

AN
INAUGURAL DISSERTATION
ON

Intermittent Fever.

SUBMITTED TO THE
President, Board of Trustees, and Medical Faculty
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY

John A. Robertson.

OF

Wenderson, Texas.

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

In speaking of this class of fevers so generally known throughout the whole southern country, it would be needless to enter upon all the minutia as we should necessarily have to do in describing a new disease.

But that we deem it important to notice some of its most prominent features, and the supposed cause, and effects together with the treatment, we hope to bear satisfactory evidence before concluding our inaugural Thesis.

I believe it is generally conceded that the cause of intermittent fever, or at least the prominent cause, is owing to a specific toxic agent, supposed to be generated in marshy localities, or in the decay of vegetable matter, and other miasmatic effluvia, mixing with, and impregnating the surrounding atmosphere, with its deleterious properties.

The true properties of this miasma has hitherto

to escaped the untiring research of chemists. But of its existence, and influence, scientific research, and common observation, has established the fact, discovered its physiological action, and assigned the cognomen, therefore we have no right nor reason to deny its existence, yet this agent in its mysterious operation upon the human system, should be charged as the sole cause of the well known intermittent fever.

We might quote instances, and authorities of innumerable localities, and causes, operating upon the subject; but that we may not be tedious in arguing a point in which there is so little discrepancy of opinion, we will enter more directly upon the history, progress, and termination of the disease; the remedial agents employed in effecting a cure &c.

Intermittent Fever, is always known by

febrile paroxysms, recurring at stated periods, and the absence of fever, between the paroxysms. There are three ordinary types, yet they may all vary in character, and intensity, and in fact, I have seen a few cases that seemed to defy some of our best agents in medicines, that only recurred regularly every twenty one days, thus leaving an interval of three weeks of apparent health, and quit according to the established division of the three types, namely, the quotidian, tertian, and quartan, the quotidian recurs every day, with an interval of about twenty four hours. In the tertian, the paroxysm recurs every other day, interval of forty eight hours, and in the quartan, which is every third day, an interval of seventy two hours, two of these types, the quotidian and tertian may be double, that is, two

paroxysms recurring within the time allotted for one, yet in all the cases, I have seen of these classes, the patient seemed less distressed in every feature of the disease, than when the paroxysms recurred in regular order, and even these varieties are subject to interruption, in a triple degree, but as mentioned, in double quotidian and tertian, the cold, and hot stage, has less tendency to annoy the patient, and is much more liable to change of the type, than either of the preceding types. Intermittent Fever, whenever it assumes a grave character, is generally preceded by languor, lassitude, uneasiness of the joints &c. This is shortly after succeeded by the chill, and may last only for a few minutes, or may continue for several hours, if the chill is attended with severe rigors, such as a general shaking, shivering, and chattering of the teeth,

and coldness of the extremities, the hot stage will not be so excessive, nor of as great duration, as it would if following a chill with features less distinct, and distressing. The hot stage after a period of one, two, or six hours, is succeeded by flushes of heat, then follows the sweating stage, when the patient usually falls off into a quiet slumber and awakens refreshed, free from troublesome feelings until the next period approaches, this and each successive period appears in a more aggravated form, interrupting the harmony of the system, by the loss of appetite, restlessness, general debility. The urine is generally pale and copious, depositing on cooling a quantity of lateritious sediment. The tongue is often pale and moist, the patient craves water, but loaths food, not unfrequently we have nausea and vomit-

=ing of bilious matter, a hot head, and hurried breathing, The pulse is full and frequent. sometimes confused delirium, and coma, as a general rule the paroxysm is longer in a quotidian than in either of the other types, and it is due to observation and well founded authority, to state that the return of the paroxysms, be irregular in their course, and termination, often approaching and how sooner or later, than the time anticipated, in such cases, it frequently, if not arrested by proper means, assumes an other type. Thus an anticipating tertian may become a quotidian, while a retarding tertian may be changed to a quartian, the anticipating quotidian may pass from the intermittent to the remittent form, in the majority of cases the time of attack is between eight o'clock A.M. and eight P.M. The quotidian commonly making

its attack in the morning, each type of this disease is liable to return, the quartians are said to be most apt to return, without any appreciable cause, each form or type, of this disease is liable to assume a mild, or grave form, according to the condition of the system, or owing to complication with organic derangement, especially of an inflammatory order, as in gastric and enteric disturbances, known by excessive thirst, and pain in the region of the epigastrium, or colic pains in the bowels, and pains on pressure over the region disturbed, one of the features of this disease, especially of the mild form, is its liability to return after once, or even being repeatedly checked. it often returns in enlargement of the spleen, derangement of the liver &c. In the treatment of this dis-

case, all generally agree that we can do but little towards its arrest during the cold stage, we may add some to the comfort and partially relieve the irritability of the patient's system, by giving a grain of opium, if not contraindicated by cerebral, and extreme gastric disturbance, yet the case may be somewhat ameliorated by an injection of 60 drops of laudanum in warm water, these aided by warm bedclothing, heated rocks, or bottles of warm water to the feet and legs, will often shorten the duration of the chill, I have seen carbonate of ammonia in solution given pretty freely, if the stomach of the patient would allow of it,

I will here mention the first congestive chill I ever attempted to treat, it was in case of a negro boy, about nine years

of age, I saw him for the first time, during a protracted chill, with sunken features, hurried and inefficient breathing, pulse, small, quick, and hardly perceptible, body and extremities cold, in fact the whole system was icy cold, with a clammy perspiration on the brow, complete coma, the breathing was attended with a distressing rattle in the throat, which I was unable to trace to the lungs, believing it to be a complicated disease, I tried carbonate of ammonia, in solution with tart-emetic, 4 gr of the first to $\frac{1}{4}$ of a grain of the latter, repeated every ten or fifteen minutes, I was able to bring about a speedy reaction, or I may say it terminated in an hour after the first dose, the boy had scarcely any fever, I then left 60

grains of quinine to be given in six grain doses every two hours, there was no recurrence of the chill, having digressed a little from the subject. I will next proceed to the hot stage, in this our chief efforts would be merely palliatives, yet we are often called on to exercise our skill and judgement in determining the most appropriate and necessary agents for the relief of the distressed patient, sometimes we find them labouring under the most intense gastric disorder, with high fever, flushed countenance, incoherent raving, or tendency to coma, in such cases, though not inclined to use the lancet indiscriminately, the patient might lose about twelve ounces of blood, or more if the pulse seemed to demand it, in addition

to that a stream of cold water should
be poured from a considerable height up-
on the head of the patient, while in
a recumbent position, and cold cloths to
the abdomen, sinapisms to the stomach,
aided by effervescing draughts, cold lemon
or ice water, if the patient possesses
sufficient consciousness to swallow them,
I would urge attention to this fact, not
to rely too little on cooling remedies, I here
might add many other remedies that is
said to exert a salutary influence when
properly given, spts. of nitrous ether, with
a little tart emetic, from one to two
grains of the first $\frac{1}{4}$ of grain of the latter,
which may be repeated during the fever at
proper intervals, I shall pass over many
of the minor agents, and means, that might
appropriately come under the head of simple

palliatives, to be administered, and regulated, according to the discretion of the attendant. Having disposed of the hot stage, I will proceed to the sweating stage, which I consider the most important period for the administration of remedies in arresting and breaking up the disease, and we certainly may claim the sulphate of quinine as one of the most important agents in affecting this purpose, that is known to the profession, many other articles of less value in a pecuniary sense, have been employed as a substitute for quinine, with doubtful success, such as the bark of dogwood, white willow, and boneset, a decoction of these articles has in many instances arrested the chill, but they are always of doubtful efficacy; quinine may fail sometimes, but it

may be owing to an improper mode of administering it, I have seen cases that would not yield to fifteen grains and at the same time would give way to five or six grains, with an addition of $\frac{1}{4}$ gr. of morphia, and at times a $\frac{1}{4}$ gr. of Tart. emetic, the mode of administering is not without importance, the manner may be changed with equal effect in a pill or solution, the quantity is divided in three portions, to be given at intervals of two hours, allowing always sufficient time to give the last some time before the expected chill; the vehicle in which this is given, may be a matter of choice with the patient, so its powers are not neutralized, yet I would not contend that quinine, will prevent its recurrence in every instance, previous to the administration of this article, we should give some active

cathartic, Calomel I think is the best, ten or twelve grains given at bed time followed by castor oil in the morning. Should you find an obstinate case that does not yield on account of some organic derangement of the liver spleen or mesentery, the continued use of quinine in solution, 50 grains in three portions, this taken daily for eight or ten days, associated night and morning, with a pill composed of compound Ext-Colocynth Calomel and Part Emetic, Colocynth and Pil-hydrarg, or the Pil-hydrarg Calomel and jalop, all of these remedies are valuable in the treatment of this fever.