AN INAUGURAL DISSERTATION
ON
CONTINUED FEVER

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Continued. Fever and its symptoms.

This fever does not always commence in the same manner, for several days before the disease assumes a distinct form and before the patient is rendered unable to perform his usual task he is affected with certain morbid symptoms which may be considered premonitory of the fever; so that it is often difficult to tell the precise beginning of the disease and to even determine with any certainty what it is. These premonitory symptoms result apparently from an altered condition of the nervous system in general, as the restlessness of the patient would indicate. The poison in the blood disturbs the functions of animal life before it causes any palpable devangement in the mechanism of the circulation. The expression of the patient's countenance attests he is pale, languid, and absent-minded, and does not seem to take much interest in
anything that is going on around him.
Persons about him notice that he is looking
quite ill and seems to be very easily fatigued
and reluctant to make any exertion of body
or mind, though restless and discontented
and is uneasy in any situation. Little and appre-
rehensive of some danger. His appetite is
weakened and he likes nothing that is set
before him. His tongue becomes white
and red around the edges and tremulous.
His bowels irregular frequently constive sometime
affected with diarhœa. His senses lose their
natural delicacy. He has uneasiness and wandering
pains all over his body, and he is unable
to tell you where they are worst, and there
is often some giddiness and drowsiness during
the day and unsound unrefreshing sleep
at night disturbed by unpleasant startling
dreams. The regular commencement of
this fever is generally marked by a chilly
Shivering sensation followed by a hot feverishness about the head and sometimes headache or a sharp acheing pain merely across the forehead. In some the headache is most severe on getting up in the morning. There is sometimes a sense of vertigo rather than headache. Another symptom which sometimes sets in with the fever is diarrhoea, and this is an important circumstance when it does. It is attended perhaps with pain and uneasiness about the abdomen. When these circumstances do not arise, those symptoms will which belong to the nervous system and denote some disturbance and alteration in the functions of sensation thought and voluntary motion. There seems to be great inaptitude for exertion of the power of thought and motion. The expression of the face is dull heavy and absent and if he walks he staggers like one partially intoxicated. The muscular sensibility is diminished evidently.
the patient will struggle against the disease and try to overcome this feeling but in a few days he has to take to his bed from weakness and inability to get about any longer. These are the symptoms which mark the commencement of this fever. The patient may be confined one or two three or even a much longer time according to the severity of the fever. In order therefore to describe the course of this fever I will divide it into three weekly periods not that there are any such periods allotted to particular symptoms: but in the most simple form of this fever when it runs its course most evenly there is a succession of different symptoms which seem to occupy each about that space of time near enough to allow of such a division. In the first week some of the symptoms which arise are such as belong to the sanguiferous system. The pulse becomes more frequent than in health; there is increased heat of the skin and thro
headache and throbbing of the temples. The pulse
varies considerably in different patients. Generally
its frequency is increased, but sometimes it is even
slower than in health. The acceleration of the
pulse is greatest in those constitutions which are
the most irritable. In young persons in females
or delicate males it will soon rise to one hundred
and twenty or even thirty; while in stronger ones
it does not attain its maximum of frequency so
soon and perhaps it does never exceed one hundred
throughout the whole course of the disease. Should
the pulse in any instance attain one hundred and
forty or fifty the disease is a very severe one and
the majority of such patients will die. The frequency
of the pulse is not of so much importance as its
steadiness. The skin at this period is hot and dry.
The actual heat is not however so great as the sensation
given to the hand might persuade it was. He will
complain of being cold although his skin is hot.
The heat has been ascertained to be only about
one hundred. The thirst is usually troublesome.

for the first few days. The tongue becomes dry
and clammy often surred: its edges and tips will be
red with a brown streak in the middle. This streak
is often the first step to dryness and blackness of
the tongue. During the same period a careful
examination of the abdomen will often detect diseased
action there. Sometimes diarrhoea is an early
symptom of this stage: generally I believe it
does not occur until the latter part of the first or
the former part of the second week. When it does
occur the stools are for the most part loose and
frequent and of a dark brown or yellow-ochre
colour and of fetid smell. Often some tenderness on
preparatory over the cæcal region. And some slight
affection of the membranes lining the air passages
and quickness and noisiness of respiration
and indications of increased action in the circulatory
system: the symptoms that relate to the nervous
centers remain the same. The features are fixed
and expressive of apathy and indifference. If he is spoken to quickly he answers: and although his sensibility seems blunted his answers are sensible and to the point. Delirium does not come on in general until about the end of this stage. The muscular power is greatly depressed. He lies on his back motionless and sleeps but little: and the short intervals of repose which he seems to get are often apparently disturbed by uneasy dreams, he says he does not sleep. Sometimes even during the first stage of the disorder when the bowels are relaxed the prostration is so great or the tendency of stupor and indifference is so marked that the stools are involuntary and without notice of his wants being made to his attendants. The urine during the same stage is scanty and high coloured and often offensive. Towards the end of this stage the eruption that is peculiar to this fever begins to show itself but
most commonly it does not occur until the next stage. It is seldom except in very malignant forms of this fever that death takes place during this stage. She comes the second stage. In mild cases the patient begins to improve in the commencement: but if he is convalescent by the ninth day it must have been a mild case. In general no change for the better take place but what are called the typhoid symptoms develop themselves more distinctly. She becomes more frequent weaker and more compressible. The tongue grows drier and browner more sour and of a darker kind accumulate on the teeth and lips: and it is in this period that delirium is most apt to ensue: and eruptions the most often observed. But the nervous symptoms are often still the most prominent. The patient generally loses his headache but his voluntary movements become weaker and very irregular. The positions which he assumes in the bed are
indicative of his weakness, he lies on his back, and slips down to the foot of the bed. He is unable to make that degree of exertion which would place him on his side; and it is said to be a good sign if he is found on his side, as it is an evidence that he still has some strength. Other proofs of muscular debility are apt present themselves. The voice becomes more feeble, the patient is scarcely able to utter an audible sound or to swallow. Sometimes it seems that the power of deglutition is not lost, but he is too listless to try or the parched state of his mouth renders it painful to do so. He will generally lay with his mouth open which tends to keep it dry. It will be better to give him some water to moisten it before determining about this symptom. Often in bad cases there are little convulsive starting of the tendons, and irregular action of the muscles picking at the bed cloths. Sometimes he is unable to put
out his tongue, and if he does he forgets to take it back. This is said to be a bad sign. The delirium of this stage is peculiar, the patient's mind often wanders or awakens from disturbed repose. Sometimes he wishes to get up and will get up in spite of his nurses notwithstanding his great weakness. Most generally his wandering is of a tranquil kind. He is inattentive to all about him. From this state he may be aroused by a strange face or loud speaking for an instant; during this state there is great deficiency of sensation. He is deaf; this is said to be a favorable because it indicates a condition of the brain less perilous than the morbid acetableness of hearing does. Loss of vision is much less frequent and more dangerous; yet the eyes are generally dull which corresponds with the expression of countenance which is perplexed. Sometimes black spots like maccabae glothantes flies on the wing appear before his eyes and he catches at them. After these symptoms recovery
is uncommon. The mouth and tongue are dry yet he no longer complains of thirst. The taste, the smell, the sense of touch all are impaired even external inflammation may take place especially about the hips and sacrum and go on to gangrene without complaint. He seems to be indifferent to his situation. If he is asked how he feels he will say quite well. Diarrhea is another symptom often present in this stage. When the stools are involuntary they add much to his danger by the irritation and sore they produce. There is not much pain of the abdomen complained of but if pressure be made over the cecum some evidence will generally be found. The nature of the operations remain the same and are almost distinctive of the disease. Yellowish ochre. When such stools pass day after day and several each day it will be safe to infer that there is ulceration although no pain be felt on pressure. And if hemorrhage occur the same conclusion will be
Still more certain this oft takes place unexpectedly and copiously so as to exhaust him rapidly or it may occur in less quantities and waste him slowly. Sometimes the blood may be poured into the bowels and not be passed off and he may die suddenly. His tongue becomes dry black and fissured, his teeth and lips are covered with dark sordes and his breath has a peculiar fetor. Death may take in this stage of the fever. The signs belonging to the third stage vary considerably as the disease is about to terminate in death or convalescence. When it is about to end favourably the formidable symptoms diminish. The patient begins to be more rational; the stupor which hung over his countenance clears away and he begins to take notice of things about him, the temperature of his skin becomes more natural, his tongue moist and cleaner at its edges, and the pulse less frequent. The evacuation of the bowels numerous and more consistent,
and he is aware when the necessity for evacuating
arrives. Sweating is also observed to accompany
this favourable change. On the other hand
when this fever is about to terminate in
death, that event may take place in various
ways. The most common mode of death is
by coma, the patient half conscious dream
like stupefied from which he patient may be
aroused for awhile, becomes by degrees more
profound and death begins in the head. It
may be the result of some poisonous poison cir-
culating in the blood. There are many things
which are capable of arresting the cerebral func-
tions and producing coma. To what cause
we are to ascribe the stupor that supervenes
during the progress of this fever is an inter-
esting and important question. Physicians
in all ages have attempted its solution by
post mortem examinations but in vain.
In some epidemics the nervous system is
overwhelmed at once in the very beginning by the force of the poison. The patient becomes stupid and bewildered; his surface is cold and clammy and his pulse feeble; the coma rapidly adheres and death may ensue in twenty-four hours. In some instances it appears to take place from debility of the heart alone; there being no pulmonary embarrassment and the head remaining clear all the while. The pulse becomes small and thready; the features sharpen; the eyes are hollow and dim; the sphincters fail to contract; the extremities grow cold and sweaty appears on different parts of the body; and the heart ceases to beat and he to exist. Death occurring in this manner does not take place early; it often happens in this manner to patients who have been too actively treated in the commencement. Death in this disease is most often traced to the abdomen and the
mischief which we have seen is more definite than elsewhere. The lesion being confined, for the most part to the glands of Peyer; they become more enlarged as the inflammation increases until finally they ulcerate and may go on to perforation and the escape of the contents of the bowels into the abdomen and incontrollable peritonitis, be the result. This fever assumes different forms and some so dissimilar as to appear to belong to a different malady. In some places and seasons the inflammatory type prevails in others the typhoid, and from the beginning it is only necessary to support the patient by an allowance of strong animal broths and mild tonics. The severity of the symptoms also seem to vary according to the season of the year and the situation. In the colder months there is danger of the pectoral symptoms; in the fall increase of diarrhoea; where the air is impure the tendency is to the typhoid and the number
of deaths more numerous than in pure air. There has been and still is a great difference
of opinion among medical men about the exciting cause, but it evidently originates by
Malaria. The treatment of continued fever has been a stumbling block to young Practitioners
in past ages. And still there is a great difference in regard to the best mode even among Doctors
who have built up their reputations in part by practice in this fever. It is very difficult
to estimate the value and efficacy of any particular
plan of treatment, and still more of any
vermedial substance, on which alone to depend
in this disease so varied are its symptoms.
In this fever there is a strong tendency to
terminate in health and no doubt is sometimes
thwarted by too much and to active interference,
but have gotten through in spite of the Doctor.
The best mode is to observe the manner of dying
and counteract that tendency.
The management of the patient during convalescence is of much importance: the chief danger being he will get up too soon or eat more than is right; the last is more often the cause of relapse than any other and often more dangerous than the old malady. Until the tongue is clean and moist and of its natural colour, and the pulse has lost its hardness and the skin its excess of heat, the patient should be kept to broths and farinaceous food and get to his old diet as his strength will permit.

As to any particular mode of treatment, or special remedies I shall say nothing; but think they should be left to the discretion of the Physician; as any particular symptom or set of symptoms may arise. In fever the object of treatment should be to mitigate the severity of symptoms that cannot be subdued and aid the conservative efforts of nature when they languish and fail with remedies judiciously applied.