

AN

INAUGURAL DISSERTATION

ON

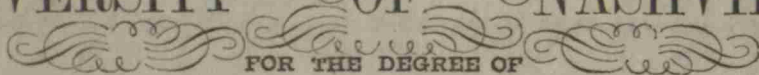
Continued Fever

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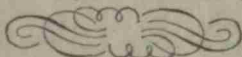
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



DOCTOR OF MEDICINE.

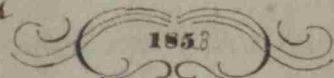
BY

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OF

Nashville Tennessee

January 12th



1853

W. T. BERRY & CO,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.

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 tasks 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 derangement in the mechanism of the circulation. The expression of the patients countenance alters; he is pale languid and absent minded, and does not seem to take much interest in

any thing 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, listless and apprehensive 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 costive sometimes affected with diarrhoea. 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 aching 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 ~~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 there

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 furred: 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 or pressure over the caecal region And some slight affection of the membranes lining the air passages and quickness and measiness of respiration And indications of increased action in the circulation 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 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. Then 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 takes place but what are called the typhoid symptoms develop themselves more distinctly. The ^{pulse} becomes more frequent weaker and more compressible. The tongue grows drier and browner more sordid 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 clothes. 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 patients
mind often wanders on awaking 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 acuteness 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
(*muscae volitantes*)
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 does he will say quite well. Diarrhoea 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 caecum some evidence will generally be found. The nature of the operations remain the same, and are almost distinctive of the disease, yellowish. Ochrey. 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 or pressure. And if hemorrhage occur the same conclusion will be

Still more certain This ^{ten} of ~~it~~ 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
figured, 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 evacuations
of the bowels, ^{less} 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 mutter half conscious dream like stupor from which the patient may be aroused for a while; he comes by degrees more profound and death begins in the head. It may be the result of some noxious poison circulating in the blood, there are many things which are capable of arresting the cerebral functions and producing coma. To what cause we are to ascribe the stupor that supervenes during the progress of this fever is an interesting 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 augments 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 sweat 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 here see 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 uncontrollable 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 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 ~~the~~ 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 remedial 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 ~~the~~ will permit. As to any particular mode of treatment, or special remedies ~~remedies~~ I shall say nothing: but think they should be left to the discretion of the Physician; as any particular symptom or sets 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.