariably intermissions. We now turn to the Diagnosis which in a majority of cases terminate fatally unless we meet them by timely and prompt means. If we lose the proper steps our attempts to arrest it are in vain. To this we should look forward.
and be ever on the alert to save our fellow creature from the iron grasp of death. We have already spoken sufficiently as to the cause of this disease. We now propose to notice its nature. What it is that imparts this peculiar character to this fever we cannot specifically tell. We do not think it inflammation or congestion because inflammation is a process that can’t be set up extinguished so suddenly. Nor do we believe it to be congestion from the simple fact that we find it in all other complaints.
We see it in syncope and concussion of the brain; hence we find it in all cases where the system has received violent shocks such as surgical operations and severe injuries. Yet in all of these cases it is not congestion but it is the nervous prostration that we so painfully fear. Hence it is this pecuiliar innervation that we are to look for the source at once of the symptoms and danger. Therefore the nervous powers may be affected generally, or only partially. All parts of the organism must receive a sufficient quantity of nervous power.
hence when one function is deficient the whole series will take on likewise. The extreme vessels are probably as much affected as any of the larger organs. In this disease the innervation of the extreme vessels fails and they cannot perform their part effectively in the circulation. The blood enters them with difficulty in their enfeebled state, and it is carried on very imperfectly. Hence the paleness and lividness of the surface and coldness doubtless arises from the languid circulation and morbid change of the blood
The respiratory system suffers equally as much. The pulmonary capillaries fail to carry forward the blood with usual rapidity and the aeration does not take place and hence this accounts for the oppression in the chest, hard breathing, deep sighs. The deranged innervation in cerebral cases is chiefly in the lobes of the brain. Therefore knowing the primary cause and seat of this disease, we proceed to give the treatment. Our first and most avowed care is to bring about nervous reaction and produce an equal momentum in the
Circulatory System. If we chance to see the patient during the first paroxysm, if the symptoms indicate a highly cerebral affection, pulse strong and full, we may take blood from the arm or locally from the temples. But if the signs not be prominent, our course of treatment should be entirely reversed and our efforts should be to rouse the nervous system from its lethargy and restore organic action. Our first and most important remedies are artificial heat, such as heated bricks, bottles filled with hot water placed
along the spine and limbs the body may be immersed in a hot bath with a quantity of mustard seed added, sinapisms must be applied to the extremities and over the whole abdomen and all other important parts, or frictions made with cayenne pepper and brandy, hot oil of turpentine and what is still better we think would be chloroform. And hence to keep up a steady excitement we must apply blisters to the inside of the legs and arms. But internal remedies should not be neglected. Opium should be given if the head is not
implicated, which is shown by active Delirium or Inspron, for its stimulant and anti-emetic effects and influence of the alvine discharges, if the Stomach is irritable one of the salts of Morphine must be substituted if the evacuations should be very copious they must be met by astringents such as acetate of lead and Hino Rosco mala, if the Stomach will not bear it we must supply the remedy by injection when we see our patient is in a dangerous situation we should not hesitate to give our medicine in short intervals until some excitement is shown upon
the system. Calomel doubtless stands at the head of the list combined with opium and bismuth will do the work if we can bring on constitutional effects which can not be done unless we administer promptly and energetically. In this disease we must be ready at all times to seize our chance if we see the least remission. Then we should place our efforts and energies upon sulphate of quinine as should not be detered by any symptoms but give it in large and free doses. It is acknowledged by all physicians to be the best antiperiodic known in our profession. Hence if it
cannot be borne by the stomach we must repeat the dose with the hope that a portion may be retained if the stomach is so irritable that we cannot gain its constitutional effects through this medium we should administer this agent per rectum. Hence if great debility should present itself we should resort to the best stimulating agents such as wine, whey, brandy &c with a hope that we may sustain the patient and bring about reaction. And lastly we have one other remedy yet to adduce in the treatment of this disease.
and one that has by chance come under our own observation. This remedy is cold water. It was first practiced, we believe, by Dr. Gustine of Natchez, Miss., and one that is now so effectually used and recommended by our worthy Professor of this glorious institution, whose experience we had as soon reply upon as any man that ever rose in yoners far off, eastern city or ever twinkled over our own Philadelphia. Nature seems to promote this agent by the heat that the patient complains and the comfort he derives from the remedy.
Hence we know that it is the nervous centers that are mostly affected. Therefore the application of cold water arounds the irritability of the muscular fibres and will doubtless bring on reaction when our most potent remedies have utterly failed. The mode of administration is most simple. When the symptoms are fully indicated as we have already described first we should place the patient in a suitable and convenient position so that we can turn the water upon his head allowing it to run down along the spine and also immersing the whole
Surface of the body, or we may apply it by means of wet sheets. This course should be continued until the patient begins to feel a sense of chilliness. Then he must be thoroughly wiped dry and then placed comfortably in bed. If reaction does not take place we may repeat the wet donebe with a hope of much benefit, as soon as reaction is produced we may then employ simple means as in ordinary intermittent fever.