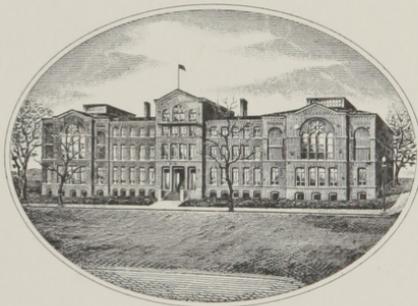




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ADDRESS

ON THE LATE

PREVAILING EPIDEMIC

IN

ORANGE COUNTY.

David R Arnold M D

1814

ADDRESS

OF THE EAST

RETAILING EVIDENCE

ORANGE COUNTY

Hiram B. Hopkins
Book

ADDRESS

ON

PERIPNEUMONIA TYPHOIDÉS,

DELIVERED

TO THE

MEDICAL SOCIETY

OF ORANGE COUNTY,

AT THEIR ANNIVERSARY MEETING, JULY 5, 1814.

—
BY DAVID R. ARNELL, M. D.
—

GOSHEN, N. Y.

PRINTED BY T. B. GROWELL, AT THE PATRIOT OFFICE:

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1815.

INTRODUCTION.

THE diseases of our country seem to be changing: the *Intermittent* and *Remittent Fevers* are giving way to those of a more *malignant* and *deadly* nature. A few years since the *Spotted Fever* prevailed to an alarming degree: a short time, however, did it ravage society, and deprive us of some of its members, before it came under the controul of medicine; since then the *PERIPNEUMONIA TYPHOIDES* has made its appearance, and swept away some of the most useful and valuable members of society.

The occurrence of Epidemics ought to be carefully and faithfully recorded, for the instruction of posterity. Every age presents to us more or less variety in the commencement, progress and termination of pestilential diseases; we need only refer to our own experience and observation, for an illustration of this fact, yet we have the historic page for a more satisfactory elucidation of the position. The history of the prevailing Epidemical diseases would form a very interesting subject of inquiry. It is a theme, rich in matter— instructive and important. We are much indebted to the industry and diligence of our worthy and venerable predecessors for so many valuable legacies as have been bequeathed to posterity, and it is our duty to intail the inheritance and put up land marks and beacons, which may long continue as guides to direct the medical traveller.

Every attempt, therefore, however feeble and imperfectly performed, will be considered as praise-worthy, if not substantially and practically useful. With this impression I shall attempt to give you, somewhat minutely, an account of that very malignant and fatal form of disease which prevailed in this county the last winter and the winter preceding—and which from its character I would call *Peripneumonic Typhoides*.

The weather, immediately preceding the prevalence of this disease, in the circle of my practice, in December, 1812, had been long wet and cold. The first case which I saw was on the 26th of that month. As it was immediately after the holidays, I did not so soon expect to have so formidable an enemy to encounter; yet in the course of one week I was called to more than twenty different cases of the same kind. It began a little south of this village [Goshen] and travelled eastwardly: by the middle of February it was to be found in every direction in this part of the county. In the beginning of January the weather became more steady: there was a great deal of easterly and northeasterly wind. A considerable fall of snow took place the 27th of January, which continued to cover the ground till the first of March following. The disease continued to increase until about the middle of March, when it was less severe and less frequent; yet still some new cases occurred, even as late as the 1st of May, and the three last cases which I saw were remarkably violent, attended with symptoms of uncommon putridity; and all terminated fatally; so that in leaving us it

“ Grinn’d horribly a ghastly smile.”

The winter past was much as the one we have described. The disease did not appear in my course of practice until the last of January, and disappeared about the middle of April; tho’ I have understood the disease appeared much earlier in other parts of the county, and particularly in the western part of the town of Minisink, and in an adjoining part of the state of New-Jersey.

PERIPNEUMONIA TYPHOIDES.

The fever on which we are now about to make some remarks, is considered by Doct. M. Bride as a mixed fever; he terms it *Febris Hyemalis*—Sauvages, a species of *Synochus*, and he names it *Synochus Hyemalis*; tho' he thinks it merits more the denomination of *Catarrhalis*. Neither of these authors ever saw the disease, but have both taken their accounts from Sydenham. Doct. Cullen classes it as a variety of the *Synocha* or inflammatory fever. Huxham, in his observations "De Ære et Morbis Epidemicis," describes a fever which he says nearly resembles this; and Dr Swan thinks the mild *Catarrhal* fever of Hoffman, which he describes so accurately and treats with so much judgment, bears to this a great similitude. It is certainly a disease, the existence of which, until lately, was entirely unknown in our country. It partecipates of two distinct and opposite natures, *Pneumonia* and *Typhus*. It is the same disease that prevailed in this and some of the eastern states, during the two last winters and is exclusively confined to this season of the year. It prevailed in England in the year 1685, and was faithfully described by Dr. Sydenham, under the name of the *Winter Fever*; which in a subsequent treatise he denominated *Febris Nova*, or New Fever. In attempting to account for the origin of the fever, he traces its causes to the plague which had preceded it a few years, and of which he considers this as completely "depuratory." Since his time we find it making its appearance in various parts of the world, until the year 1749; and again in 1811, 12 & 13, in our own country.

When I first heard of this disease, and saw it described by Dr. Hosack, in a letter to his friend, Dr. Beck, of Albany, I could not believe in the existence of a mixed fever. From habits of thinking on medical subjects, which I had

long adopted, and modes of practice I had long pursued, I was inclined to believe, that every patient was laboring under a disease either of increased excitement or debility. My first enquiries have usually been to discover which state was prevailing, and to regard other symptoms as connected with either one or the other diathesis; but in this disease I confess I must give up the idea that a mixed fever cannot prevail. A peculiar constitution of the atmosphere appears to predispose the system to a Typhus Fever, under circumstances peculiarly favorable to the production of pneumonia; hence that state of disease is induced which may be denominated *Typhus Peripneumonia*, or *Pneumonia Typhoides*.

The symptoms which characterise this disease, are—

1st. Cold chills—which in some instances continue 24 hours, and are sometimes succeeded by a temperature unequally distributed over the surface. While the face and trunk of the body are of a heat higher than natural, and considerably flushed, the extremities are cold—this is almost always accompanied and succeeded by a general prostration of strength, together with extreme pain in the head. This is succeeded—

2nd. By a degree of heat higher than natural—re-action upon the surface takes place—the countenance is flushed—a pain is felt in the side or breast, and sometimes both—the pulse is full and frequent, in most cases hard, tho' sometimes the wiry beat, which so constantly attends an inflammatory disorder, is never to be found—cough—difficulty of respiration. The pain in the head is now increased, and is sometimes severe in the back of the neck and head, but generally affects the forehead, producing a soreness in one, sometimes in both eyes. This is accompanied with an oppression at the stomach, nausea, and sometimes vomiting.

3rd. The tongue is generally at first dry and covered with a white crust, but as the disease advances is in some instances converted to a dark brown.

4th. A cough, with an expectoration of mucus tinged with blood. It is to be observed, that the matter expectora-

ted is not streaked with blood, as we frequently find in cases of pleurisy, but the blood appears to be intimately mixed with the whole substance of matter which is expectorated, and evidently shews that the substance and not the membranes of the lungs are affected; and frequently as it advances, clear blood is discharged from the lungs.

5th. In violent cases the face appears tumid and livid: the eyes are protruded and a circumscribed spot appears on one or both cheeks.

6th. Few or none of these fevers are without a sort of lumbago or pain in the back and loins. Always an universal weariness or soreness is felt, and often much pain in the limbs.

7th. A viscid sweat is generally thrown out on the surface spontaneously, which is never critical, and does not afford the relief which is usually expected. This viscous fluid is not confined to the surface. Every secreted fluid participates of the same disposition, and evinces a morbid affection of the whole secreting system.

8th. When a diarrhea does not usher in the complaint, the bowels are torpid and extremely costive. Ordinary purgatives seldom produce their customary effects.

There were some cases where the breathing was insupportably laborious, even when the pain was not severe, and every muscle concerned in this function ceased to act until goaded on by volition. Others again, where the pain was acute and the anguish inexpressible, every cell in the lungs seemed infarcted, and the lungs themselves weighed down by the load. Nausea, and sometimes vomiting of bile attend the attack, tho' I have not always found it a constant attendant upon it. Great restlessness, distressing dreams, sudden frights and starting from sleep attend most cases, and many are unable to endure the horizontal posture, from a sense of suffocation which constantly attends that position. Coma, and sometimes delirium are frequent symptoms. In many instances a numbness in the left arm, approaching to a paralysis occurs, and I have observed aphæ and ulcers in the throat, in a number of cases.

These are the symptoms which have occurred in the cases that came under my observation since the first appearance of this disease; not that I have seen them all in any single patient, for there are unusual and doubtful symptoms in every disease. But all those symptoms which point to the lungs as the seat of the disease—as pain in the side, laborious breathing, urgent cough, with or without bloody expectoration, inability to lay in a horizontal position, the infarction of the lungs, &c. and connected with all those symptoms which point out the fever which accompanies it to be real typhus, as the pulse, the skin, the tongue, coma, delirium, sudden prostration of strength, I have seldom found absent in any case, which I have considered as belonging to the epidemic. It must however be observed that many cases of pleurisy and peripneumonia vera have occurred during the prevalence of this disease, which have been placed under the general name of *This Fever*, and some cases of typhus unattended with pneumonic symptoms, may have had the same honor; it is therefore no wonder, that so many different accounts of this disease have appeared, when so little discrimination has been made.

Theorists may wonder and laugh if they please, at the strange combination of typhus with pneumonic inflammation. They may talk of their black-white sheep and hot-cold day, but wonder, says a wise and learned writer, is ignorance, and laughter, folly. For such is the fact, supported not only by our own, but the observations of others of the present day, and established on no less authority than the learned & accurate Sydenham, who took more pains in observing epidemic diseases, than any one man since his day. As it would take up too much time to make extracts from the works of authors, I shall just refer you to some where this disease has been accurately described; and who have all consented to, nay, established the doctrine of its mixed nature.—It is of the most absolute importance, in treating a disease, to have correct views of its nature and tendency.

I will refer you in the first place to Sydenham : you will see in his Chapter on the Epidemic Cough, Pleurisy and Peripneumonia of 1675, and his Chapter on the "New Fever" of 1685, a pretty accurate description of this disease. He concludes his treatment of those disorders by observing that they required no other method of cure than that which agreed with fevers of this constitution, and did no way admit of that which was proper in true pleurisy. Fevers of this constitution, or mixed fevers he called such as continued fevers with dysentary.

Dr. Parr, a man considered of high authority, on the article "Pneumonia," observes "the putrid peripneumonia often proves a very formidable epidemic, and its nature is that of typhus with which the peripneumonia is combined." And we assert it on the authority of our own observations of the fever, and the numerous dissections of accomplished surgeons in different places, which shew the lungs or pluera, or both to be inflamed, together with a dissolved or typhus state of the blood. Dr. Cleghorn, in his diseases of Minorca, in his Chapter on Pleurisy, has described the complaint exactly as it appeared in this country. Dr. Rush, in a note to his translation of Cleghorn, remarks, "It is evident from the state of the skin, the pulse and the blood, that this pleurisy partook of a malignant nature." Morgagni, in his twenty-first letter, describes two epidemics, the one at Bologna and the other at Padua, which appear to be of the same nature as our own ; and Coiterius in his Anatomical Observations, says that "in the year 1583, peripneumonies and malignant pleurisies spread all over Italy like epidemical diseases and destroyed great numbers, and in the bodies which he dissected he found the lungs as it were universally turgid with blood, half putrified." To these I might add Wierius, Huxham, Home, M'Bride, Tissot, Capel and Sauvages, who have brought together most of the information at that time existing on the subject of this disease : they all concurred in its mixed nature, and may be consulted on that subject. Wilson, a late writer on febrile diseases mentions a disorder

which he calls putrid pleurisy : but from what he says on that subject I am much disposed to believe he never saw it, but has taken his description from some of those whom we have just quoted. The records of our own country furnish us with an account of the same form of disease, as it prevailed at Huntington, on Long Island, in the winter of 1749, as may be seen by Dr. John Bard's Essay on Malignant Pleurisy. Indeed we may say, that from the time of Hippocrates, that interpreter of nature, to the present day, accounts of the same form of disease may be found scattered through the mouldy pages of antiquity.

The causes of this disease are probably the same as those of typhus gravior and pneumonia, along with a peculiar constitution of the atmosphere, evidently beyond the reach of our investigation. The exciting causes appear to be fatigue, exposure to damp and cold air, fear, anxiety, intemperance in eating or drinking, and excesses of every kind.

The prognosis is often extremely difficult, for frequently when the pain in the side has subsided, the cough and expectoration abated, and the febrile symptoms nearly disappeared, the pain suddenly is increased, with more aggravated cough and copious expectoration, and a recurrence of all the dreadful symptoms of typhus, which too often terminate in death. In general, however, a gradual subsidence of the pain and cough, with a free expectoration, increasing freedom in breathing, regular state of the bowels, moist skin and dry tongue, indicate a favorable termination of the complaint. On the other hand, when the pain does not abate but increases, and the cough continues urgent, the expectoration difficult, the breathing laborious and painful, the oppression increased, the bowels swelled and torpid, great restlessness and delirium, with low weak pulse, little hopes can be entertained of a fortunate issue of the disease. The fifth day may be generally considered as a critical day ; for the disease at that time commonly assumes such form that a pretty accurate prognosis may be formed of its issue.

The indications of cure are obviously two: first to remove the fever; and secondly to palliate or counteract pulmonary inflammation. The first of these indications I have endeavored to accomplish by clearing the primæ viæ, by cathartics and emetics, and by such medicine as would make a determination to the surface of the body, and produce sweat. The cathartics which I have used have been calomel and jallap, calomel alone, and sometimes sulphate of soda with *seña*. In some cases the more drastic purges induced such a state of debility that I have had occasion to substitute those which were milder, and have made use of the *Ol. Ricini* and *Crem. Tartar*. The cathartics I have repeated until the bowels were soft and the discharges natural, which generally happens from the second or third dose—tho' in some cases it is necessary to repeat them oftener. When the stomach is much deranged, and great nausea exists, the cathartic frequently operates as an emetic. When it does not I have given a scruple of *Ipecacuanha* with two grains of the tartrate of antimony, which effectually discharges the contents of the stomach, consisting of a kind of glairy ichorous mucus, frequently mixed with bile, tho' not sufficient, in my opinion, to establish the bilious nature of the complaint. In many cases all the bile discharged appeared to be the effects of the violent efforts of vomiting, having no connection with or influence on the disease. Having cleared the stomach and bowels of their contents, sweating is generally excited with ease. In many cases a tea of the *Rad. Serpent. Virg* or *Hemlock* were amply sufficient for that purpose—when they are not, I have never been disappointed in the compound powder of *Ipecacuanha*, commonly called *Dover's powder*. When the patient was much debilitated before I commenced the sweating process, I have generally allowed them wine whey to drink instead of those teas. The effects of diaphoresis are almost immediately perceived in a subsidence of the febrile symptoms, the pain in the extremities, the head ache, the improved condition of the tongue, and the appearance of the countenance.

The second indication is to counteract pneumonic inflammation and its attendants. It was observed that in the epidemic repeated evacuations were necessary, but I think that they act in a far different manner than merely to purge off the bilious matter, as stated by Dr. Yates of Albany. This matter I consider rather the effect, than the cause of the complaint, and it being removed by the emetics and cathartics not only prevents and removes the irritation that it must occasion, but cathartics answer another good purpose, they reduce the inflammation which may be considered as the primary and most dangerous affection. Bleeding is sometimes tho' seldom necessary, and if resorted to must be in the commencement of the disease. The blood drawn very seldom shews the inflammatory buff which we always find in active inflammation. The utmost circumspection however was to be observed in the practice of blood letting, for if recourse was had to it indiscriminately it seldom failed to produce pernicious consequences. Where I found the pulse full and sufficiently tense to warrant the use of the lancet, I had recourse to it; but such was the typhoid tendency and debility induced by the first venesection that a second was seldom thought safe. Under very few circumstances did I think myself justified in bleeding, tho' the pulmonic symptoms often urged the necessity of that remedy. One circumstance I remarked, that the blood on standing at rest did not so readily coagulate as in ordinary cases.

In farther answering the second indication of cure, I had at first uniformly recourse to blisters, but to my astonishment they did not relieve the pain in the side or breast so effectually as I expected, or as others have reported them to do—and in the latter cases I almost entirely neglected them, but made use of warm humid applications. Blocks boiled in water and applied warm to the pained part, seldom failed to mitigate the pain or relieve it entirely. The cough is often very distressing and the expectoration difficult, I have in these cases made use of a syrup of rad seneka, to

which I sometimes joined a little laudanum as occasion required, and linseed tea, with the best effects.

Under this treatment the pneumonic symptoms, pain, cough and laborious breathing gradually disappeared with the febrile ones, leaving the patient however much debilitated. In such cases I have allowed them wine and soup, till the appetite and strength increasing, they felt an inclination for solid food. But unfortunately, it was not always the case that so favorable an issue could be obtained by these means.— If on the third or fourth day I observed no change in the symptoms so as to induce me to believe that I should find a favorable crisis on the fifth, I altered my treatment and placed my whole dependence on calomel, which I gave in order to affect the glandular system and excite ptyalism. In effecting this, great difficulty was often experienced, and in some instances such was the inactivity of the absorbents as rendered it impossible; but in no case where a salivation was produced did the disease terminate fatally. In directing the use of the various stimuli in the latter stages of the disease, I was influenced by the state of the pulse and the temperature of the skin; if in the first there was a want of action, or in the latter a diminution of heat, they were thought necessary; under no other circumstances did I think them indicated.

These in general were the leading remedies in my method of treatment, and which I have the satisfaction to state were successful, having the last year not lost a single patient.

In addressing you at this time on the late epidemic of our county I have no preconceived theory to subserve, nor a predilection for any particular or favorite doctrine: my object has been purely the wish to advance the healing art and give you some hints which may be of service to you, if you should ever again have to encounter this hydra of disease.— When it first appeared among us, my heart palpitated with distress at the situation of my patients, and my mind with

anxiety was looking for some guide to direct me thro' this new and rugged way. I reviewed all the old authors in my possession, and here and there a gleam of light was discovered, tho' much obscured by the fashionable doctrines of the day: I found tolerably accurate descriptions of the disorder, but in the treatment of it I was dissatisfied. It is certain from the observations I have made, that in some seasons, in different places, it requires, different treatment, which in a great measure will explain the various and contradictory accounts of the success of different Physicians whose method of cure was diametrically opposed to each other. Every man from observation and experience must look for a guide by which to direct himself, and with all that he can obtain from books or the conversation of others, he will find it necessary to exercise much prudence, sagacity and judgement of his own.

THE END.

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On the prevailing Epidemic.

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