

AN
INAUGURAL DISSERTATION

ON
Intermittent Fever

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SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY

OF THE
UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
Doctor of Medicine.

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OF
Tennessee

1858

W. T. BERRY AND CO.

BOOKSELLERS AND STATIONERS, NASHVILLE.

Intermittent Fever

The peculiar, distinctive, characteristic of this disease, is the entire absence of fever between the paroxysms.

The course of the disease may be briefly stated thus. Chill, Fever, Sweating Stage; then a period of complete intermission - the Chill and fever recurring more or less regularly at stated times.

Ordinarily there are three types of intermittent fever: viz. the Quotidian, Tertian and Quartan; The Quotidian recurs daily, the Tertian every other day, the Quartan every third day.

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There are other varieties enumerated as the double tertian &c.; but they occur rarely and we, think, except a mere knowledge of their existence, are of little importance.

This disease like other varieties of malarial fever is gradual in its approach. The patient, at first, feeling a vague indescribable uneasiness together with slight chilly sensations, slight headache and pain in the back a sense of fullness and sometimes nausea, of the stomach which pass off in a short time and perhaps are forgotten, untill their return at

the same time on the following day, with more intensity, and the patient find himself laboring under intermittent fever.

Even when fully formed, the chill does not come on suddenly; There is a sense of weariness, a disposition to yawn, pain of more or less intensity, in the limbs, back and head, then chilly sensations in the extremities and along the spine, as if cold water was being sprinkled over the body. This feeling of coldness spread rapidly over the whole body, often becoming severe and distressing

The ague fit is now fully formed successive shudders pass rapidly over the whole system. The teeth chatter occasionally loudly. So violent sometimes are these shudders, that the bedstead upon which the patient lies is perceptibly shaken.

These tremors with the coldness are technically called rigors.

The body of the patient generally feels cold to an observer, especially the extremities, tip of the nose and ears.

But this is not always the case, the body is sometimes hotter than in health, even during these rigors. The surface is pale and contracted.

presenting what is called
goose flesh, The hair some
times bristles as in fright
the countenance is pale, the
hands shrunken the lips
and ends of the fingers purplish;
the tongue pale and moist
yet there is thirst; all dispo-
sition for food is lost; there
is nausea and sometimes vom-
iting of bilious matter, the
pulse is small quick and
irregular, the breathing is al-
so irregular and hurried
The nervous system is likewise
much disordered, the patient
experiencing severe pain
of a neuralgic character
in the head back and limbs

The cold stage varies in length from a few minutes to three or four hours. There is not a sudden transition from the cold to the hot stage; flushes of heat for some time alternate with sensations of cold.

At first there is a glow of warmth felt on the face neck and chest which is rather pleasant than otherwise.

The whole surface becomes warm, gradually increasing to a burning heat. The cheeks are flushed the eyes sparkle, the surface generally is red, the

skin is distended with blood
 the mouth is hot and dry
 there is generally though not
 invariably thirst, the respi-
 ration is hurried, the pulse
 is quick full and strong
 All the secretions are di-
 minished, the urine is scan-
 ty and high coloured, the pain
 which was felt in the back
 and loins is for the most
 part increased and there
 is a deep seated throbbing
 pain in the head

Perspiration
 appears first on the face
 neck and chest, which be-
 comes general and sometimes
 profuse. Upon its first

appearance the severity of
 the febrile symptoms is sensi-
 bly diminished. and the pa-
 tient frequently falls into
 a pleasant sleep from which
 he awakes much refreshed
 and apparently almost free
 from disease. The secre-
 tions resume their natural
 functions. the urine becomes
 more limpid and copious
 The duration of the parox-
 ysm is very variable,
 lasting in the Quotidian
 from three or four to eigh-
 teen or twenty hours
 In the tertian or Quartan
 it may last much long-
 er. There are also other

varieties. The cold stage may be long or short or entirely wanting. In the latter case it is called dumb ague. Some times the sweating stage is wanting its place being supplied by diarrhoea or a copious flow of urine.

After the paroxysm has passed off, the patient is always free from all signs of disease; There remains a feeble appetite some uneasy sensations in the stomach, pains in the back and limbs, purged tongue, facility of becoming

ing fatigued, sallow complexion and sickly look; These symptoms vary greatly in intensity, sometimes being so slight, that they are scarcely perceptible, and again so severe as to render the intermission incomplete

But as the disease advances they generally give way and leave the patient almost entirely free from any signs of disease in the interval,

The paroxysms do not return invariably at the same hour but are a little later or a little earlier than the

preceding, sometimes each
paroxysm comes on an
hour or two earlier than
the preceding and if not
arrested will assume the
form of continued fever.
Occasionally it occurs an
hour or two later, thus reg-
ularly lengthening the
intermissions. In the for-
mer case it is called an
anticipating, in the latter,
a retarding intermittent.
Paroxysms occur rarely
at night.

Intermittents
when left to themselves
are not always protracted
indefinitely, the milder

cases ending spontaneously
 with the seventh or eighth
 paroxysm, and sometimes ear-
 lier. Some cases howev-
 er are disposed to protract
 themselves indefinitely, and
 when stoped by any means
 whatever seem disposed to
 return. And what is
 more strange, it seems
 they have a particular
 fondness for ninths. The
 Quotidian returning on
 the ninth the tertian on
 the eighteenth the Quartan
 on the twenty seventh days
 The disease may be of a
 sthenic or an asthenic
 character. Or it may be

complicated with any or-
gan or organs of the bo-
dy. If it is allowed to run
on indefinitely, it may pro-
duce very unpleasant ef-
fects among the most
common of which are
enlargement of the spleen
disease of the liver, and
dropsy

This disease cannot
be said to have any ana-
tomical lesions peculiar
to itself, except perhaps en-
largement, softening and break-
ing down of the texture of
the spleen. But these are
not constant. In fact all
the lesions which have

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been observed may be said
to be incidental.

The essential
predisposing cause of this des
is marsh miasmata, of the
nature of which much has
been said, but, as I conceive,
little is known. The exci-
ting causes are various, among
which, the most frequent and
efficacious is exposure, to sud-
den transitions from hot to
cold weather, rain cold hea-
vy dews and over exertion

We presume it is not nec-
essary to say anything a-
bout the diagnosis and prog-
nosis, of this disease. Its
periodicity enables anyone

to recognise it at a glance
The Prognosis is always
favourable.

In the uncom-
plicated variety of this dis-
eas the treatment is so plain
and simple that little need
be said of it.

Nothing can
be done during the parox-
ysm except to minister to
the comfort of the patient
In the cold stage we be-
lieve no permanent advan-
tage can be gained, by giv-
ing draughts or the external
application of heat.

In the hot
stage, the sufferings of the

patient may be alleviated by the external application of Ice cold water, and the administration of refrigerating diaphoretic.

But, it is well to recollect that the different stages of the paroxysm have a certain course to run, and they will go on to the end, in spite of all the anxious practitioner can do. he may alleviate but cannot cut it short. It is emphatically a specific disease dependent on a specific cause and requires a specific treatment, and that treatment is Quinine. As the Bible is the Book so is Quinine

the remedy. We do not mean to say that Iridine is to be used in all cases to the entire exclusion of all other remedies.

In cases where this disease is associated with inflammation, Iridine will do little good until such inflammation shall have been subdued.

The remedy acts with more certainty in all cases where the bowels have been freely evacuated by some one of the preparations of mercury. It is also greatly assisted by a combination with morphia.

In patients who from Idiosin-
crasy cannot take Quinine
Salicine may be substituted
or Fowlers Solution of arse-
nic. This latter preparation
is very important in the treat-
ment of patients who have
lost their susceptibility
to the action of Quinine
To cure the malarial di-
athesis we think we think
(aside from leaving the ma-
larial regions) the Ferro-
genous preparations stand
at the head of the list.

James Somers, Jr